



100547 Airport Road
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Application

Soil Sample Cost Share

I (we), the undersigned, do hereby request cost-share assistance to help defray the cost of obtaining soil samples on the lands described hereinbelow. It is understood and agreed that:

- Before receiving any cost-share funds, it will be necessary for the landowner/operator to meet the following requirements of the program:
 - Each probe site must be georeferenced, and a map attached to this Application showing probe sites when submitted.
 - Composite samples must be collected to represent a maximum of 80 acres.
 - Samples must be paired (surface and subsoil). Surface (max of 12") must be complete samples; Subsoil must include nitrate N only (min. 24").
 - All soil sample results must be shared with the North Platte NRD.
- This application will not be effective until approved by the North Platte NRD.
- Funds will be paid on a first come, first serve basis. Funding is not guaranteed. Only the landowner OR the operator will receive cost-share funds, not both, on a single tract.
- Cost share will be provided on approved Applications at 50% of cost (sample and shipping), up to a maximum reimbursement of \$25 per paired sample, whichever is less.

GENERAL INFORMATION

Landowner

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Operator

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Field Information

_____, Section _____, Township _____, Range _____
County: _____
Water Source: ☐ Ground ☐ Surface ☐ Commingled
Irrigation Type: ☐ Flood ☐ Overhead ☐ Sub Surface Drip

Sample Information

Collected By: _____
Phone: _____
Email: _____
Lab Number: _____
Sample Number: _____

LANDOWNER / OPERATOR CERTIFICATION AND AGREEMENT

I hereby certify that all the information contained in this Application is true and correct to the best of my knowledge. I understand the terms and conditions of this cost-share program as outlined above and that I must abide by those requirements in order to participate and receive funding through this program.

Landowner Signature Date

OR

Operator Signature Date

FOR STAFF USE ONLY

Application Received By:

- ☐ Sites have been georeferenced & map attached
☐ Sample results received by NRD

Staff Signature Date

NPNRD Tract ID #s: _____

Final Action: ☐ Approve ☐ Deny

of samples: _____
\$ per sample: \$_____ (50%, max \$25)
Total Payment Amount: \$_____
Payment Date: _____
Check No.: _____

Staff Signature Date