UPPER LOUP NRD

39252 Highway 2, THEDFORD, NE 69166 (308) 645-2250

NATURAL RESOURCES WATER QUALITY PROGRAM 2007-08

FALL (Labor Day – ~ Hard Frost) LEAFY SPURGE MANAGEMENT

Landowner or Ranch Name	Social Security # if using Landowner Name Federal Tax ID # if using Ranch Name
Address	Phone #

I, the undersigned, do hereby request cost-share assistance to help defray the cost of chemical treatment for controlling Leafy Spurge. A certified private or commercial pesticide applicator will apply recommended chemicals for controlling leafy spurge and chemicals will be applied according to label specifications. In the future when biological control agents become more available, I will consider their use for controlling Leafy Spurge.

Location of Practice: *(List here or attach map of areas to be sprayed.)*

_____ Acres in _____ ¼ of Section _____ Township _____ Range _____ County _____
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Applicant's Request					**Practice Units Completed**		
Product	Unit of Measure	# of Units	Cost Per Unit	Total Estimated Cost	# of Units Used	Actual Cost Per Unit	Total Actual Cost
Plateau Surfactant							
Total Estimated Cost				$			
x 45% Cost-share rate							
$400 Maximum Assistance				$	Total Actual Cost Paid		$
					x 45% Cost-share rate		
					Total cost share to be paid		$

I request cost share assistance to help defray the cost of chemical treatment of Leafy Spurge for Fall 2007.

_____ _____
Landowner's signature Date

The Upper Loup NRD agrees to provide up to $400.00 for Fall 2007 treatment of Leafy Spurge. The maximum assistance is not to exceed 45% of the cost of the chemical and surfactant used or $400.00, whichever is lower.

_____ _____
NRD Representative Date

The undersigned agrees that the spraying has been completed to label recommendations and has included a copy of the invoice that shows the amount and cost of the products used.

_____ _____
Landowner or Applicator's signature Date

I have reviewed the above claim and find it is a proper claim for payment.

_____ _____
NRD Representative Date