



Best Management Practices Packet
Lower Platte South NRD

PROGRAM REQUEST	PROGRAM RATES (%)	MAXIMUM	PAGES TO COMPLETE
Spring Nitrogen Application Program			
<input type="checkbox"/> Spring versus Fall fertilizer cost (applied after March 1)	100%	No Max	3-7 and 9-10
<input type="checkbox"/> Spring Custom Application of Liquid N Fertilizer	100%	\$8.00/acre	3-7 and 9-10
	100%	\$.16/lb. of Nitrogen	
<input type="checkbox"/> Fertilizer Meter including manifold	75%	\$10,000.00	3-7 and 11-12
<input type="checkbox"/> Soil Sampling	90%	\$1,000.00	3-7 and 13-14
<input type="checkbox"/> Irrigation Management Assistance Program (NC-17 approved practices only) (contact your local NRCS office to apply)	75%	No max	3-7 and 15-16
<input type="checkbox"/> Water Meter	50%	\$750	3-7 and 17-18
<input type="checkbox"/> Well Decommissioning	CWSPA Rates	N/A	3-7 and 19-23

MAP ON BACK OF THIS PAGE
Individual CWSPA maps at back of packet

- All applicants must fill out the attached W-9 (pages 3-6) and the attached US Citizenship Attestation Form (page 7) prior to receiving payment for any best management practice.
- Applicant must read and comply with all terms associated with each best management practice.

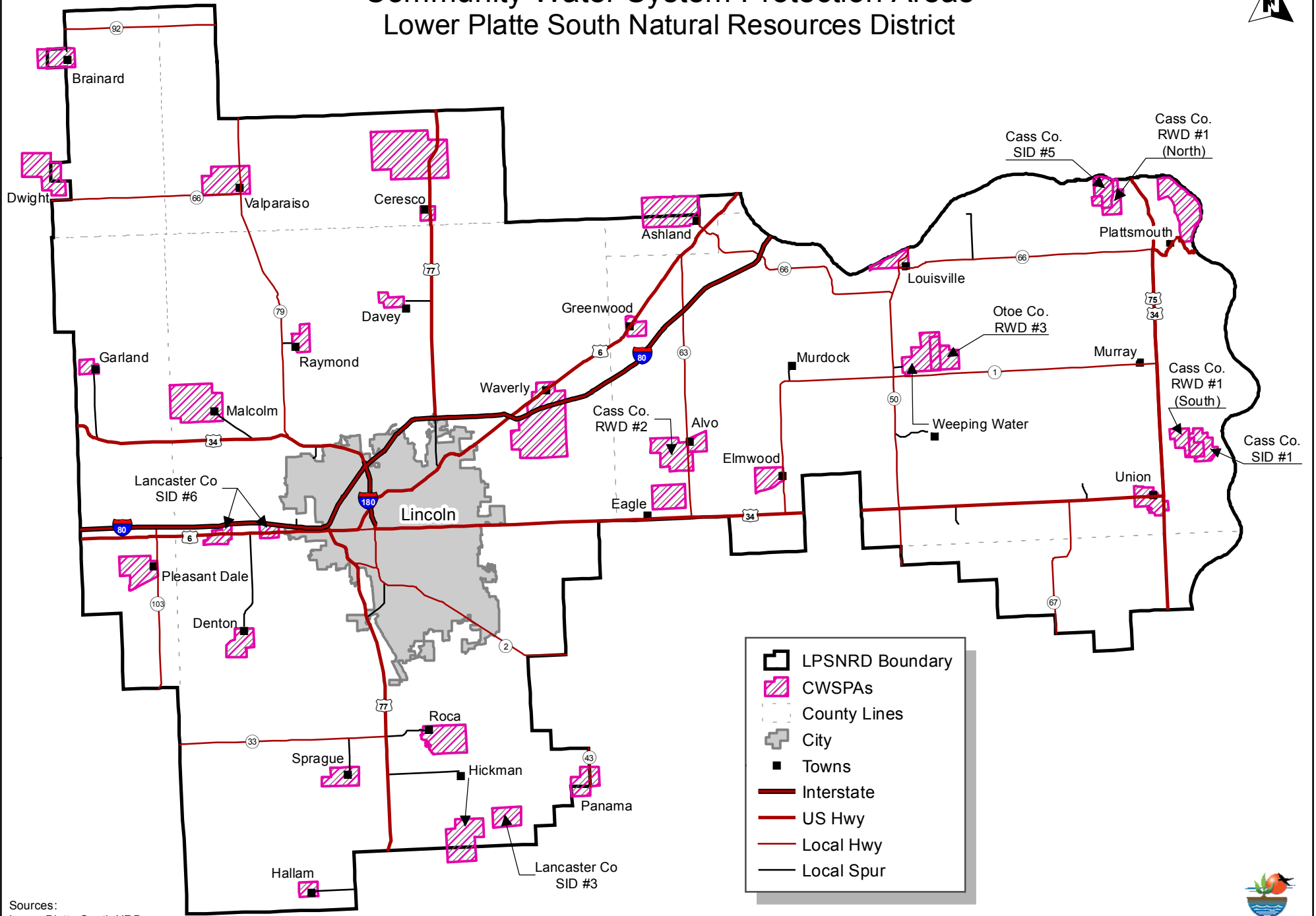


Lower Platte South
Natural Resources District

3125 Portia Street
PO Box 83581
Lincoln, NE 68501-3581
(402) 476-2729
Fax: (402) 476-6454

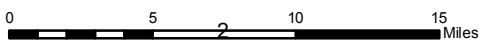
 facebook.com/lpsnrd
 [LPSNRDEE](https://twitter.com/LPSNRDEE)

Community Water System Protection Areas Lower Platte South Natural Resources District



	LPSNRD Boundary
	CWSPAs
	County Lines
	City
	Towns
	Interstate
	US Hwy
	Local Hwy
	Local Spur

Sources:
Lower Platte South NRD;
Nebraska Dept. of Natural Resources;
Nebraska Dept. of Roads



Date Updated: March 2015
Map By: Lower Platte South NRD, sdr



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II 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 because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name/disregarded entity name” line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the “Business name/disregarded entity name,” sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the “Name” line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following for yourself and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

- OR -

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

- AND -

(for corporations, partnerships, or trusts)

Every person who is either a stockholder of the corporation, a partner of the partnership or a beneficiary of the trust is also a United States citizen or qualified alien.

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 _____

cmd

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CWSPA

(COMMUNITY WATER SYSTEM PROTECTION AREA)

Spring Nitrogen Application Program Lower Platte South NRD

Owner / Operator: _____

Address: _____ Phone: (_____) _____

City: _____ State & Zip: _____

CWSPA Area: _____

Legal: _____ 1/4, Section _____, Township _____, Range _____, _____ County

This cost-share application will not be effective until approved by the Lower Platte South Natural Resources District (the ‘‘District’’). **Nitrogen must not applied before March 1st.** Claims for payment will not be accepted after July 1st. Items for which cost reimbursement is claimed shall be supported by documentation of payment made or due. Cost share rates are shown below under the column Applicant’s Request and as shown on the back under **Terms**.

APPLICANT’S REQUEST	PERFORMED (to be completed by NRD)				
Maximum Assistance	Actual Cost	%	% of Actual	Max of	Cost Share Amount
<input type="checkbox"/> Spring versus Fall fertilizer cost <i>(100% on price difference)</i>	\$ _____/lb	100%	\$ _____/lb	N/A	
<input type="checkbox"/> Spring Custom Application of Liquid N Fertilizer <i>(100% up to \$8/acre)</i>		100%	#acres _____	\$8.00/acre	
<input type="checkbox"/> Spring liquid N fertilizer versus Fall anhydrous fertilizer cost <i>(100% up to \$.16/lb. if liquid is more expensive)</i>		100%	#lbs. _____	\$.16/lb.	
		100%	#lbs. _____	\$.16/lb.	

APPLICATION: I (we) do hereby request cost-share assistance to help defray the cost of ground water best management practices.

_____ Date
Owner / Operator

APPLICATION APPROVAL:
The Lower Platte South NRD Board of Directors approved the Applicant’s request and hereby obligate

\$ _____

_____ Date
NRD Representative

OWNER / OPERATOR CERTIFICATION & AGREEMENT: I certify that the item(s) for which payment is claimed was furnished under authority of the law and that the charges are reasonable, proper, and correct. I further certify that I agree to all terms listed on this program application. I understand that if I fail to comply, I must refund the cost-share money I received from the District.

