

County NRCS Offices

Butler County NRCS
317 E Street
David City, NE 68632
(402) 367-3074

Colfax County NRCS
120 W. 16th Suite B
Schuyler, NE 68661
(402) 352-5200

Madison County NRCS
115 W. Main Street
Battle Creek, NE 68715
(402) 675-2745

Platte County NRCS
3276 53rd Avenue
Columbus, NE 68601
(402) 564-0506

Boone County NRCS
2581 State Hwy 14
Albion, NE 68620
(402) 395-2621

Dodge County NRCS
2450 N Co. Rd 20th Ave
Fremont, NE 68025
(402) 721-8455

Saunders County NRCS
611 Commercial Park Rd
Wahoo, NE 68066
(402) 443-3463

MORE INFORMATION

For more information, please contact us:

Lower Platte North NRD
511 Commercial Park Road | P. O. Box 126
Wahoo, NE 68066-0126
Phone: 402.443.4675
Fax: 402.443.5339
www.lpnrd.org | lpnrd@lpnrd.org

protecting lives
protecting property
protecting the future



www.lpnrd.org
402.443.4675

ABANDONED WELLS

In recent years, abandoned wells have become a concern in Nebraska. There are thought to be 150,000 or more abandoned wells across the state. It is a priority to properly decommission abandoned wells to reduce contamination to the aquifers.

There are two major liability concerns associated with abandoned wells. First, they pose a safety hazard to children and animals, who can fall into unsealed wells and become trapped. Second, they can channel pollutants directly into groundwater, which more than 90 percent of Nebraskans rely on for drinking water.

According to state regulations, an abandoned well is "any water well, the use of which has been accomplished or permanently discontinued." Essentially, this means any well that is no longer used and that is not being maintained.

State law requires that these wells be sealed, or "decommissioned," following Nebraska Department of Health rules.

What is a Decommissioned Well?

A well is "decommissioned" when all of the equipment has been removed and the casing has been filled and sealed. Treated sand or gravel is the primary fill material. Grout or bentonite is used to create watertight seals at the water table and the top of the well. These seals

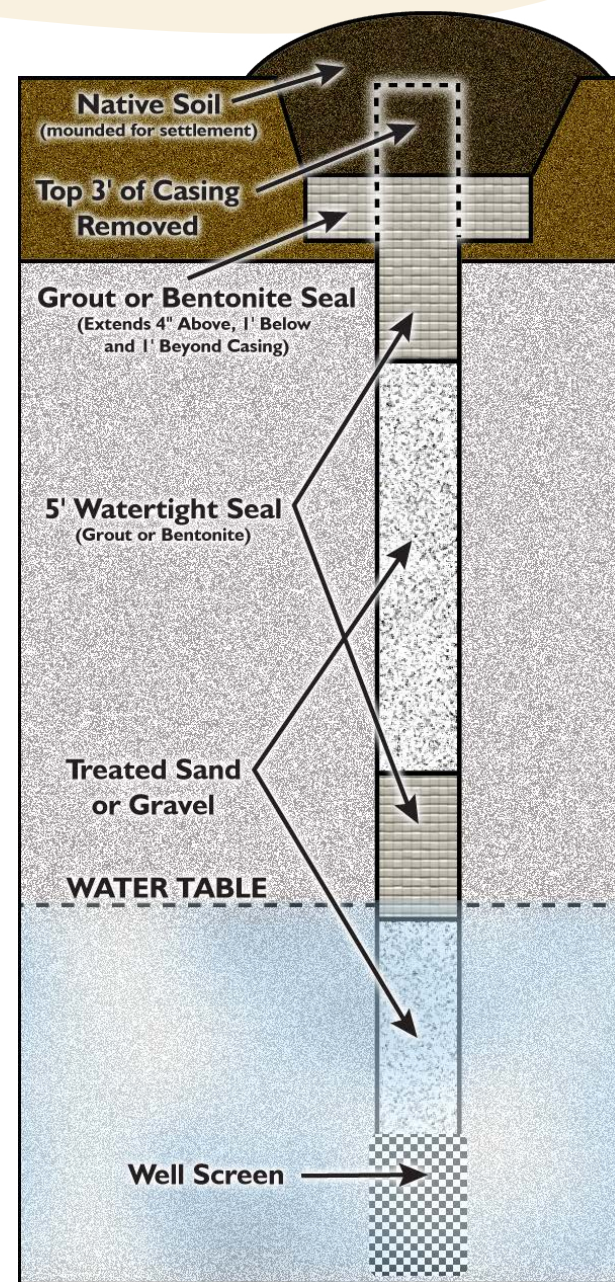
must be at least five feet long. Also, the top three feet of casing must be removed, and a seal has to be placed on top, extending beyond the casing at least one foot. The hole should be backfilled with native soil and mounded for settlement.

