



Irrigation Technology & Conservation Program Application



1. NAME AND ADDRESS OF LANDOWNER

2. NAME AND ADDRESS OF APPLICANT/ TENANT

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

3. Legal description: QTR-QTR _____ QTR _____ Section _____ Township _____ Range _____

4. Field Name: _____

5. What Management Practices will be included in your application? (One application per field)

Acres Impacted or enrolled	Check all that Apply	Description
		Soil Moisture Sensors (W-1) -Soil Samples
		Flow Meter with Telemetry (W-2)
		Variable Rate Irrigation (VRI) System Upgrade (W-3)
		Chemigation Equipment Upgrade (W-4)
Use DWEE	Application	Sensor- Based Nutrient Management (W-5) Circle one- Irrigated or Dryland
		Weather Station with Telemetry (W-6)
		Conservation Crop Rotation (W-7) -Soil Samples
		Alternative Cash Crop (W-8) -Soil Samples
		Irrigated Cropland Conversion (W-9) -Soil Samples
		No-Till Management (W-10)

6. Applicator License #: _____ Expiration Date: _____ Chemigation Permit # (s) _____

7. Previous 3 years of crop information:

Crop Year	Crop	Yield	Total N Applied

Program Terms & Conditions

LANDOWNER AND/OR APPLICANT CERTIFICATION: I request assistance administered by the Lewis and Clark Natural Resources District (LCNRD). I agree if any or all above installed practices should be removed, altered, or modified to lessen their effectiveness without consent of the LCNRD after receiving payment and prior to contract completion, a portion of the claimed amount will be refunded to LCNRD. The Practice Payments will be paid upon approval and at the end of the contract, the educational requirement must be completed and verified before final payment can be made. I give LCNRD permission to share my data to third-party software where no data is shared with anyone except the LCNRD. I have received a copy and agree to the terms and conditions of the "Water Resources Technology & Conservation Project Cost- Share Guidelines and Requirements".

General Program Requirements

- Data collection
 - Must sign up for *ProducerConnect* to submit annual end of year report
 - Irrigation event amounts
 - Crop/ Yield
 - Nitrogen Application amounts and events
- No- till is required on W-7 & W-8 and encouraged on all-other practices
 - Cost- Share is available on new adoption
- Complete an approved education program(s) (four clock hours) pertaining to the cost-share practice
 - Field days, workshops, ag conferences, online classes
- Receipts and reports must be provided for cost- share reimbursement
- Must not exceed UNL’s fertility and irrigation recommendations- *NebGuides* available
- Acres to be enrolled would not qualify if the acres were sod busted in the last ten years
- All irrigation wells must be registered and all irrigated acres must be certified with the LCNRD
- Applicants agree to allow LCNRD to conduct inspections and collect water and/or soil samples at any reasonable time
- Any changes to the above requirements during the contract period must be made in coordination with the LCNRD, before doing so
- Applications for cost share are not effective until approved by the LCNRD Board of Directors
 - Applications must be approved before the project can be started
- Claims for payment will not be accepted more than five months after the growing season application is completed

1. I agree to receive texts and emails from the LCNRD. Yes____No____
2. If you are enrolling in practice(s) W-5, W-7, and/ or W-8, are you interested in allowing LCNRD to conduct Vadose Sampling? (Required for W-9) Yes_____ No_____