Owner / Operator

COMPLETION AND CERTIFICATION:

_____ Date
NRD Representative

Purpose: The purpose of the program identified in this application is to encourage the use of nitrogen fertilizer in the spring instead of the fall, which is intended to reduce pollution of ground water through the accurate use and uniform application of the fertilizer. The precise and uniform application of nutrients in the spring is a known best management practice to help reduce ground water pollution.

Applicability: This cost-share program is available to landowners, operators and custom applicators who apply nitrogen to lands in any Community Water System Protection Area within the District.

Terms: For the purposes of this program, cost-share is for the nitrogen applied to the field(s) after March 1st (spring application which is the last nitrogen application for that crop year). Applicant agrees as follows:

1. For spring versus fall nitrogen fertilizer cost of anhydrous ammonia, fall price is based on: a) the average cost between October 1st and January 31st (Quotes to be obtained by the District from a local fertilizer distributor) b) paid receipt showing payment of fall purchased fertilizer. Applicant must provide the District with the date and an aerial photo showing field location(s) upon which the fertilizer was applied and a copy of the invoice. Payment will be made by the District only if spring price is more than the fall average price or the receipt showing payment for the fall fertilizer purchase.
2. For spring custom application of liquid nitrogen, a price quote for anhydrous ammonia for the same day the liquid fertilizer was purchased and the invoice for liquid nitrogen fertilizer shall be provided. If a custom applicator is used, applicant shall provide the invoice from the custom applicator which shall include the number of acres, the location of the field(s) and the date applied.
3. Claims for payment will not be accepted after July 1st.

CWSPA
(COMMUNITY WATER SYSTEM PROTECTION AREA)

**Fertilizer Meter Program
Lower Platte South NRD**

Owner / Operator: _____
 Address: _____ Phone: (_____) _____
 City: _____ State & Zip: _____
 CWSPA Area: _____
 Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

This application will not be effective until approved by the Lower Platte South NRD. Claims for payment will not be accepted more than 90 days from the date this application is approved. Items for which reimbursement is claimed are to be supported by documentation of payment made or due. Cost share is 75% of actual cost up to \$10,000.00 maximum on one meter with new hoses per owner / operator.

APPLICANT'S REQUEST	PERFORMED (to be completed by NRD)				
Maximum Assistance	Actual Cost	%	% of Actual	Maximum of	Cost Share Amount
<input type="checkbox"/> Fertilizer Meter (75% up to \$10,000) Describe equipment being purchased:		75%		\$10,000.00	

***PLEASE NOTE, THE PURCHASE OF A NEW CONTROLLER/METER IS REQUIRED FOR ELIGIBILITY FOR THIS PROGRAM**

APPLICATION: I (we) do hereby request cost-share assistance to help defray the cost of ground water best management practices.

 Owner / Operator Date

APPLICATION APPROVAL:
 The Lower Platte South NRD Board of Directors approved the Applicant's request and hereby obligate

\$ _____

 NRD Representative Date

OWNER / OPERATOR CERTIFICATION & AGREEMENT: I certify that the item(s) for which payment is claimed was furnished under authority of the law and that the charges are reasonable, proper, and correct. I further certify that I agree to all terms listed on this program application. I understand that if I fail to comply, I must refund the cost-share money I received from the District.

 Owner / Operator

COMPLETION AND CERTIFICATION:

 NRD Representative Date

Purpose: To encourage and demonstrate the use of a fertilizer meter and manifold to reduce pollution of water and soil through the accurate use and uniform application of nutrients.

Applicability: This cost-share program is available to operators that farm land in any Community Water System Protection Area (CWSPA) in the Lower Platte South Natural Resources District. The precise and uniform application of nutrients is a known best management practice that will help reduce soil and water pollution on lands devoted to crop production.

Terms:

1. The owner/operator must use the equipment on lands within the Community Water System Protection Area of the Lower Platte South NRD.
2. Owner/Operator must keep the equipment in their possession and use it for a minimum of five (5) years after the date of approval or must refund the cost-share payment to the Lower Platte South NRD.
3. Claims for payment will not be accepted more than ninety (90) days from the date the application is approved.
4. Owner/operator may be requested to report to the Lower Platte South NRD on the use and effectiveness of the equipment acquired during the term of this agreement.

Soil Sampling Program Lower Platte South NRD

Owner / Operator: _____

Address: _____ Phone: (_____) _____

City: _____ State & Zip: _____

CWSPA Area: _____

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Fill out information below, sign and return. This application will not be effective until approved by the Lower Platte South NRD. Claims for payment must be submitted within 45 days from receipt of the laboratory results. Items for which reimbursement is claimed are to be supported by documentation of payment made or due along with the laboratory results. Cost-share is 90% of the actual cost up to \$1,000 maximum per cooperator per year.

Note: The back of this application must be completed prior to payment.

APPLICANT'S REQUEST	PERFORMED				
Maximum Assistance	Actual Cost	(to be completed by NRD)		Maximum of	Cost Share Amount
		%	% of Actual		
<input type="checkbox"/> Soil Sampling (90% up to \$1,000)		90%		\$1,000.00	

Sampling performed by: Myself Someone else - Name _____

APPLICATION: I (we) do hereby request cost-share assistance to help defray the cost of ground water best management practices.

Owner / Operator

Date

APPLICATION APPROVAL:
The Lower Platte South NRD Board of Directors approved the Applicant's request and hereby obligate

\$ _____

NRD Representative

Date

OWNER / OPERATOR CERTIFICATION & AGREEMENT: I certify that the item(s) for which payment is claimed was furnished under authority of the law and that the charges are reasonable, proper, and correct. I further certify that I agree to all terms listed on this program application. I understand that if I fail to comply, I must refund the cost-share money I received from the District.

Owner / Operator

COMPLETION AND CERTIFICATION:

NRD Representative

Date

List legal descriptions for each farm field to be sampled:

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County, # of acres _____

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County, # of acres _____

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County, # of acres _____

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County, # of acres _____

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County, # of acres _____

Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County, # of acres _____

Purpose: To encourage the practice of sampling soils and analyzing for nutrients content. This assists in determining the application rate of additional nutrients needed while reducing the potential for water and soil pollution.

Applicability: This cost-share program is available to operators that farm land in any Community Water System Protection Area (CWSPA) of the Lower Platte South Natural Resources District. Determining the proper amount of nutrients to apply to a field prior to application is a known best management practice that will help reduce soil and water pollution on land devoted to crop production and on land where turf maintenance is needed.

Terms:

1. Eligible cooperators must own or operate land in any CWSPA.
2. Samples collected must be from lands within the CWSPA boundary or contingent fields.
3. One soil sample shall be collected for each field between 10 and 40 acres, or each 40 acre area within a larger field. Soil samples for each 40 acres shall consist of a minimum of the following:
 - a. One shallow composite sample consisting of 10-15 individual samples randomly collected at a depth of 0-8 inches and mixed.
 - b. One deep composite sample consisting of 6-8 individual samples randomly collected from a depth of 8-30 inches and mixed.
4. Analysis can include a complete package for the shallow sample and only nitrates for the deep sample.
5. Cooperators must provide an aerial photo of each farm / field sampled showing which fields were sampled, who collected the soil samples, and a laboratory copy of the results.

IRRIGATION MANAGEMENT ASSISTANCE PROGRAM

To encourage landowners to conserve water by improving irrigation water use efficiency by cost-sharing on the expense of installing best management practices that improve water use efficiency (i.e. pivot nozzle conversion, water sensors, etc.)

LANDOWNER MUST APPLY AT YOUR LOCAL USDA/NRCS OFFICE

- **Center Pivot Nozzle conversion** - Water use efficiency can sometimes be improved on center pivot irrigation systems by changing the nozzles to those better suited for the amount of water being pumped, the topography of the land, and the soil type. Please contact your local NRCS Office about evaluating your current system to see if you can reduce costs and conserve water. If so, NRCS will also assist with filling out a cost-share application to apply for NRD assistance.
- **Water sensors** - Improving irrigation efficiency will conserve water and save money. Utilizing watermark sensors in the field will provide the irrigator with better information on soil water available to the crop and the best time to initiate the next irrigation cycle. Please contact your local NRCS Office about applying for NRD cost-share assistance so you can benefit from watermark sensors.
- **Other practice** _____

Eligible Components:

Surge valves, flow meters, goose necks, land leveling (on gravity systems only and on land that has been irrigated in four of the five years) drop pipes, conversion nozzles, rainfall auto-shutoff valves, reuse pits, return pipe, soil moisture sensors and data readers, and the necessary appurtenances to allow each of the components to function properly.