To encourage landowners to decommission abandoned wells, the Lower Platte North NRD will pay up to 75 percent of the cost. The work must be done by a licensed well driller to qualify. For domestic and stock wells, the district will also provide cost-share for removal of pumping equipment and other obstructions.

How Do I Apply for Cost Share?

To apply for cost share assistance, well owners should contact the Lower Platte North NRD for an information packet (available in downloadable format at www.lpnrd.org, or call 402-443-4675). The packet contains guidelines for the NRD's cost share program and a list of licensed well drillers and pump installers in the area.

To qualify for assistance, the well owner has to get a cost estimate from a licensed well contractor or pump installer and submit it to the NRD. An NRD staff member will come out and inspect the well and either approve or deny the cost estimate. If the estimate is approved, work can proceed on the decommissioning. When the work is completed and has been paid for, the well owner must submit a copy of the bill to the NRD for reimbursement. No cost share assistance can be granted unless this procedure is followed.



PROPERLY DECOMMISSIONED WELL
(not to scale)



Lower Platte North Natural Resources District

PO Box 126 511 Commercial Park Road Wahoo, NE 68066
402.443.4675 Fax 402.443.5339 Toll-free 888.764.0543
lpnnrd@lpnnrd.org www.lpnnrd.org

MEMO

To: Well Owners

From: Tyler Benal – Water Resources Specialist Lower Platte North NRD (LPNNRD)

Subject: Abandoned Well Cost-Share Assistance

Enclosed in the packet you will find:

- 1.) The **blue** “Application for Abandoned Well Cost Share Program Form”/ “Certified well contractor information and estimated cost of decommissioning sheet”.
- 2.) The State of Nebraska Department of Natural Resources (NeDNR) “Notice of Water Well Decommissioning” form.
- 3.) A blank diagram of a section to draw in the well location with an “X”.
- 4.) A list of licensed local well driller/pump installer contractors.
- 5.) A pamphlet explaining the LPNNRD cost-share assistance program.
- 6.) A “W-9 request for taxpayer Identification Number and Certification” and the “United States Citizenship Attestation form”.

What to do:

- 1.) On the front of the **blue** form, fill in the landowner and tenant/contact information and then **sign** and **date** the form. Located on the backside of this sheet is the “Application for Abandoned Well Cost Share Program Form/Estimate cost sheet”. This form needs to be forwarded to the licensed well contractor of your choice for completion. They must fill out this portion.
- 2.) When the well contractor completes the form; the applicant or the well contractor must return the sheet to the LPNNRD. **Refer to No. 1 in the next section.**
- 3.) On the (NeDNR) “Notice of Water Well Decommissioning”, fill in the current well owner and address portion, then **sign** and **date** the form. Give this sheet to the well contractor to complete the rest of the well decommissioning information. **Refer to No. 4 in the next section.**
- 4.) Draw in the well location with an “X” on the section diagram sheet provided. An aerial image with an “X” specifying the location is also acceptable. Refer to No. 1 below.
- 5.) Complete the W-9 and U.S. Citizenship forms provided. You must **sign** and **date** on both forms. These documents are both required for cost-share and should be sent directly to the LPNNRD. You do not need to forward this information to the well contractors.

