

# CENTRAL PLATTE NRD PHASE II/III CENTER PIVOT INCENTIVE PROGRAM

Revised (08/08/24)

The purpose of a Center Pivot is to promote efficient and uniform application of irrigation water to maintain adequate soil water for the desired level of plant growth and production without causing excessive water loss, erosion, or water quality impairment.

**Owner/Operator:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Irrigation Well Tag#** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 **Section** \_\_\_\_\_ **Township** \_\_\_\_\_ **Range** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
 Does application require a Transfer? \_\_\_\_\_

**This application will not be effective until approved by the NRD. All applications must be approved before project can be started. Cost share to switch from gravity irrigation to center pivot irrigation. 100% of the land to be irrigated by the pivot system must have been irrigated by gravity 2 of the last 5 years or must be offset with an equal number of acres, irrigated by gravity 2 of the last 5 years, to be converted from irrigated production to dryland. All offset acres must be approved by the CPNRD prior to application acceptance, ranking, and consideration for funding by the NRCS/CPNRD. One application per landowner/operator per year. Phase III water quality rules will be followed and no more than the NRD recommended amount of fertilizer will be applied for the length of the agreement. Claims for payment will not be accepted more than five months from the date this application is approved. Cost share is \$5.77/ft with a maximum payout of \$7,500.00**

**Items of cost for which reimbursement is claimed are to be supported by documentation of payment made.**

RANKING CRITERIA	POINTS	_____
<b>Soil Intake Family:</b>		
3.0 intake family	6.0	_____
2.0 intake family	5.0	_____
1.5 intake family	4.0	_____
1.0 intake family	2.0	_____
.5 intake family	1.0	_____
.3 intake family	0.0	_____
.1 intake family	0.0	_____
<b>Depth to sand/gravel substratum:</b>		
<20"	4.0	_____
20" - 40"	3.0	_____
41" - 60"	2.0	_____
>60"	0.0	_____
<b>Maximum High Water Table:</b>		
<3'	1.0	_____
3' - 5'	0.5	_____
>5'	0.0	_____
<b>Furrow Length Variability</b>		
variable over >50% of acres	5.0	_____
variable over <50% of acres	3.0	_____
uniform	0.0	_____
<b>Furrow Length (Length of Run)</b>		
>2000'	4.0	_____
1321' - 1999'	3.0	_____
<1321"	0.0	_____
<b>System Size</b>		
> 120 acres complete rotation	0.0	_____
> 120 acres partial rotation	-1.0	_____
> 80 acres < 120 acres	-2.0	_____
> 40 acres < 80 acres	-3.0	_____
< 40 acres	-4.0	_____
<b>TOTAL POINTS</b>		_____

**APPLICATION:** I understand that I must be in compliance with all rules and regulations of the Central Platte Natural Resources District's programs, both at the time of application in order to receive approval, and at the time of completion in order to receive payment.

**Owner/Operator (Application)** \_\_\_\_\_ **Date** \_\_\_\_\_

**APPLICATION APPROVAL:** The Central Platte NRD Board of Directors approved the Applicant's request and hereby obligate \$ \_\_\_\_\_

NRD Representative \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETION AND CERTIFICATION:**

Number of Acres Benefitted: \_\_\_\_\_

**OWNER/OPERATOR AGREEMENT:** I agree to keep the pivot in my possession and use it for a minimum of ten years after the date of receiving payment. Pivot may be moved to another field in Phase 2 or 3 by written permission from the NRD for continued use for a consecutive period of ten years. I further agree to apply no more than the NRD recommended amount of fertilizer for the length of this agreement. I understand failure to comply will result in a total refund to the NRD.

NRCS or NRD Technician \_\_\_\_\_ Date \_\_\_\_\_

Owner/Operator (Certification) \_\_\_\_\_ Date \_\_\_\_\_

**GROUNDWATER NITRATE LEVELS:**  
 For water source (ppm) \_\_\_\_\_  
 For Up gradient Water Sources (Ave. ppm) \_\_\_\_\_

NRCS or NRD Technician \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL PPM POINTS** \_\_\_\_\_

NRD Representative \_\_\_\_\_ Date \_\_\_\_\_

**GRAND TOTAL OF ALL POINTS** \_\_\_\_\_

APPLICANT'S REQUEST				PERFORMED		
# of Feet	Price per foot	Maximum Assistance		Actual # of Feet	Price Per Foot	Cost Share Amount
	<b>5.77</b>				<b>5.77</b>	

**Office Use Only:** Record# \_\_\_\_\_ Compliance \_\_\_\_\_ Bills Paid \_\_\_\_\_

Note: Cost share payments are considered taxable income. Recipients of total payments of \$600 or more in a calendar year will receive a Federal Form 1099.