As an incentive to landowners to conserve water, cost-share on the cost of a buried pipeline from an existing irrigation well or surface water source now being operated as a gravity system to the pivot point of a new pivot system or the withdrawal point of an alternate efficient sprinkler system will be allowed as part of

the Irrigation Water Management Practice of the Nebraska Soil and Water Conservation Program (NSWCP). Buried main pipelines to serve a surge valve system is also allowed. These installations and systems must meet Natural Resources Conservation Service (NRCS) technical specifications.

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Water Meter Program Lower Platte South NRD

Owner / Operator: _____

Address: _____ Phone: (_____) _____

City: _____ State & Zip: _____

Legal: _____ 1/4, Section _____, Township _____, Range _____, _____ County

This application will not be effective until approved by the Lower Platte South NRD. Claims for payment will not be accepted more than 30 days from the date of purchase. Items for which reimbursement is claimed are to be supported by documentation of payment made or due. Cost share is 50% of actual cost up to \$750.00 maximum on one meter per well.

Note: The back of this application must be completed prior to payment.

APPLICANT'S REQUEST

Maximum Assistance

Water Meter (50% up to \$750)

PERFORMED

(to be completed by NRD)

Actual Cost	%	% of Actual	Maximum of	Cost Share Amount
	50%		\$750.00	

APPLICATION: I (we) do hereby request cost-share assistance to help defray the cost of ground water best management practices.

Owner / Operator

Date

APPLICATION APPROVAL:

The Lower Platte South NRD Board of Directors approved the Applicant's request and hereby obligate

\$ _____

NRD Representative

Date

OWNER / OPERATOR CERTIFICATION & AGREEMENT: I certify that the item(s) for which payment is claimed was furnished under authority of the law and that the charges are reasonable, proper, and correct. I further certify that I agree to all terms listed on this program application. I understand that if I fail to comply, I must refund the cost-share money I received from the District.

Owner / Operator

COMPLETION AND CERTIFICATION:

NRD Representative

Date

Location(s)

1. List DNR well registration number, legal description and provide an aerial photo showing where water meter will be located and used:

Well Registration Number _____

Legal: _____ Township _____ N, Range _____ E, Section _____

Water Meter and Well Information (Complete after purchase)

1. Water Meter Serial Number _____
2. Make _____ Model _____
3. Initial Reading _____ Units _____
4. Water meter location:
Near Wellhead _____ Pivot Riser _____ Other (Please specify) _____

Terms:

The well owner and District agree as follows:

1. The well owner will:
 - a. Purchase a new water meter, equipped with a totalizer, and provide a copy of the invoice(s) to the District within 30 days of purchase.
 - b. Install and use the water meter on the well exclusively listed on this application.
 - c. Maintain the water meter in good working condition for a minimum period of 10 years.
 - d. Notify the District immediately when the water meter stops working, and keep a detailed log of water use while the meter is being repaired.
 - e. Provide employees of the District access to the meter to assess functionality and accuracy.
 - f. Provide water usage information obtained from totalizer readout on the water meter to the District, annually.
2. The District will:
 - a. Upon verification of the well owner's installation of the water meter, reimburse the Landowner based on the current water meter cost-share rate.



Water Well Decommissioning Program Application

Well Information / Landowner and LPSNRD Agreement

The Lower Platte South NRD Water Well Decommissioning Program has been established to provide funding to the landowner to help share in the cost of properly decommissioning wells.

A. Program Application (Please use separate application for each well)

1. Fill in the information requested in the box below:

Landowner Name (Please Type or Print)		
Mailing Address (Street, City or Town, State, Zip Code):		
E-Mail Address	Phone Number	Cell Phone Number
Licensed Well Contactor Name (if known at this time)	Phone Number	Cell Phone Number
Tenant Name (If Applicable)	Phone Number	Cell Phone Number

B. Well Information: Fill in the information you know:

1. Location

a. Legal Description: _____ 1/4, or Lot _____, Section _____, Township _____, Range _____, County _____.

b. Attach aerial photo with "X" marking location of well.

c. Complete detailed sketch of well location in the box to the right:
(i.e.: well is 30 feet north of barn)

2. Is the pump still in the well? _____

3. Is there a cistern to be filled? _____

4. Is there a well pit to be filled? _____

5. Diameter of well casing: _____ inches

6. Type of well casing (circle one)

Tile	Brick / Stone	Transite	Cement / Concrete
PVC	Asbestos / Cement	Steel	Other _____

7. Total depth of well: _____ feet

Static water level in the well: _____ feet

8. Well use (circle one).

Irrigation Stock Domestic Other _____

If registered list registration number: _____

(Detailed Sketch)

N

C. Landowner and LPSNRD Agreement

THIS AGREEMENT, by and between _____, hereafter called the “Landowner”, and the Lower Platte South NRD, hereafter called the “District”, shall be effective from and after its acceptance by the District.

The Landowner and the District agree as follows:

1. The Landowner will:

- a. Allow District employees to inspect the well to be decommissioned, access to the area where the well is located, and inspect the work upon completion.
- b. Upon approval of the application by the District, hire a **licensed** well contractor and decommission the well within six (6) months from the approval date.
- c. Upon decommissioning of the well by the licensed well contractor, submit a copy of the licensed well contractors invoice to the NRD. The invoice shall include the depth and diameter of the well and an itemized invoice listing the quantity and cost of any and all individual eligible components. Eligible Components for NRD payment include:

Well Casing/Pit Removal – a lump sum payment will be made for well casing or well pit removal for the decommissioned well.

Gravel – a payment per cubic yard of gravel used in the decommissioned well.

Concrete Cap – a lump sum payment for a concrete cap installed on the decommissioned well.

Bentonite – a payment per cubic foot of bentonite used for the “plug” in the decommissioned well.

Native Soil – a payment per cubic yard of native soil used in the decommissioned well.

Grout – a payment per cubic foot of grout installed with a Tremie Pipe in the decommissioned well.

Cistern – a payment per cubic yard of the appropriate material to fill the cistern.

Pump Removal – a payment to remove the pump from the well to be decommissioned, dependent upon the diameter.

The NRD Payment is anticipated to only be a portion of the cost, any and all other costs shall be the sole cost of the landowner (NRD Payment Rate—see 2a).

- d. Submit to the NRD a completed IRS W-9 Form (Request for Taxpayer ID # & Cert) with the invoice.
- e. Submit to the NRD a copy of the Notice of Water Well Decommissioning that was filed with the Nebraska Department of Natural Resources “NDNR” (you should receive a copy of the Notice with your application).

2. The District will:

- a. Utilize established NRD Payment Rates in effect on the date of NRD Approval for the Eligible Components of the NRD Well Decommissioning Program.
- b. Provide the IRS W-9 form and NRD Payment Rate information for the approval.
- c. Make a well site inspection; collect global positioning coordinates and photos of the well site.
- d. Provide latitude and longitude coordinates to the landowner upon request, may be used on the Notice of Water Well Decommissioning form to be filed with NDNR.
- e. Consider inspecting the well site after decommissioning.
- f. Review the Licensed Well Contractor’s Invoice; the NRD may require additional certification from the landowner or Licensed Well Contractor prior to accepting the invoice.
- g. Calculate the NRD Payment for the work completed to decommission the well, as shown on the accepted invoice, in accordance with the approved components and quantities at the NRD Payment Rate in effect the date of NRD Approval of this Application. NRD Eligible Components are listed above in section 1.c.