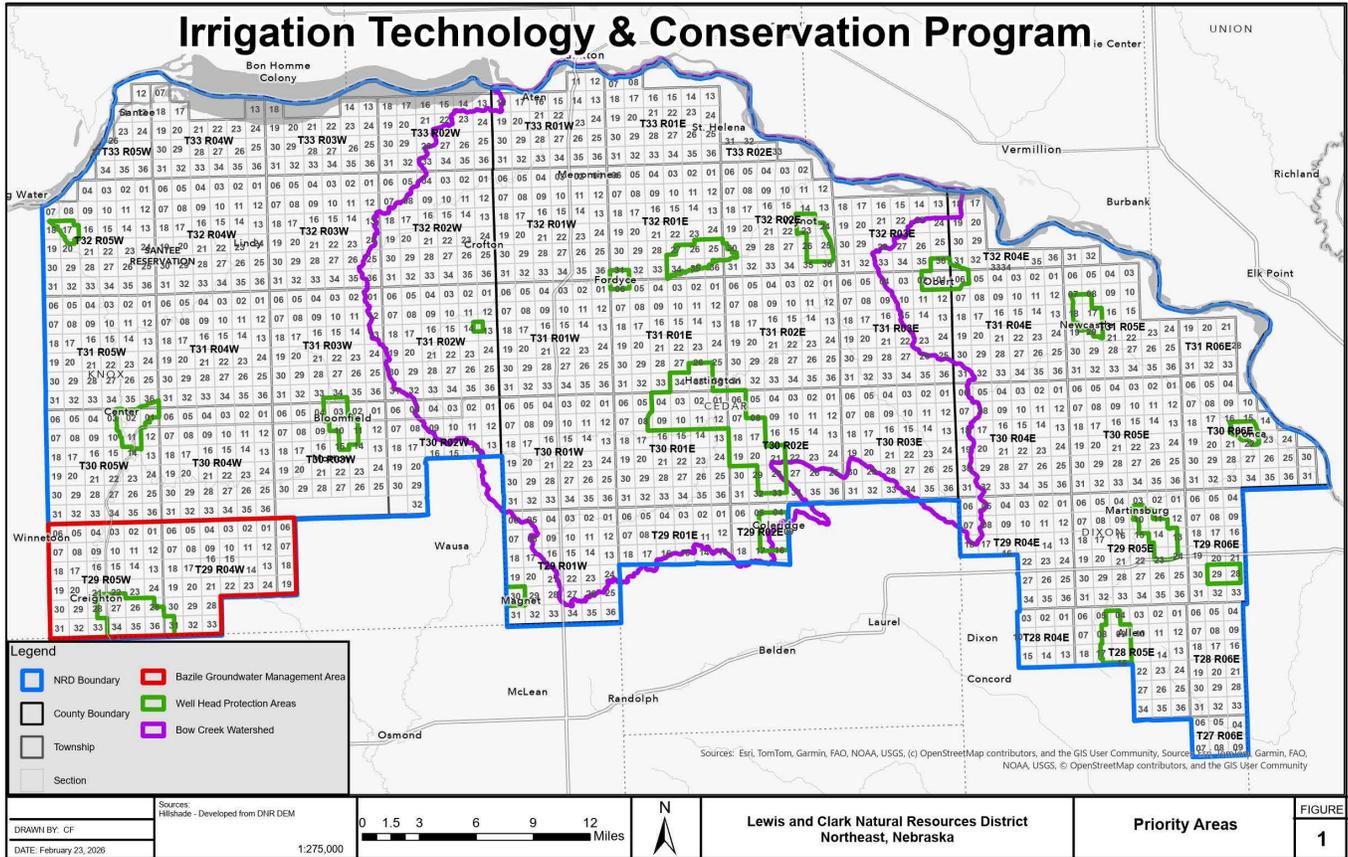
3. Applicant Signature: _____ Date: _____

4. Landowner Signature: _____ Date: _____
(*Required when applying for W-2, W-3, & W-4)

5. NRD Rep Signature: _____ Date: _____

Focus Areas:

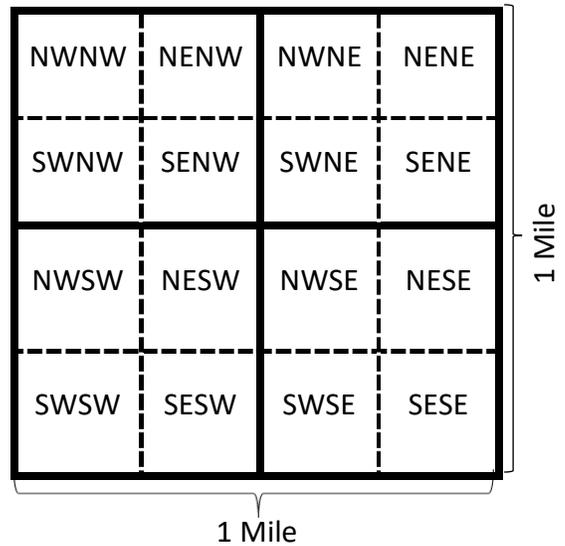
Bow Creek Watershed, **Bazile Groundwater Management Area**, **Wellhead Protection Areas**



Comments/ Notes:

Legal Description : _____

(Draw Field Outline)



Contract #: ITCP- 26 Name: _____ Cell #: _____

Reporting form for Practice(s): _____

	Year 1			Year 2			Year 3		
# of Acres:									
Crop Planted:									
Plant Date:									
Seed Planted:									
Method:									
Harvest Date:									
Termination Date:									
Water sample Results: Nitrate ppm (NO3-N)									
Soil Sample Results	0-8	8-24	24-36	0-8	8-24	24-36	0-8	8-24	24-36
N:									
P:									
K:									
OM:									
Carbon: N Ratio:									
Flow Meter Reading Date:	Beginning:			Beginning:			Beginning:		
Event 1:									
Event 2:									
Event 3:									
Event 4:									
Event 5:									
Event 6:									
	End of Year:			End of Year:			End of Year:		
Type:									
Serial #:									
Soil Moisture Probes Date:	Beginning:			Beginning:			Beginning:		
Event 1:									
Event 2:									
Event 3:									
Event 4:									
Event 5:									
Event 6:									
	End of Year:			End of Year:			End of Year:		
Type:									
Serial #:									
Chemigation Date:	Type	Amount	Type	Amount	Type	Amount	Type	Amount	
Event 1:									
Event 2:									
Event 3:									
Event 4:									
Event 5:									
Event 6:									