

WHITE OAK CREEK WATERSHED APPLICATION FORM FOR COST SHARE PROGRAMS

Date _____ Farm Number _____

Name _____

Address _____

Phone _____

County _____ Township _____

	<u>Practices</u>	<u>Cost Share & Maximum Percent</u>
_____	Winter Feeding Structure	_____ Total Structures (75%)
_____	Livestock Access Feeding Lanes	_____ Total Feet (75%)
_____	Grassed Waterways	_____ Total Acres (75%)

Location of Best Management Practice site _____

(Please include a copy of a plat map or aerial photo of BMP location)

Proximity to White Oak Creek or tributary _____ (feet/miles) circle one

Pollution type _____

(Critical area determination, proximity to stream and severity of pollution loading will be given higher priority.)

I agree to abide by and carry out practice specifications and requirements. I also understand that the maintenance of all implementation practices will continue for a minimum of 10 years.

Applicant Signature _____ **Date:** _____

Technician Signature _____ **Date:** _____

Office Use:

Critical Area _____

Approved Amount \$ _____ **Acres** _____

Approval Date _____ **Approved By** _____