Landowner Signature

Date

Lower Platte South NRD

Date

**PAYMENT CALCULATION WORKSHEET
WELL DECOMMISSIONING PROGRAM
LOWER PLATTE SOUTH NRD
(To Be Completed By NRD)
CWSPA**

Date: _____

Landowner: _____

Legal Description: _____ 1/4, Section _____,
T _____, R _____, _____ County

COMPONENT		NRD PAYMENT RATE	QUANTITY COMPLETED	PAYMENT
Well Casing / Pit Removal		\$500 / Decommissioned Well		
Gravel		\$58 / Cubic Yard		
Concrete Cap		\$95 / Concrete Cap		
Bentonite		\$32/ Cubic Foot		
Native Soil		\$32 / Cubic Yard		
Grout		\$53 / Cubic Foot		
Cistern Filling		\$32 / Cubic Yard		
Pump Removal	2 inch or Less	\$4.45 / Foot		
	More Than 2 inch	\$4.80 Foot		
TOTAL				

**ANY AND ALL OTHER COSTS NOT LISTED ON THIS
WORKSHEET SHALL BE THE SOLE COST OF THE
LANDOWNER.**

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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: _____ ¼ of the _____ ¼ 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

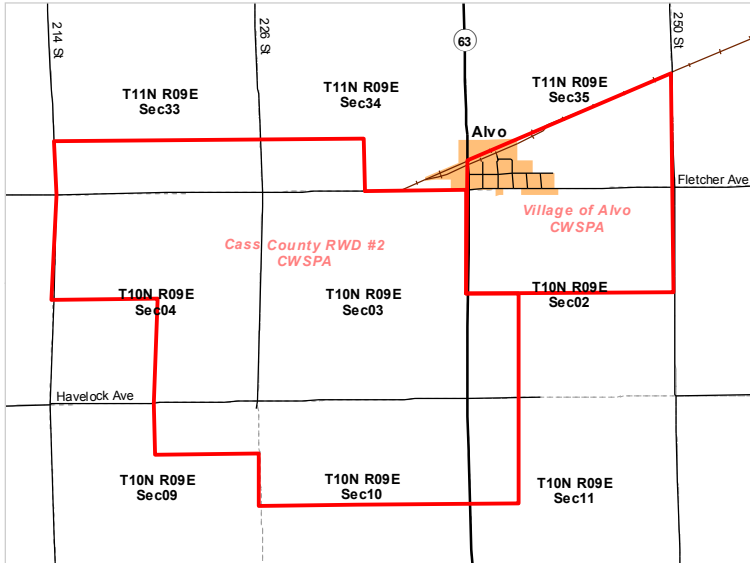
* *Owner may sign on wells prior to 7/1/2001 or sandpoint or if well no longer exists and it is unknown when decommissioning occurred

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

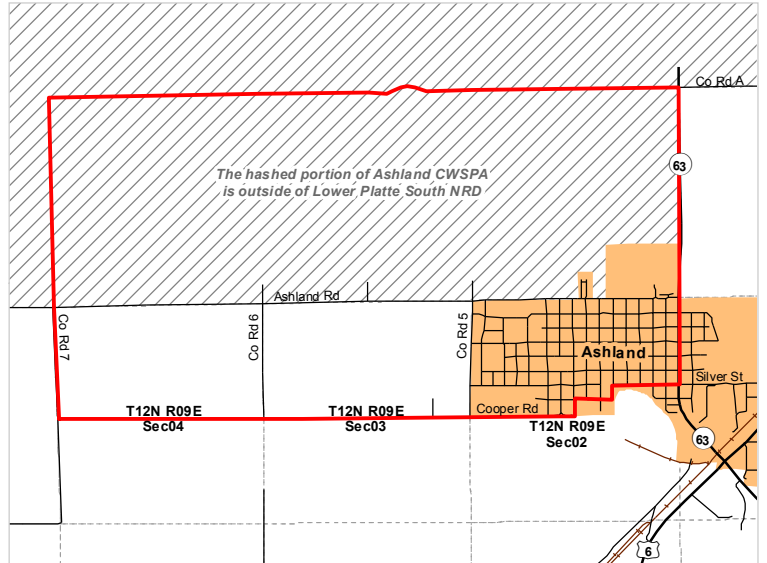
1/20/22 **ORIGINAL** form must be provided to the Department of Natural Resources.

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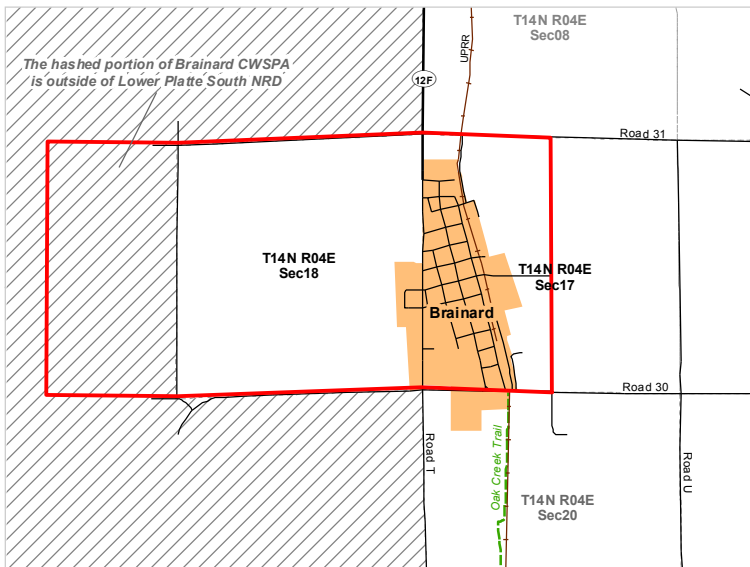
Village of Alvo & Cass County RWD #2 CWSPAs, Cass County



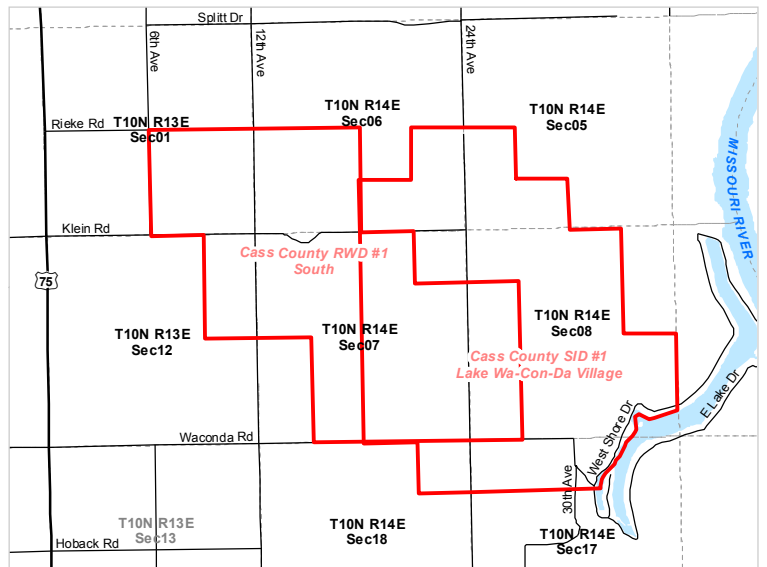
Village of Ashland CWSPA, Saunders County



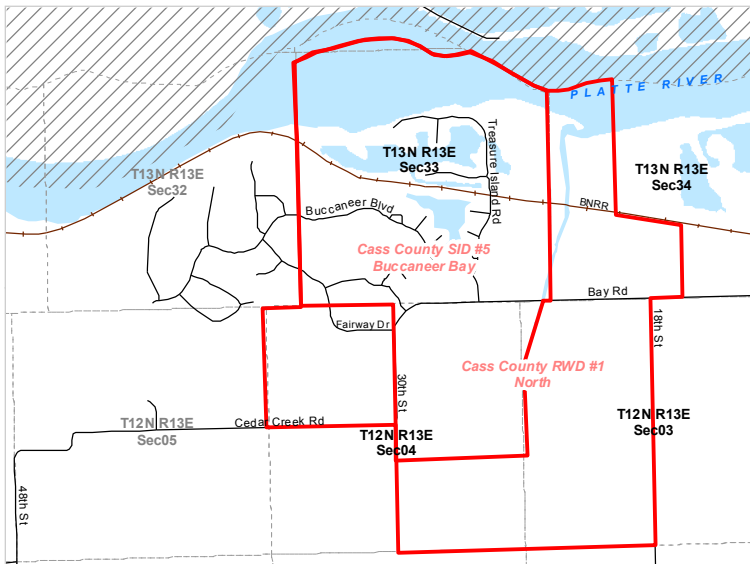
Village of Brainard CWSPA, Butler County



