

CENTRAL PLATTE NRD SOIL MOISTURE SENSOR COST SHARE PROGRAM

Revised (08/16/12)

The purpose of of soil moisture sensor is to measure the water content in soil.

OPERATOR: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____ PHONE: _____

_____ Cell Phone: _____

County: _____

Email: _____ Operator: _____

LOCATION: _____ 1/4, SECTION _____ TOWNSHIP _____ RANGE _____

This application will not be effective until approved by the NRD: *All applications must be approved before project can be started.* Claims for payment will not be accepted more than five months after growing season applied for. Claims for payment submitted but being held subject to compliance with all rules and regulations of the Central Platte NRD programs shall be held only up to 90 days. After 90 days, the claim for payment shall be considered void and the original application cancelled. Cost share is \$2,000 on a high intensity system with a 3 year commitment. Irrigation Water Management documentation must be completed and submitted to NRCS for 3 consecutive years. Documentation will be completed using the NRCS NE-ENG-80 form or equivalent method of recording irrigation water management activity.

One time application per operator. Each tract of land will only be allowed to be cost shared once.

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

APPLICANT'S REQUEST	PERFORMED
Assistance	COST SHARE TO BE PAID
\$2,000	

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.

LANDOWNER CERTIFICATION:

I certify that the items for which payment is claimed were furnished under authority of the law and that the charges are reasonable, proper, and correct and no part of the claim has been paid. I agree to use this equipment for three consecutive years as stated above. If unable to fulfill the three year commitment, a portion of the claim amount shall be refunded to the CPNRD. I certify that I accept all responsibility for any activities associated with this.

Operator Date

Operator Date

Technician Date

COMPLETION AND CERTIFICATION:

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

Technician Date

NRD Representative Date

NRD Representative Date

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.