North Platte
NATURAL RESOURCES DISTRICT

100547 Airport Road
P.O. Box 280
Scottsbluff, NE 69363-0280
(308) 632-2749
www.npnrd.org

Application

Soil Sample Cost Share

WATER YEAR 2027

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:

1. Before receiving any cost-share funds, it will be necessary for the landowner/operator to meet the following requirements of the program:
   a. Each probe site must be marked on a map attached to this Application showing each probe site when submitted.
   b. Composite samples must be collected to represent a maximum of 80 acres.
   c. Samples must be paired (surface and subsoil). Surface (max of 12") must be complete samples; Subsoil must include nitrate N only (min. 24").
   d. All soil sample results must be shared with the North Platte NRD.
2. This application will not be effective until approved by the North Platte NRD.
3. 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.
4. Cost share will be provided on approved Applications at $25 per paired sample.
5. Samples taken on acres outside the NPNRD boundaries will not qualify for cost share.
6. Samples taken on acres that are not certified or registered with the NPNRD will not qualify for cost share.

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: _____
Sample ID: _____

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:

_____
Staff Signature Date

Final Action: ☐ Approve ☐ Deny

_____
Staff Signature Date

☐ Probe sites have been marked & map attached
☐ Sample results received by NRD

NPNRD Tract ID #s: _____
_____

# of samples: _____
Total Payment Amount: $_____

Payment Date: _____
Check No.:_____