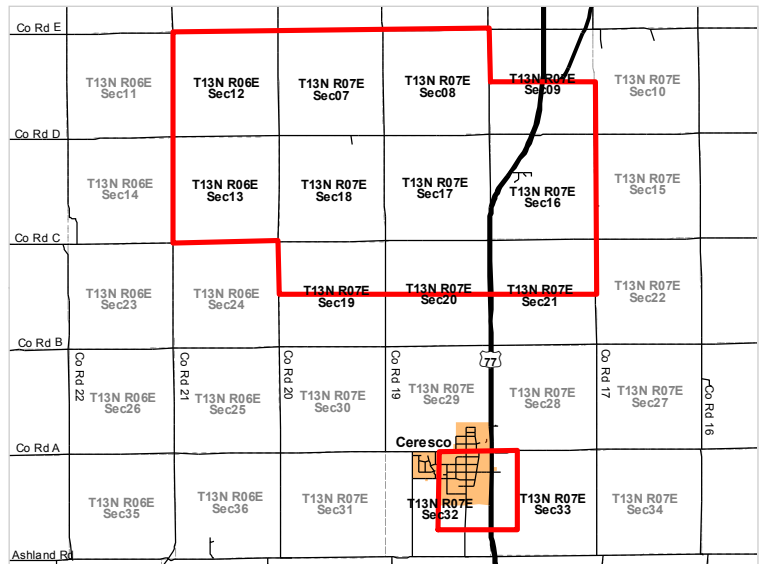
Cass County RWD #1 (South) & SID#1 CWSPAs, Cass County



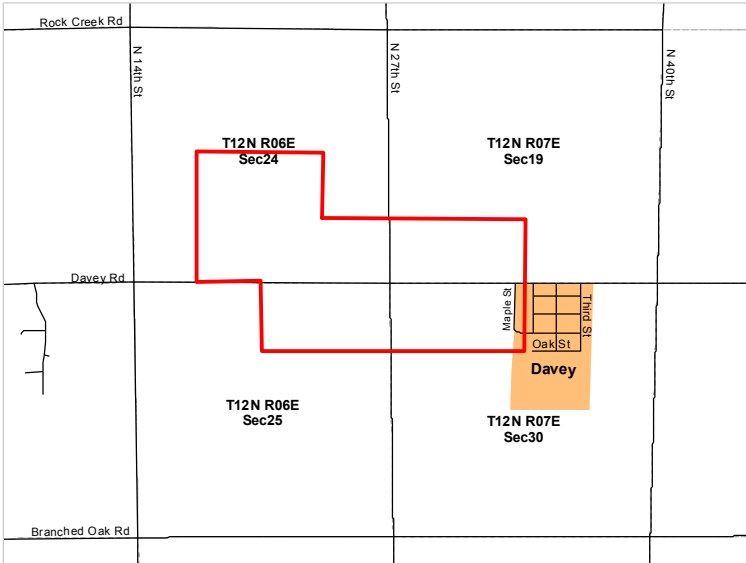
Cass County RWD #1 (North) & SID#5 CWSPAs, Cass County



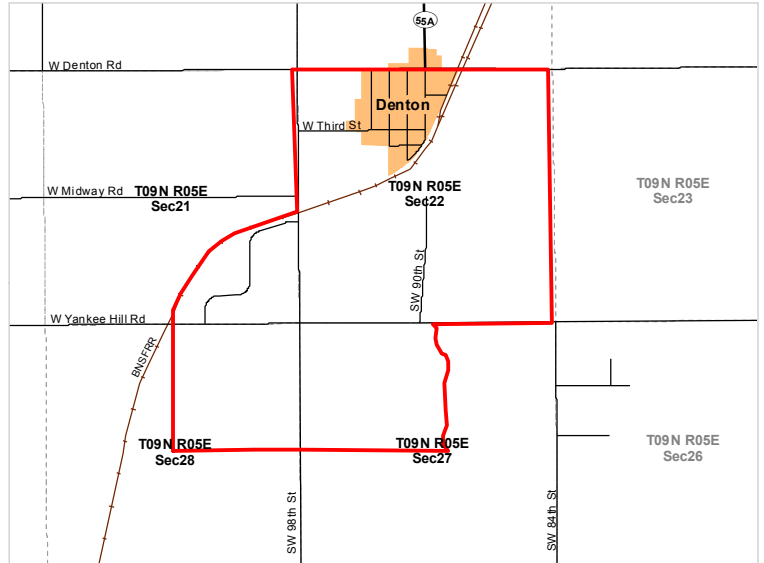
Village of Ceresco CWSPA, Saunders County



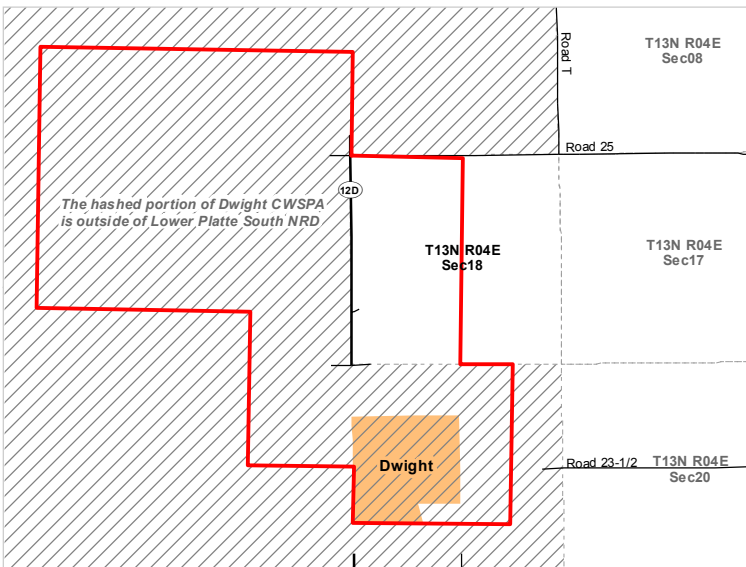
Village of Davey CWSPA, Lancaster County



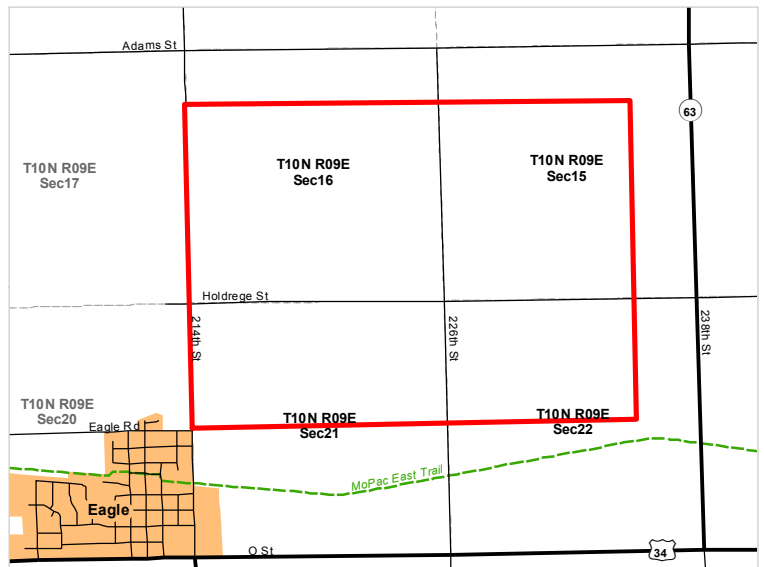
Village of Denton CWSPA, Lancaster County