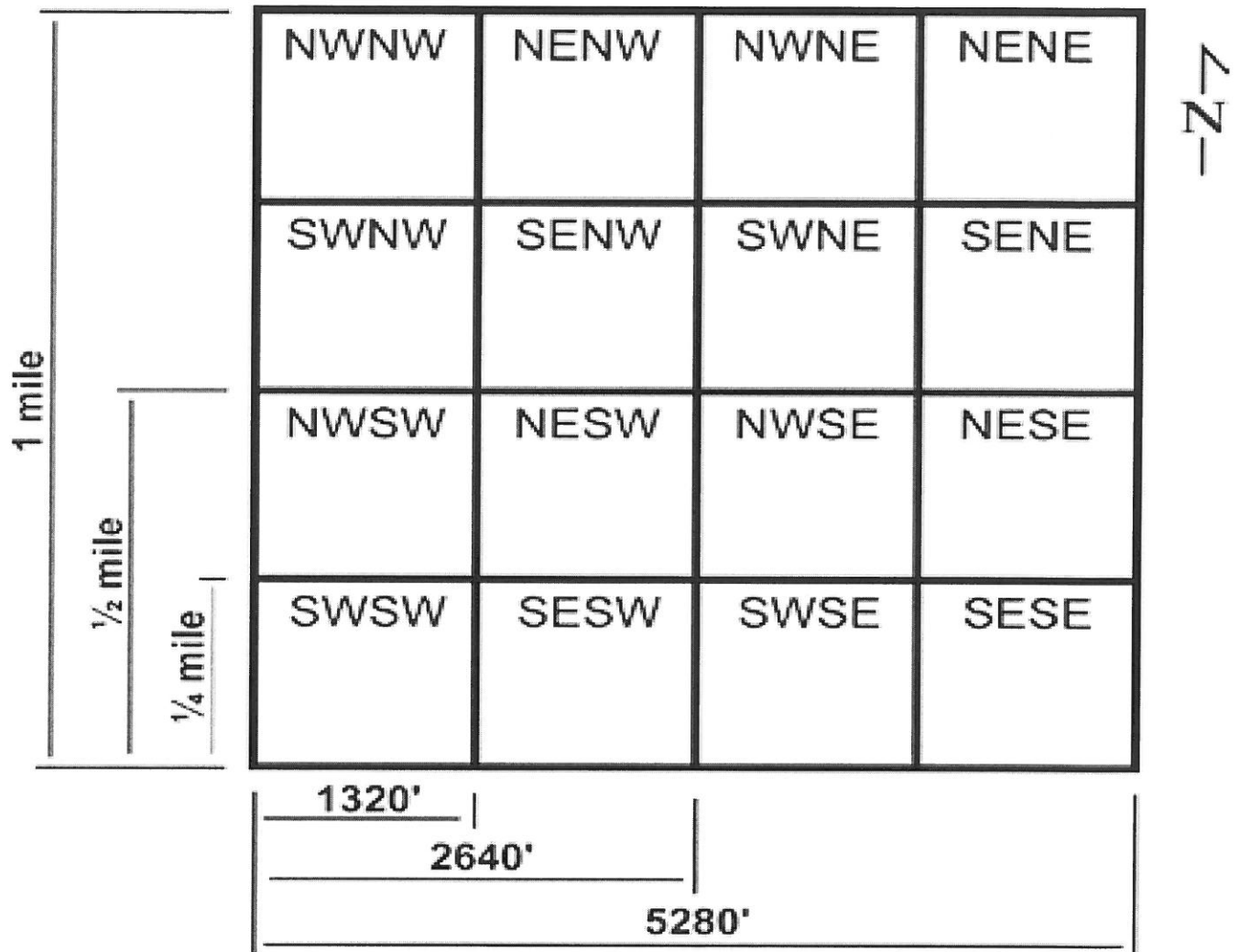


What happens next?

- 1.) The well contractor will receive the landowner's **blue** sheet, and they shall inspect the well site and fill in the estimated cost of the decommissioning. The licensed well contractors also must **sign** and **date** the form. Once the form is completed you must send it to the LPNNRD along with the diagram or aerial photo indicating the location of the well.
- 2.) The LPNNRD will receive the **blue** sheet and shall inspect the well to approve or deny the estimate. The landowner will be notified of this decision.
- 3.) If approved, the licensed well contractor may proceed with the well decommissioning.
- 4.) After the proper decommissioning of the well, the well owner is required to pay the licensed well contractor **before** being reimbursed by the LPNNRD. A copy of the paid bill along with the Nebraska Department of Natural Resources (NeDNR) "Notice of Water Well Decommissioning" form is required for reimbursement.
- 5.) Once the well owner has fulfilled these requirements the LPNNRD staff will inspect the well decommissioning site to ensure the project was completed and report it the LPNNRD Water Committee. (Water Committee meets the last week of the month.)
- 6.) The LPNNRD Water Committee will approve or deny the cost-share assistance payment and advance the decision to the Board of Directors. (The Board of Directors meet the second Monday of each month.)
- 7.) If the cost share assistance is approved by the LPNNRD Board of Directors; a check for the approved reimbursement total will be issued to the well owner/applicant.

Note: Any well plugged prior to NRD approval will not be eligible for cost-share assistance.

