

UCC Lien Required? Yes No
 Date Fee Paid? _____ Check # _____
 Copy w/ Map or Picture to Inspectors? _____

C/S ID # _____
 C/S Category # _____
 Funding Year # _____

Watershed _____

Senatorial District _____

Levy Court District _____

Representative District _____

Kent Conservation District CONSERVATION COST-SHARING APPLICATION

**(PLEASE PRINT EXACTLY AS IT SHOULD APPEAR ON
 YOUR CHECK AND 1099 TAX FORM)**

Name _____

Street Address _____

City, State, Zip _____

SSN or BUSINESS ID # _____

Contact Name _____

Phone Number _____

Cooperator Agreement on File? Yes No

Farm Name _____

Water Management Animal & Agricultural Waste

Water Quality Erosion & Sediment Control

Applying for SRF Loan? Yes No Using other C/S program funds? No Yes Program? _____

A	B	C	D	E	F	G	H
Practice Needed	Units Requested	Units Approved	%	C/S Amount Not to Exceed	Units Done	Total Cost	C/S Earned

Applicant Certification - I request cost-sharing under the current program. The practice is needed on the farm as shown above and would not be performed to the extent requested and needed by me without cost-sharing. (Column C)

 Landowner or Power of Attorney (Column B & C)

 Date

 NRCS District Conservationist (Column C Approval)

 Date

 Kent Conservation District Board Member (Column D & E Approval)

 Date

 Landowner or Power of Attorney (Column F Report)

 Date

 NRCS District Conservationist (Column G Certification)

 Date

 Kent Conservation District Board Member (Column G & H Approval)

 Date

KENT CONSERVATION DISTRICT
Operations and Maintenance Agreement For Conservation Cost-Sharing Assistance

This agreement pertains to the following practice with associated maintenance requirements.

Practice	Units Installed	Date Installed	Type of Practice

This practice is an asset to your property, with an estimated life span of at least ten years. The life of the practice can be assured and usually increased by developing and carrying out a good operation and maintenance program.

This conservation practice will require you to perform periodic maintenance and may also require operational items to maintain satisfactory performance. An Operation and Maintenance Plan is available upon request to help you develop a good operation and maintenance program.

The following are minimum standards practices must be kept to throughout their ten year life span and will be inspected for on an annual basis:

Water Management Practices / Water Quality Practices / Erosion and Sediment Control Practices (E&S)

- Adequate vegetation
- Woody vegetation is controlled
- No erosion or washouts
- No blockage of drainage
- Required buffers are maintained
- No vehicle or livestock damage

Animal & Agricultural Waste Management Systems

- Practice is properly maintained
- Vegetative buffer is present between practice and any water source
- No manure stored outside of MSS's
- DBC recipe sign is present
- No structural damage to practice
- **No** equipment of any kind in DBC or MSS's
- No manure stacked against PMSS side walls
- Nothing but DBC recipe ingredients in the DBC
- Proper drainage around practice
- Nothing but manure in MSS's
- No manure stored on HUAP
- DBC is properly composting

If cost-sharing is approved for the above practice(s), I agree to return all or part of the cost-sharing assistance paid to me as determined by the District if, before the expiration of the specified practice life span of 10 years, the approved practice is destroyed; control of the property is relinquished for any reason; a new owner or power of attorney of the land does not agree in writing to properly maintain the practice for the remainder of the 10-year specified life span. Uniform Commercial Code (UCC) Liens will be filed with the Kent County Recorder of Deeds for all conservation practices with the exception of drainage practices. All fees associated with UCC Liens will be the responsibility of the cost share applicant/recipient for filing financing statements, amendments, assignments, and terminations of UCC Liens for the life of the practice.

 Landowner or Power of Attorney

 Date

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For District Use Only: Follow-up Inspection Reports

I certify that the practices installed, as listed above, have been inspected, continue to meet specifications, and are being operated as intended.

<u>YEAR</u>	<u>NAME</u>	<u>DATE</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

MAINTENANCE AGREEMENT EXPIRATION - The practice listed above has successfully met the 10-year Operation and Maintenance agreement requirement.

KCD Representative

Date