

<b>FORM C-2000/WDP-1</b> <b>WATER WELL DECOMMISSIONING PRACTICE</b> <b>Application/Payment Form</b>	<b>FY _____</b> <b>FUNDS</b>	Approval Yes _____ No _____ Date Approved: _____ Start/End Date: _____ Amendment Date: _____
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SWCD: \_\_\_\_\_ Grundy \_\_\_\_\_ Application No.  -  Application Date: \_\_\_\_\_

**APPLICANT**  Check box of person to be paid  **LANDUSER**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Project ID	Target TMDL Watershed Name	12-digit HUC	1/4 Sec.	Sec.	TWP N or S	Range E or W	P.M.

(A) Project ID	(B) Well Type	(C) Well Diameter (inches)	(D) Total well depth (feet)	(E) Priority Rank	(F) Estimated Cost	(G) Approved for cost-share: Yes or No	(H) Sealed by: Well Owner (O) or Licensed Contractor (C)

Application/Section						Payment Section		
(A) Project ID	(B) Practice Code	(C) Practice Components	(D) Estimated Units	(E) Average Cost/Unit	(F) Estimated Cost DxE=F	(G) Installed Units	(H) Total Avg. Cost ExG=H	(I) Actual Cost
<b>Totals</b>								

_____ x _____ % = \$ _____ Estimated Cost                      Cost-Share%                      Estimated Payment	_____ x _____ % = \$ _____ Actual Cost                      Cost-Share%                      Payment Amount
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I hereby certify that the materials, labor and equipment listed above were used in properly sealing the above referenced well(s).. The cost for each approved well and the total cost are for the amount approved by the soil and water conservation district. I further certify that no items or costs listed above have been included on another claim for payment under this agreement or as a claim under any other cost-share program. I understand the payment amount is based upon the actual cost (I) not to exceed the average cost (H) and that I am entitled to no more than the lesser of the amounts.

Landuser agrees that all expenses incurred in the implementation or installation of the planned project(s) for which the landuser is to receive cost-share payment will be provided to the district within thirty (30) days of the completion of the project. Landuser further agrees that failure to comply with this provision may result in partial or complete loss of rights to payment for the project(s).

Check Payable To (Please Print)	Payment Amount	Participant's Completion Certification	Date
_____	_____	_____	_____