Section Map Diagram: Indicate where the well is located with an “X”



Lower Platte North Natural Resources District
Application for Abandoned Well Cost Share Program Form

Landowner Information:

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____

Tenant/Contact Person:

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____

Under this agreement:

- 1.) The landowner must complete and return the following sheets to the LPNNRD (NRD):
 - a.) Both sides of this blue application must be completed and returned to the NRD **before** the well is plugged (be sure well is within LPNNRD boundary.)
 - b.) The approximate location of the well on the section diagram sheet that's provided or provide an aerial photo. Forward this information to the well contractor of your choice and the NRD.
 - c.) Please forward a copy of the well registration (if registered) to the well contractor and the NRD
 - d.) Forward the State of Nebraska Department of Natural Resource (NeDNR) "Notice of water well decommissioning" to the well contractor. The "Notice of water well decommissioning" sheet is to be filled out by the well contractor and returned to NRD after the plugging with a copy of the paid bill. **The licensed well or pump contractor who decommissioned the water is required to file with NeDNR.** A paid copy of the bill and a copy of the "Notice of water well decommissioning" filed with NeDNR is required before reimbursement.
- 2.) The landowner will allow access to NRD personnel so they may inspect the potential project.
- 3.) The NRD will notify the landowner and/or tenant of project approval or denial. The landowner/tenant must have the project completed and bill submitted with six (6) months of the project approval. If the well plugging takes longer than six (6) months a waiver for an extension may be approved for good cause shown if additional time is needed to complete the project.
- 4.) In addition to the well plugging procedures of the Nebraska Department of Health regulations (Title 178, Chapter 12), the following are required:
 - a.) removal of the upper three feet of casing
 - b.) a second plug from three to eight feet below the land surface
- 5.) The landowner will hold the NRD harmless in the case of accident.
- 6.) Upon completion of the project, the NRD will reimburse the landowner up to 75% of the cost of the well plugging procedure depending on available funding. The NRD will pay only reasonable and customary rates as advised by the LPNNRD Committee.
- 7.) Any well plugged prior to NRD approval **will not** be eligible for cost share assistance.

Signature of Landowner/Tenant

Date

(This page is to be filled out by the contractor and must be complete for consideration.)

Certified Well Driller/Pump Installer Information:

Name _____ Phone _____
 Address _____
 City _____ State _____ Zip _____

Legal Location: _____ ¼ _____ ¼ Section _____ Township _____ Range _____ (E/W)
 Is well registered: No Yes (attach registration form)
 Type: (circle one) Hand-dug Domestic Stock Irrigation
 Registration Number: _____ Year Drilled: _____ Casing Material: _____
 Total Depth: _____ ft. Static Water Level: _____ ft. Casing Diameter: _____ in.
 Obstructions(s) over well: None Windmill Well House Pump
 (please circle) Fences Stock Tank Concrete Pad Other
 Comments:

Estimated Cost of Decommissioning		Number of Units	Price per Unit	Total
Action	Item			
Removal of Pump and obstruction				
Disinfecting material				
Fill Material				
Sealing material at water level				
Sealing material at 3 – 8 feet level				
Material to cap top of casing				
Backhoe labor				
General labor				
Mileage				
Miscellaneous costs (explain)				
Taxes				

I hereby certify that the total charge of \$ _____ is the same charge presented to the landowner and I will **not** refund any part of the same to the landowner and I will require full payment in cash. I further consent that the Lower Platte North NRD shall have the right to inspect my records to verify that proper procedures were followed.

For LPNNRD Use Only			
_____ Preplug inspection date by _____	Total cost of abandonment		\$
_____ Postplug inspection date by _____	X 75% = Total NRD Funding		

Signature of Contractor

Date

Submit ORIGINAL to:
Department of Natural Resources
301 Centennial Mall South
P.O. Box 94676
Lincoln, Nebraska 68509-4676
Phone (402) 471 2363

June 2011 DNR DECO
This form **MUST** be printed/copied
as a **SINGLE** sided form

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES

This form is required to be filed
within **60 days** of decommissioning
of the water well.

NOTICE OF WATER WELL DECOMMISSIONING

FOR DEPARTMENT USE ONLY

Date Filed _____ Owner Code No. _____ Registration No. _____
_____-_____-DEC____() _____ NRD
Well ID _____

1. Well Owner's First Name _____ Last Name _____

OR Company Name _____

Attention Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

2. Contractor (if applicable). _____ Telephone Number() _____

Address _____ Contractor License No. _____

City _____ State _____ Zip Code _____ + _____

Drilling Firm: _____ Email: _____

3a. Well Registration No. _____

3b. Purpose of Well: _____

3c. Date Well Last Operated. _____ 3d. Date of Decommissioning. _____

3e. List complete well location: Legal **and** GPS Coordinates **MUST** be provided.

