

## Groundwater Recharge Project Cost Share Application



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Farm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

### Location of Proposed Site

Township: \_\_\_\_\_ Section: \_\_\_\_\_ Acreages: \_\_\_\_\_

Township: \_\_\_\_\_ Section: \_\_\_\_\_ Acreages: \_\_\_\_\_

Township: \_\_\_\_\_ Section: \_\_\_\_\_ Acreages: \_\_\_\_\_

### Practices

\_\_\_ Filter strips    \_\_\_ Reduced tillage    \_\_\_ No-till    \_\_\_ Drainage water management

### Notes and additional comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For office use only**    Estimated C/S \_\_\_\_\_    Actual C/S \_\_\_\_\_

Paid To: \_\_\_\_\_    Tax ID # \_\_\_\_\_

Date: \_\_\_\_\_    Amount: \_\_\_\_\_    Check No. \_\_\_\_\_

For office use only:

Date of Board Approval \_\_\_\_\_

Board Chair Signature \_\_\_\_\_

Check No. \_\_\_\_\_    Amount Paid \_\_\_\_\_

Date of Check \_\_\_\_\_

Manager Signature \_\_\_\_\_

**As applications are  
 reviewed, you will  
 be notified of  
 acceptance or  
 denial**

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**We reserve the  
 right to limit cost  
 share for all  
 practices**

For office use only

\_\_\_\_\_  
 Technician signature

\_\_\_\_\_  
 Date checked

\_\_\_\_\_  
 Aerial Photo  
 Attached