

**Upper Iroquois River Watershed  
Initiative 319 Agriculture Cost-Share  
Program Application Form**

<b>SECTION A</b>			
Applicant Name		Applicant Address	
Phone#		County	
Landowner Name		Landowner Address	
Farm #	Tract #	Field #s	
Field Location Description			
<b>SECTION B</b>			
<b>Best Management Practice(s) needed to improve or maintain water quality</b>			
Field #	Practice Title	Quantity/Unit	Approx. Install Date
<b>SECTION C</b>			
<b>Check all those that apply to your operation</b>			
<input type="checkbox"/>	Conservation Plan	<input type="checkbox"/>	Animal Feeding Operation
<input type="checkbox"/>	Nutrient Management Plan	<input type="checkbox"/>	Confined Feeding Operation
<input type="checkbox"/>	Pest Management Plan	<input type="checkbox"/>	Current Soil Tests
<input type="checkbox"/>	Manure Management Plan	<input type="checkbox"/>	Current Manure Tests
<input type="checkbox"/>	Comprehensive Nutrient Management Plan	<input type="checkbox"/>	Map (Field boundaries, field numbers, acres, etc.) Please attach

I hereby state that I own or have control of the above listed land under consideration for the Upper Iroquois River Watershed Initiative Cost-Share Program. I understand that in order to receive payment for implemented practices a conservation plan must be in place for the land benefitted by this cost-share program before cost-share dollars will be paid. I also understand that vegetative practices installed through this cost-share program must be maintained for 5 years and structural practices for 10 years.

\_\_\_\_\_  
APPLICANT SIGNATURE:

\_\_\_\_\_  
DATE:

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