Is this location different than the DNR database location? ☐ **Corrected Location**

1. Well location: _____ $\frac{1}{4}$ of the _____ $\frac{1}{4}$ of Section _____, Township _____ North, Range _____ E ☐ W ☐ _____ County.

2. Latitude Degree: _____ Minute: _____ Second: _____ Longitude Degree: _____ Minute: _____ Second: _____ (NAD 83)

3. The well is _____ feet from the (N ☐ S ☐) section line and _____ feet from the (E ☐ W ☐) section line.

3f. Location of Water Use: _____

4. Actual Method for Decommissioning of Well

Placement Depth in Feet		Detailed Description of Material
From	To	

5a. Well Casing Size: _____ 5b. Bore Hole Diameter: _____

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

Contractor (**owner)

Date

* **Owner may sign on wells prior to 7/1/2001 or sandpoint or if well no longer exists and it is unknown when decommissioning occurred

The Department reserves the right to request verification of information provided.

ORIGINAL form must be provided to the Department of Natural Resources.

Acker Doyle Excavating
1150 Marcella Road
Fremont, NE 68025

Aerni & Sons Inc.
122 N. Calle Colombo St
Columbus, NE 68601

Allen Well Co.
2067 N. 150th Ave
Omaha, NE 68116

A.W.S. Well Co.
1597 Co. Rd. 10
PO Box 246
Mead, NE 68041

Coranco Inc.
141 W. 10th St
Wahoo, NE 68066

Dietz Well & Pump Co.
1305 S. Elkhorn St
PO Box 1263
Norfolk, NE 68701

Downey Drilling Inc.
402 N. Grant St
Lexington, NE 68850

Durre Well Service
84226 508th Ave
Elgin, NE 68636

Dvorak Well co.
c/o Steve Dvorak
1260 Foothill Road
North Bend, NE 68649

Grosch Irrigation Co., Inc.
2485 State Hwy 14
PO Box 270
Albion, NE 68620

Grosch Irrigation Co., Inc.
610 E. 6th St
PO Box 533
North Bend, NE 68649

Grosch Irrigation Co., Inc.
3110 - 33rd Road
PO Box 337
Silver Creek, NE 68663

Hamernik Plumbing & Drilling
2262 Road 12
PO Box 110
Leigh, NE 68643

Hanson Well Service
120 E. 8th St
PO Box 10
Ithaca, NE 68033

Jensen Well Co. Inc.
767 Iowa St
Blair, NE 68008

Krasa Well Service
1307 Franklin St
Bellevue, NE 68005

Layne-Western Co., Inc.
25450 Hwy 275
PO Box 597
Valley, NE 68064

Preister Excavation Inc.
27040 State Hwy 91
PO Box 296
Humphrey, NE 68642

Preister Well & Backhoe Inc.
45351 Elm St
Cornlea, NE 68642

Sargent Irrigation
84797 Hwy 14
PO Box 9
Neligh, NE 68756

Sargent Drilling
846 S. 13th St
PO Box 367
Geneva, NE 68361

Scott's Backhoe & Well
313 S. Front St
Petersburg, NE 68652

Styskal Irrigation Inc.
322 E. South Boundary
PO Box 58
Exeter, NE 68351

Subbert Well & Septic
1012 Co. Rd. M
Mead, NE 68041

Sudrla Water Service
2108 Hwy 6
Exeter, NE 68351

Tom's Well Repair
14438 Co. Rd. P12
Blair, NE 68008

Great Plains Well Service
17005 M St
Omaha, NE 68135

Mike Virka Services
PO Box 128
Morse Bluff, NE 68649

Volzke Corp. Irrigation Well
400 5th St
Utica, NE 68456

Wagner Well Inc.
130 Co. Rd. 2
PO Box 338
Dodge, NE 68633



Webster Well Inc.
c/o Jim Minarick
1361 Co. Rd. 4
North Bend, NE 68649

Weiland Well Company
511 Industrial Parkway
PO Box 178
Madison, NE 68748

Wemhoff Mfg.
14th Ave. & 17th St
PO Box 806
Columbus, NE 68601

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- ☐ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate
☐ Non-Profit Entity ☐ Government (Local, State or Federal)
☐ Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
☐ Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: _____ Remit Address (if different): _____

6 City, state, and ZIP code _____ City, state, and ZIP code _____

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ OR Employer Identification Number (EIN): _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes: _____

ACH Enrollment: (Rev. December 2014) ☐ Initial Setup ☐ Change ☐ Close Account**This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.**

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification): <input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check <input type="checkbox"/> Letter or statement from your financial institution <input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions
Printed Name:	
Title:	
Date	

Internal Use Only: