



**VALPARAISO COMMUNITY WATER SYSTEM PROTECTION AREA
PHASE TWO
SOIL SAMPLING PROGRAM
(LOWER PLATTE SOUTH NRD)**



Step 1: APPLICATION APPROVAL – Fill out information below, sign and return. This application will not be effective until approved by the Lower Platte South NRD. *Claims for payment must be submitted within 45 days from receipt of the laboratory results.* Items of cost for which reimbursement is claimed are to be supported by documentation of payment made or due along with the laboratory results. Cost-share is 100% of the actual cost up to \$400 maximum per cooperator in a two year period.

Owner: _____ **Social Security # or Federal ID #:** _____
(please check appropriate box below)

Individual / Sole Proprietor Corporation Partnership Other _____

Address: _____ **Phone:** (____) _____

Cell Phone: (____) _____

City: _____ **E-Mail:** _____

State & Zip: _____

Tenant: _____ **Phone:** (____) _____

Cell Phone: (____) _____

E-Mail: _____

List legal descriptions with farm number for each farm field to be sampled:

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Farm # _____ Legal: _____ ¼, Section _____, Township _____, Range _____, _____ County

Applicant: I understand that I must be in compliance with all rules and regulations of the Lower Platte South NRD's programs in order to receive approval.

APPLICATION APPROVAL: The Lower Platte South NRD Board of Director approved the Applicant's request.

Owner / Operator

Date

NRD Representative

Date

PLEASE SIGN AND RETURN THIS APPLICATION TO THE NRD OFFICE FOR PRIOR APPROVAL

Step 2: COST-SHARE REIMBURSEMENT REQUEST

Please compile and submit the following: (a) FSA aerial photo of each farm / field soil sampling cost-share is being requested. Be sure the section, township and range are legible. Show on the photo(s) which fields were sampled. (b) to each photo attach a copy of the corresponding laboratory results showing the name of the laboratory and who collected the soil samples.

Actual Cost	PERFORMED (To Be Filled Out By NRD) 100% of Actual	Maximum of \$400	Cost Share Amount

Owner / Operator Certification & Agreement: I certify that the samples for which payment is claimed were furnished to a qualified laboratory for analysis and that the charges are reasonable. I agree to the terms listed below. I understand that if I fail to comply with the terms, I must refund the cost-share money I received from the District.

Owner / Operator

Date

NRD Representative

Date

PLEASE SIGN AND RETURN THIS APPLICATION WITH DOCUMENTATION FOR REIMBURSEMENT

Purpose: To encourage the practice of sampling soils and analyzing for nutrients content to assist in determining the application rate of additional nutrients needed for a field while reducing the potential for water and soil pollution. Determining the proper amount of nutrients to apply to a field prior to application is a known best management practice that will help reduce soil and water pollution on land devoted to crop production and on land where turf maintenance is needed.

Applicability: This cost-share program is available to owners and operators of farm land in the Phase Two Valparaiso Community Water System Protection Area.

Terms:

1. Eligible cooperators must own or operate land in the Valparaiso Community Water System Protection Area.
2. Samples collected must be from lands within the Valparaiso Community Water System Protection Area boundary.
3. Composite samples from a 40-acre field shall include a shallow sample 0 – 8” in depth and a deep sample 12 – 30” in depth.
4. Analysis can include a complete package for the shallow sample and only nitrates for the deep sample.
5. Cooperators must provide a FSA aerial photo of each farm / field sampled showing which fields were sampled, who collected the soil samples, and a laboratory copy of the results.
6. Cooperators and fields are eligible for up to \$400 in cost-share in a two year period.
7. Claims must be submitted in 45 days of receipt of lab results

Cost-Share Rate:

100% of the actual sample analysis cost with the District’s share not to exceed \$400 per cooperator in a two year period.

Contact the Lower Platte South NRD
(402) 476-2729
3125 Portia, P.O. Box #83581,
Lincoln, NE 68501-3581

