

Upper Elkhorn Natural Resources District Water Well Decommissioning Program

Landowner's Name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Social Security Number or Federal ID Number of Cost Share Recipient: _____

Well Location (legal description):

1/4 _____ 1/4 _____ 1/4 _____ 1/4 _____ Section _____ T. _____ R. _____ County: _____

(Attach Aerial Photo from FSA Office and X Location of Well)

Use of Well (Circle One): Irrigation Stock Domestic Other: _____

This Section to be Completed by Licensed Well Driller or Licensed Pump Installer:

State Well Registration Number: _____ Inside Diameter of Casing: _____ inches

Static Water Level: _____ feet Depth of Well: _____ feet

Name and Address of Licensed Well Driller or Pump Installer:

Business Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Well Driller or Pump Installer's License Number: _____

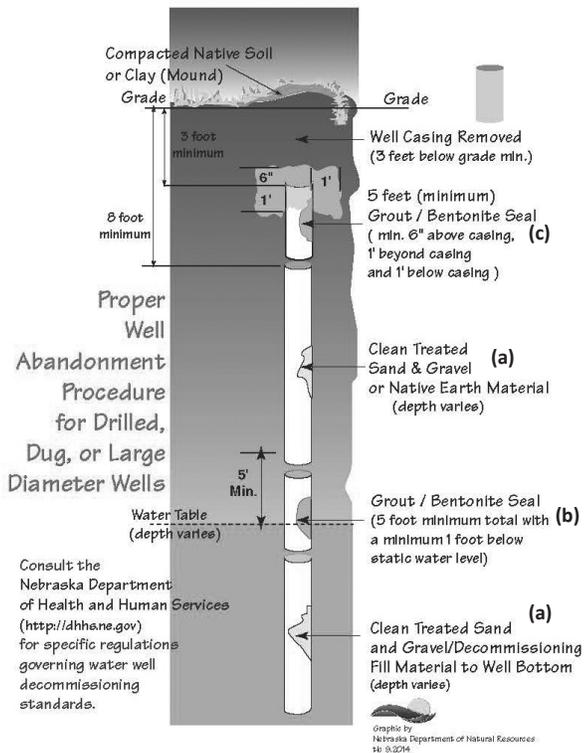
Illustrate on Diagram of Well:

(A) List amount of fill used,
Depth and Location:

(C) Top three feet of well must be
sealed with concrete
or cement grout.

(B) List amount of sealant used,
Depth and Location:

(D) Amount of chlorine used to
bring standing water to 200
ppm. _____



- Well casing must be removed a minimum 3 feet below land surface.

- 5 feet minimum Grout/Bentonite Seal (min 6" above casing 1' beyond casing and 1' below.

(c) Kind _____ Amount _____
Must be 5 feet deep

(a) Kind _____ Amount _____
Depth _____

(b) Kind _____ Amount _____
Must be 5 feet deep - Location _____

(a) Kind _____ Amount _____
Depth _____

Additional Comments: _____

Date of Decommissioning: _____

Well Owners Signature

Driller's or Installer's Signature

Approval Date: _____

Upper Elkhorn NRD Representative: _____

UPPER ELKHORN NRD

Water Well Decommissioning Cost-Share Program

This program provides cost-share for proper plugging of abandoned wells according to Title 178, Chapter 12 of the Department of Health and Human Services regulations governing water well abandonment standards.

NRD approval is required before water well decommissioning procedures begin.

Well(s) must be decommissioned by a licensed well driller or licensed pump installer according to the Department of Health and Human Services State Regulations.

The NRD will pay 75 percent of the eligible decommissioning costs up to a maximum of \$500 for all water wells other than hand dug water wells which will have a maximum cost share allowance of \$700.

All below ground pipe and any above ground pipe, tower or on-site obstacles that may impede the plugging activity must be removed at the cost of the landowner.

The landowner has 90 days to contact the well driller or pump installer and complete the work, after receiving an approval letter from the NRD.

Cost-share is available on a first come first serve basis while funds exist.

An NRD inspection of the properly decommissioned well(s) may be required prior to payment and it may be required that a district employee be on site during the actual plugging process.

A description of the decommissioning process; an aerial photo; and, a copy of the bill listing the materials used must be submitted prior to payment of cost-share funds.

Sign-Up Period: Continuous Based on Funds