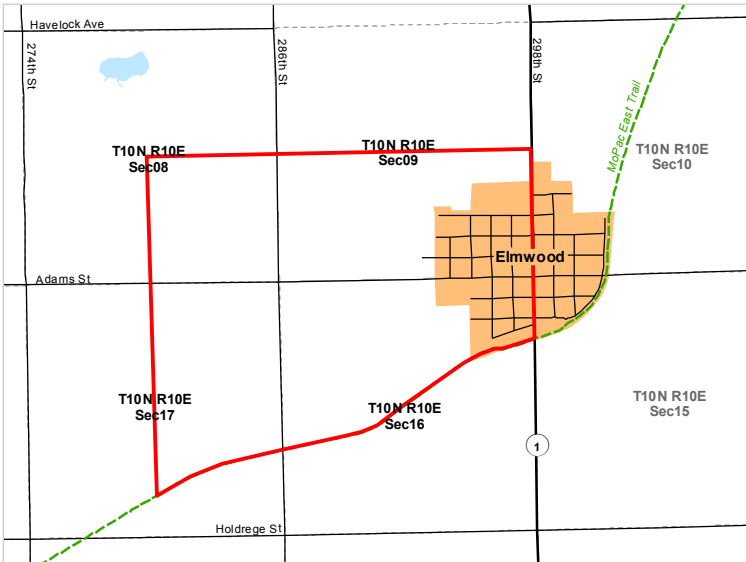
Village of Dwight CWSPA, Butler County



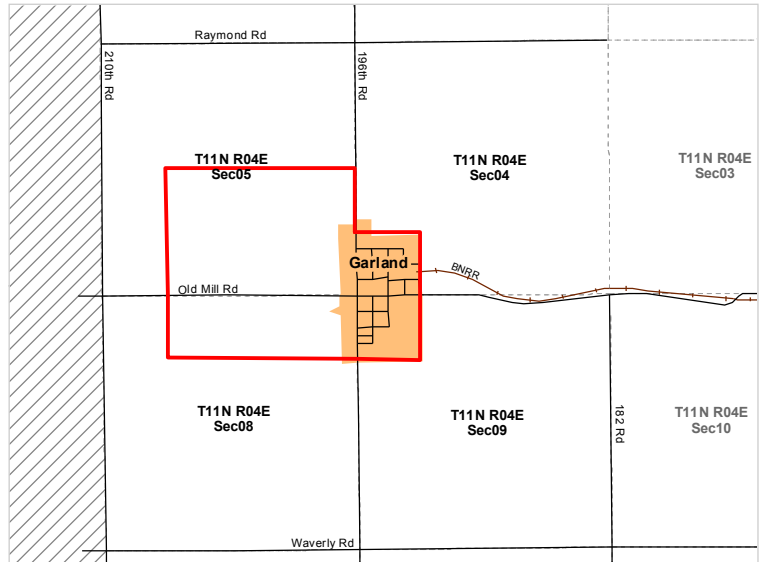
Village of Eagle CWSPA, Cass County



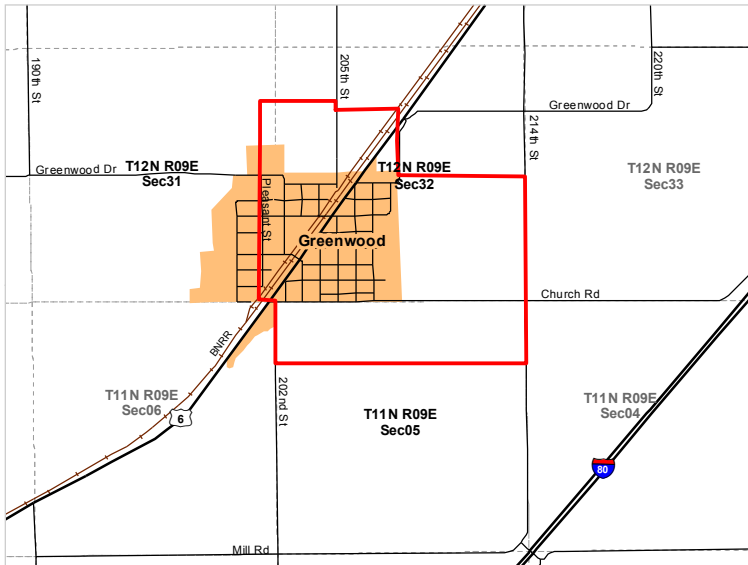
Village of Elmwood Phase III CWSPA, Cass County



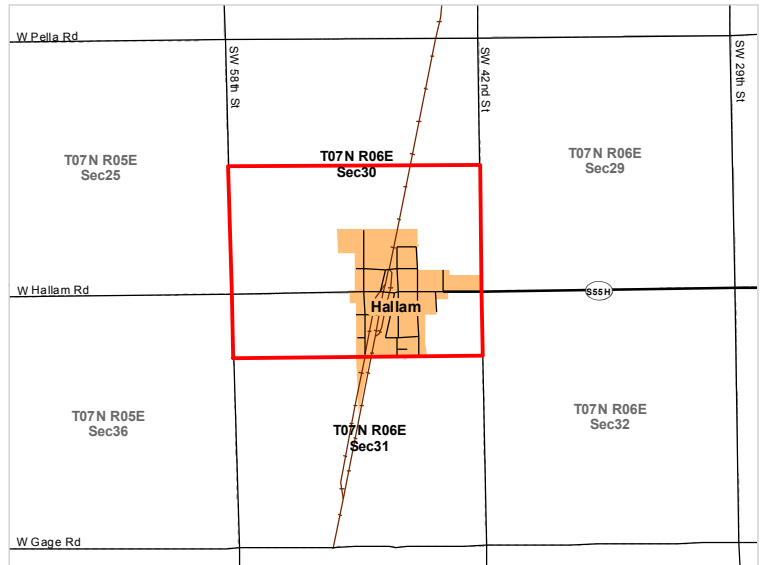
Village of Garland CWSPA, Seward County



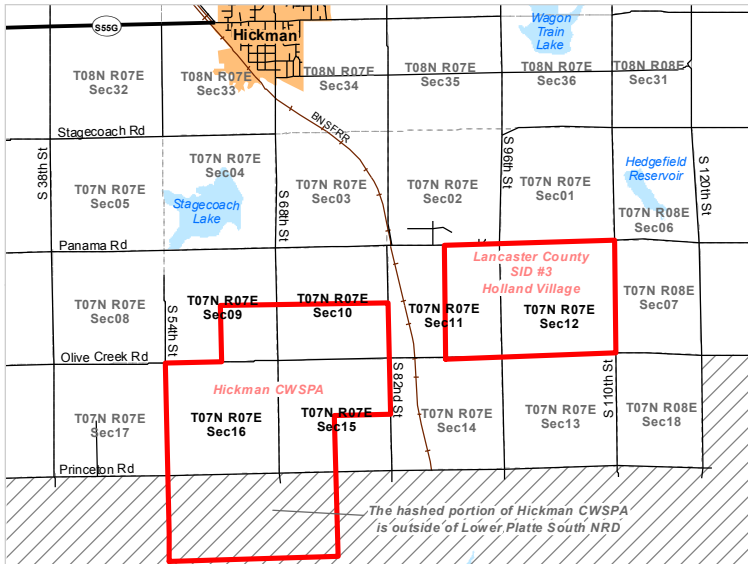
Village of Greenwood CWSPA, Cass County



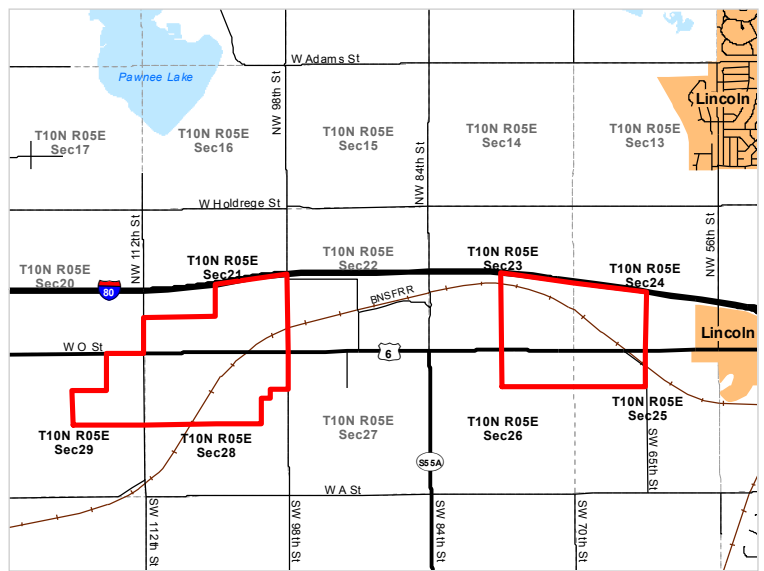
Village of Hallam CWSPA, Lancaster County



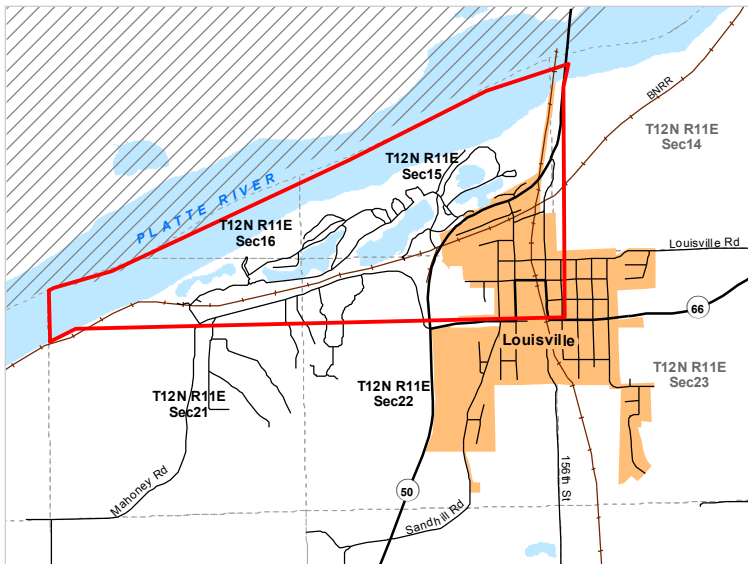
Hickman & Lancaster SID#3 CWSPAs, Lancaster County



