



# Little Blue Natural Resources District

100 East 6<sup>th</sup> #100 • Davenport, NE 68335 • (402) 364-2145

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## MUNICIPAL WATER SYSTEM Assistance Program

### **OBJECTIVE**

This program is intended to provide assistance to communities for improvements in their water system to mitigate the impacts of non-point source groundwater contamination for the protection and public health of the community's residents. The reasons for system improvements must be related to the impacts of contamination from pollution sources which are non-point in nature, not from point source contamination. General modification, improvement or expansion of a water well or distribution system are not eligible activities.

### **REQUIREMENTS & ELIGIBILITY**

All incorporated cities and villages which lie within the Little Blue NRD are eligible to apply for assistance under this program. A community must be facing a present or imminent threat of the water supply from non-point pollution and making plans for infrastructural modifications to continue to provide their residents clean, potable water.

### **INCLUDED PRACTICES**

Assistance may be applied to any or all of the following purposes:

- Engineering assistance to determine to best alternatives for water system improvements;
- Assistance in well location identification;
- Assistance in water source development if a new well or other sources water is necessary because of non-point pollution;
- Water treatment if required due to non-point pollution.

### **FUNDING**

The District will provide financial assistance to the city or village in the amount not to exceed 50% of the project and based on \$20 per capita of community population derived from the most recent Federal census. A 50% local match is required. Financial assistance may be provided over a period of up to five years depending on the total amount of the request by the community. A community may not apply for funding through the Municipal Water System Assistance Program more often than once every ten years. Total funding for this practice will be limited to the amount budgeted for the program annually by the Board of Directors with consideration given to District budgetary obligations. The NRD reserves the right to evaluate and screen requests and prioritize requests based on the urgency of needs or administrative orders issued to the community by Ne HHS.

### **FUNDING**

Applications will be accepted between February 1st through May 1st of each year. All applications received will be reviewed and ranked in June of each year and notice of approval, rejection or qualified approval given by July 1<sup>st</sup>.

# Little Blue Natural Resources District

Municipal Water System Assistance Program

Amended June 12, 2014

## Cost-Share Request Form

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

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

Project Name: \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Population of Community: \_\_\_\_\_

**DESCRIBE THE MUNICIPAL WATER SUPPLY PROBLEMS THE COMMUNITY IS EXPERIENCING:**

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**DESCRIBE THE PROPOSED PROJECT AND HOW THE FUNDING WOULD BE UTILIZED:  
(engineering, site identification, new water sources, treatment, etc.)**

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**WILL THIS PROJECT REQUIRE LAND PURCHASE, EASEMENTS OR OTHER IMPACT TO LAND? (Please attach any maps or drawings pertaining to this project with this application.)**

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## Cost-Share Request Form

**DISCUSS ANY ENVIRONMENTAL OR OTHER ADVERSE EFFECTS EXPECTED:**

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**ESTIMATED SCHEDULE OF PROJECT DEVELOPMENT:**

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**ESTIMATED PROJECT COSTS (if known):**    \$ \_\_\_\_\_

**Amount and Type of Funds to be Utilized (Anticipated Cost-Share Requested):**

**Federal:**        \$ \_\_\_\_\_

**State:**         \$ \_\_\_\_\_

**NRD:**          \$ \_\_\_\_\_

**City:**         \$ \_\_\_\_\_

**Other:**         \$ \_\_\_\_\_

**ACKNOWLEDGMENT:** I hereby attest that the above project is needed and will provide general benefits to the public. I also certify that the data contained herein is true and correct to the best of my knowledge and that the filing of this Project Request has been authorized by the Governing Board of the applicant.

**Applicant's Representative**

**Contact Name & Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_