



**LOWER PLATTE SOUTH NATURAL RESOURCES DISTRICT  
VALPARAISO COMMUNITY WATER SYSTEM PROTECTION AREA  
SPRING NITROGEN COST-SHARE APPLICATION PROGRAM  
FOR NITROGEN APPLIED AFTER FEBRUARY 1ST**



Name: \_\_\_\_\_ Social Security or Federal ID #: \_\_\_\_\_  
 (Circle One) Owner Operator (please check appropriate box)

Individual / Sole Proprietor  Corporation  Partnership  Other \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

This cost-share application will not be effective until approved by the Lower Platte South Natural Resources District (the "District"). Claims for payment will not be accepted after July 1st. Items for which cost reimbursement is claimed shall be supported by documentation of payment made or due. Cost share rates are shown below under the column **Applicant's Request** and as shown on the back under **Terms**.

APPLICANT'S REQUEST	PERFORMED (NRD USE ONLY)				
<i>Spring Applied Nitrogen Fertilizer Nitrogen Applied after February 1<sup>st</sup></i>	Cost	%	% of Actual	Maximum of	Cost Share Amount
To apply check box(s)	Receipt:		Cost:	N/A	
<input type="checkbox"/> Spring versus Fall fertilizer cost <i>(100% on price difference)</i>	\$ _____/lb	100%	\$ _____/lb		
_____ acres (estimate)	Ave.: \$ _____/lb	100%			
<input type="checkbox"/> Spring Custom Application of Liquid N Fertilizer <i>(100% up to \$6/acre &amp; 100% up to \$.16/lb. if liquid is more expensive)</i>		100%	#acres _____	\$6.00/acre	
_____ acres (estimate)		100%	#lbs. _____	\$.16/lb.	
<input type="checkbox"/> Fertilizer Flow Meter <i>(75% up to \$7,500)</i>		75%		\$7,500.00	
<input type="checkbox"/> Impellicone Manifold <i>(75% up to \$400)</i>		75%		\$225.00	

**APPLICATION:** I understand that I must be in compliance with all rules and regulations of the District's programs, both at the time of approval and at the time of completion in order to be eligible to receive payment.

\_\_\_\_\_  
Owner / Operator Date

**APPLICATION APPROVAL:**  
The Board of Directors of the District approved the Applicant's request in the amount shown below.

\$ \_\_\_\_\_

\_\_\_\_\_  
NRD Representative Date

**OWNER / OPERATOR CERTIFICATION & AGREEMENT:**

I acknowledge that the program of the District under which the item(s) for which reimbursement is claimed is authorized by the law and that the costs for which reimbursement is claimed are reasonable. I agree to the terms set forth on the reverse side and further agree to keep the fertilizer calibration equipment in my possession and to use it for a minimum of five years after the date of receiving payment. I agree that if I fail to comply with the above, I will refund the cost-share money I received from the District within 10 days of demand made by the District.

\_\_\_\_\_  
Owner / Operator

**COMPLETION AND CERTIFICATION:**

\_\_\_\_\_  
NRD Representative Date

**Purpose:** The purpose of the program identified in this Application is to encourage the use of nitrogen fertilizer in the spring instead of the fall, which is intended to reduce pollution of ground water by the accurate use and uniform application of the fertilizer. The precise and uniform application of nutrients in the spring is a known best management practice to help reduce ground water pollution.

**Applicability:** This cost-share program is available to landowners, operators and custom applicators who apply nitrogen to lands in the Valparaiso Community Water System Protection Area Phase Two Groundwater Management Area which is located within the District.

**Terms:** For the purposes of this program, cost-share is for the nitrogen applied to the field(s) after February 1<sup>st</sup> (spring application which is the last nitrogen application for that crop year). Applicant agrees as follows:

1. To use the flow meter and impellicone manifold for a minimum of five years and to apply nitrogen in the spring only on all lands operated within the phase two area. Applicant understands that the failure to comply with the foregoing will result in the obligation to repay any amounts received from the District.
2. To use the flow meter and impellicone manifold on lands within the Valparaiso Community Water System Protection Area Phase Two Groundwater Management Area located within the District.
3. For spring versus fall nitrogen fertilizer cost of anhydrous ammonia, fall price is based on: a) the average cost between October 1<sup>st</sup> and January 31<sup>st</sup> (Quotes to be obtained by the District from Raymond Coop office) b) paid receipt showing payment of fall purchased fertilizer. Applicant must provide the District with the date and FSA aerial photo showing field location(s) upon which the fertilizer was applied and a copy of the invoice. Payment will be made by the District only if spring price is more than the fall average price or the receipt showing payment for the fall fertilizer purchase.
4. For spring custom application of liquid nitrogen, a price quote for anhydrous ammonia for the same day the liquid fertilizer was purchased and the invoice for liquid nitrogen fertilizer shall be provided. If a custom applicator is used, Applicant shall provide the invoice from the custom applicator which shall include the number of acres, the location of the field(s) and the date applied.
5. Claims for payment will not be accepted after July 1<sup>st</sup>.
6. At any time requested by the District, owner/operator shall report to the District on the use and effectiveness of the equipment acquired under this Application.

**Cost-Share Rate:**

75% of actual cost of the meter.

(\$7,500.00 maximum NRD Share).

75% of actual cost of the manifold

(\$400.00 maximum NRD Share)

100% of actual cost difference to purchase anhydrous ammonia in the spring versus the fall

100% of actual costs to custom apply liquid fertilizer (\$6.00/acre maximum NRD share)

100% of actual cost of the difference between liquid N versus anhydrous ammonia (\$.16/lb. maximum NRD share)

*Please mark the parcels owned or operated on the map:*

**Please attach an FSA aerial photo identifying the field(s) spring applied nitrogen is to occur.**

**Contact the Lower Platte South NRD**

**(402) 476-2729**

**3125 Portia, P.O. Box #83581**

**Lincoln, NE 68501-3581**