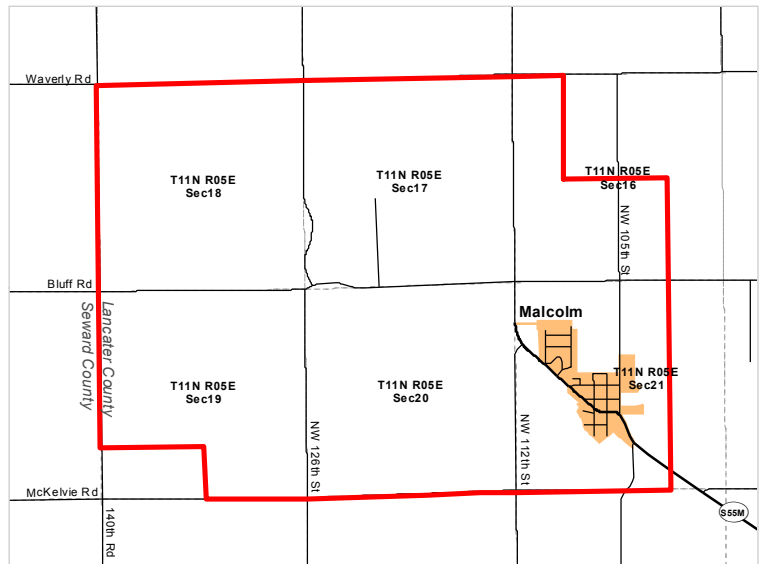
Lancaster SID#6 (Emerald) CWSPA, Lancaster County



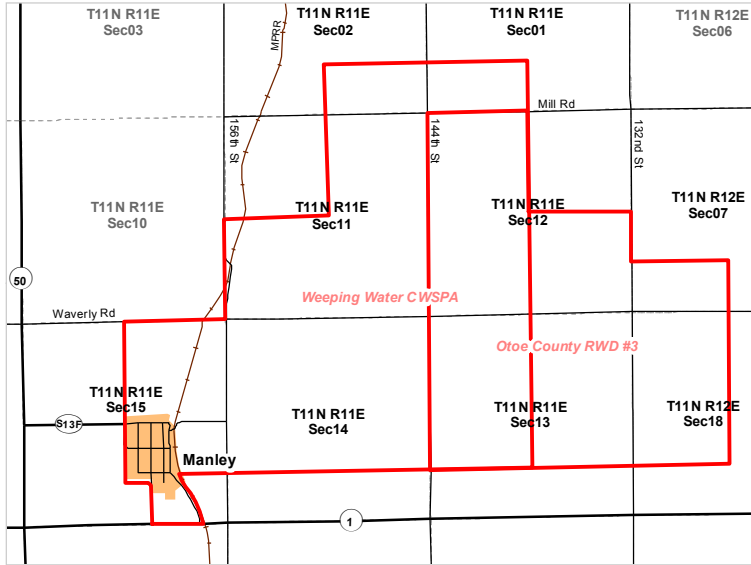
Village of Louisville CWSPA, Cass County



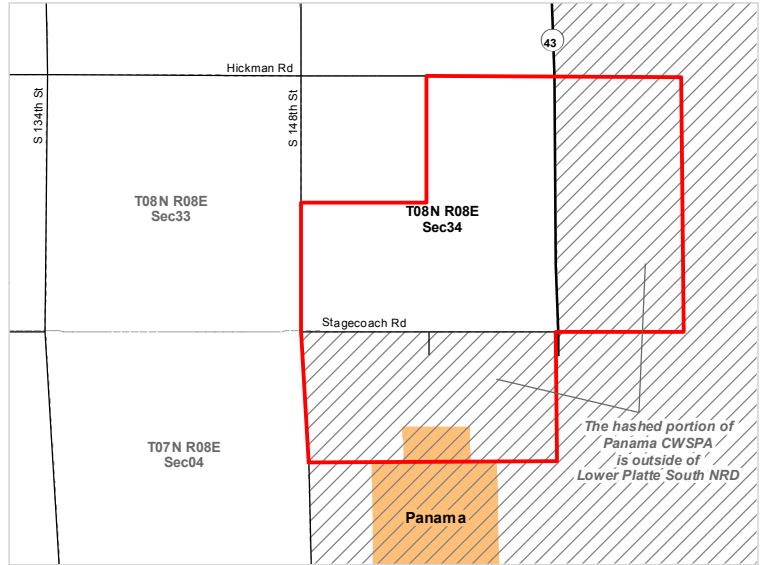
Village of Malcolm CWSPA, Lancaster County



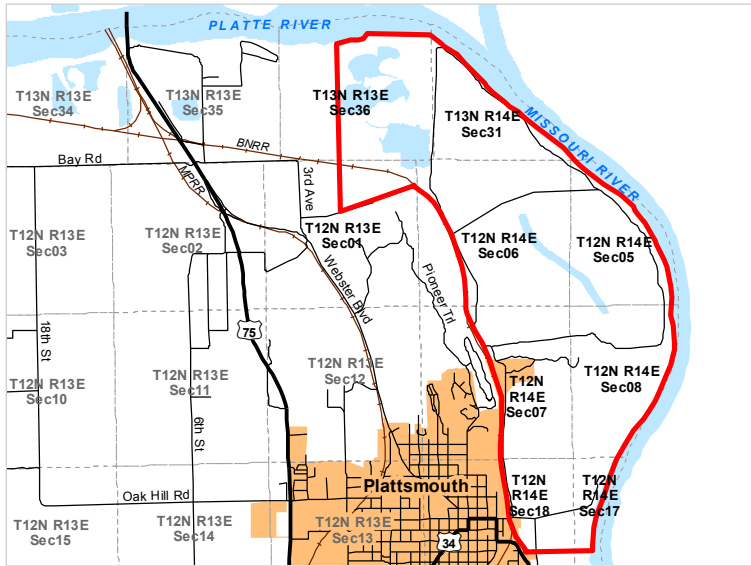
Otoe County RWD#3 & Weeping Water CWSPAs, Cass County



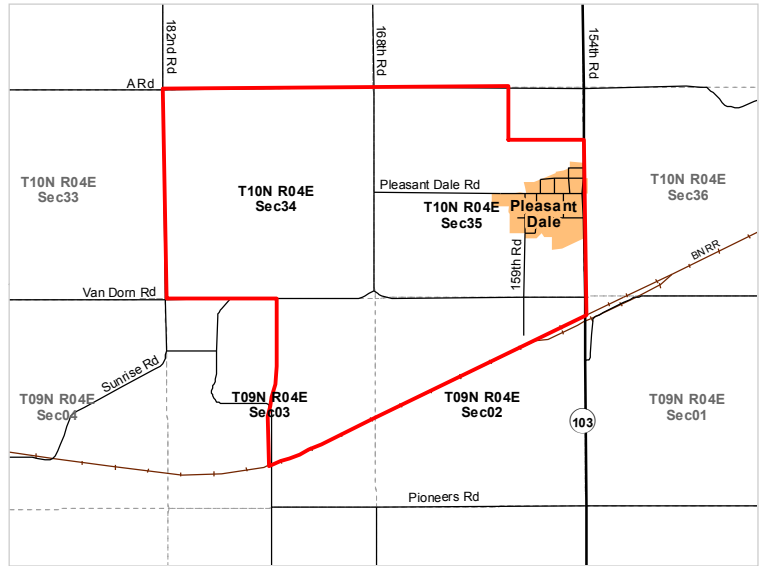
Village of Panama CWSPA, Lancaster County



