Upper Loup NRD
39252 Highway 2, Thedford, NE 69166 (308) 645-2250
NATURAL RESOURCES WATER QUALITY PROGRAM
RESIDUAL NITROGEN MANAGEMENT

Upper Loup Natural Resources District will provide an incentive payment of $.70 per field acre or cost of actual soil testing, whichever is least, up to a maximum of $400 per landowner for soil testing meant to protect ground water quality.

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 soil testing for residual nitrates.
I will use the results of the soil tests when setting fertilizer rates to achieve a realistic yield goal.

Location of Practice: *(Complete or attach list of planned testing locations)*

_____ Acres in _____ ¼ of Section _____ Township _____ Range _____ County _____
_____ Acres in _____ ¼ of Section _____ Township _____ Range _____ County _____
_____ Acres in _____ ¼ of Section _____ Township _____ Range _____ County _____

Applicant's Request					**Practice Units Completed**		
	# of Acres		Cost Per Acre	Total Estimated Cost	# of Acres Tested	Actual Cost of Testing	The Smaller of these Two Amounts
Soil Testing for Residual Nitrates		Acres	$.70				
Total Estimated Cost				$			
or							
$400 Maximum Assistance				$	Total Cost Share to be Paid		$

_____ _____
Landowner's signature Date

_____ _____
Technician's signature Date

The Upper Loup NRD agrees to provide up to $_____ for deep soil testing for residual nitrates. The maximum assistance is not to exceed the actual cost of the soil testing or $400.

_____ _____
NRD Representative Date

The landowner certifies that the soil testing has been completed, the recommended rates of fertilizer were used and has included a copy of the invoice(s) that show the soil testing costs. The landowner also agrees to release soil test results to the Upper Loup NRD for data purposes only.

_____ _____
Landowner's signature Date

_____ _____
Technician's signature Date

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

_____ _____
NRD Representative Date