



100547 Airport Road
P.O. Box 280
Scottsbluff, NE 69363-0280
(308) 632-2749
www.npnrd.org

Application

Ground Water Sample Cost Share

I (we), the undersigned, do hereby request cost-share assistance to help defray the cost of obtaining a ground water sample from the well or final distribution point described herein below. It is understood and agreed that:

1. Before receiving any cost-share funds, it will be necessary for the landowner/operator to meet the following requirements of the program:
 - a. Only one sample can be submitted on an Application – separate Applications must be submitted for each sample.
 - b. Samples must be either taken from each well or at the final point of distribution.
 - i. Samples taken from the final point of distribution must be georeferenced and each well registration number that feeds into the final point of distribution must be provided.
 - c. All sample results must be shared with the North Platte NRD.
2. The North Platte NRD will only accept water samples from May 15th until August 1st of each water year.
3. Funds will be paid on a first come, first serve basis. Funding is not guaranteed. Only the landowner OR the operator will receive cost-share funds, not both.
4. Landowner's/Operator's cost will be \$10 per sample. Payment is due at the time samples are dropped off at the North Platte NRD office.

GENERAL INFORMATION

Landowner

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Operator

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

SAMPLE INFORMATION

Final Point of Distribution (georeferenced):

Latitude: _____

Longitude: _____

Sample ID: _____

Date & Time Sample Collected: _____

Well Registration Numbers:

LANDOWNER / OPERATOR CERTIFICATION AND AGREEMENT

I hereby certify that all the information contained in this Application is true and correct to the best of my knowledge. I understand the terms and conditions of this cost-share program as outlined above and that I must abide by those requirements in order to participate and receive funding through this program.

Landowner Signature

Date

OR

Operator Signature

Date

FOR STAFF USE ONLY

Application Received By: _____

Final Action: ☐ Approve ☐ Deny

Staff Signature

Date

Staff Signature

Date

- ☐ Final point of distribution georeferenced
- ☐ Well registration number(s) listed
- ☐ Sample bottle labeled with sample ID, date, and time of collection
- ☐ Sample has been taken within the last 48 hours

Payment Received Date: _____ Payment Amount: _____ Payment Type: _____