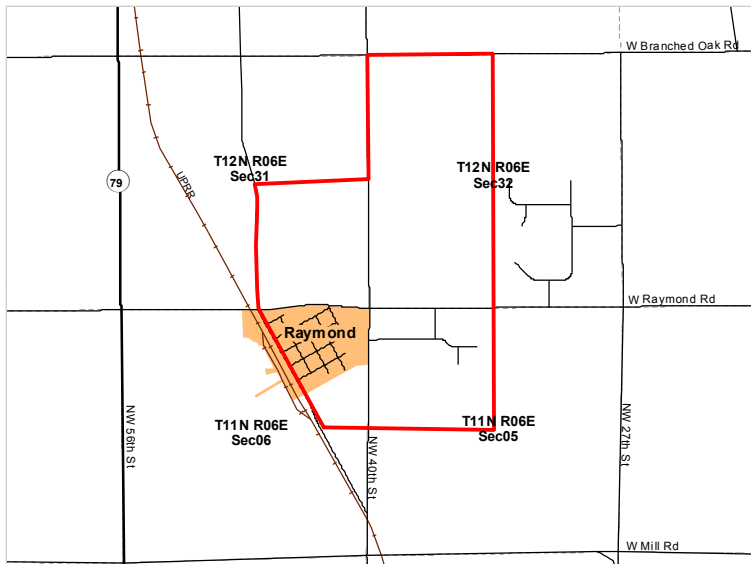
Plattsmouth CWSPA, Cass County



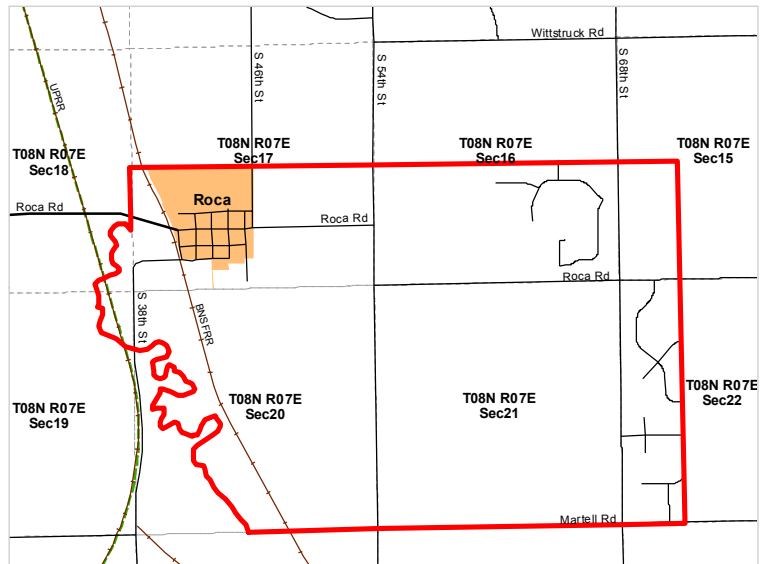
Pleasant Dale CWSPA, Seward County



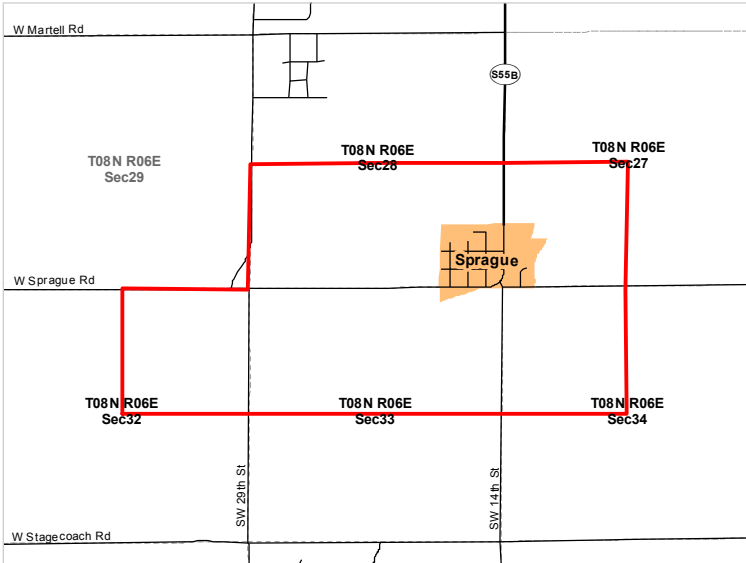
Village of Raymond CWSPA, Lancaster County



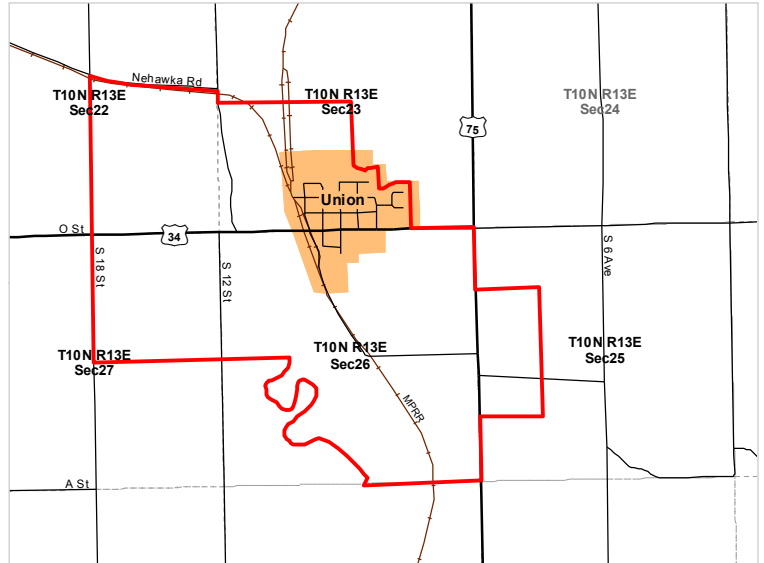
Village of Roca CWSPA, Lancaster County



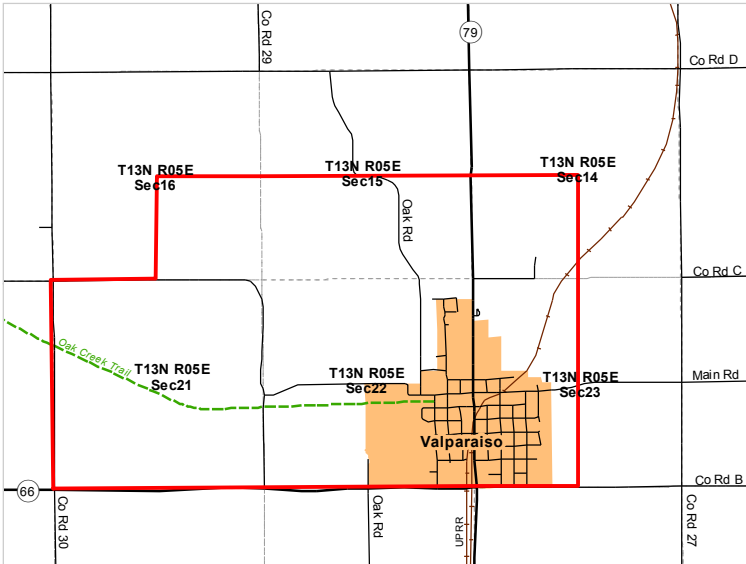
Village of Sprague CWSPA, Lancaster County



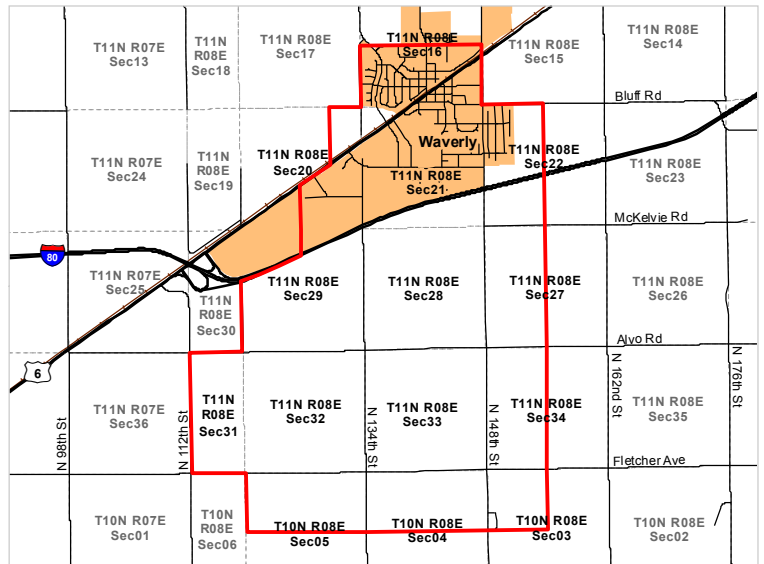
Village of Union CWSPA, Cass County



Village of Valparaiso CWSPA, Saunders County



City of Waverly CWSPA, Lancaster County



 CWSPA Boundaries

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