WR-01104-01 (10-99)

**PRACTICE IMPLEMENTATION/AMENDMENT REQUEST FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LINE | FY | FUND | AGENCY | | ORG/SUB | APPR UNIT | | OBJECT/SUB |
| AMOUNT | | | | | DESCRIPTION | | | |
| Vendor # | | | | PO # | | | P1# | |

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| **PAYEE INFORMATION** |

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| --- | --- | --- |
| Easement I.D. Number: | Landowner Name: | Address: |

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| **INSTALLATION REQUEST Reinstallation**  **or** **Conservation Plan Amendment** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has Practice Failed Before? (Applies to Reinstallations Only)  **Y** or  **N** | | | | Proposed Date of (Re)installation (Month/Year) | | | |
| Practice Type | Practice Area(S) | Acres to be Treated; | Max. C/S Payment Rate | | Max. C/S $’s Available | Total C/S $’s Requested | Est. Total Cost: |
| Explain Reason for Failure or Conservation Plan Amendment (attach additional sheets if necessary): | | | | | | | |

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| **ESTABLISHMENT REQUEST** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Practice Type: | Practice Area(s): | | Total Practice Acres: | | Max. C/S Payment Rate: | | Max. C/S $’s Available: | | Total C/S $’s paid to date: | |
| C/S $’s per acre paid to date: | | Per Acre C/S $’s Remaining: | | Acres to be Treated: | | Total C/S $’s Available: | | Total C/S $’s Requested: | | Est. Total Cost: |
| Describe Activity (attach additional sheets if necessary): | | | | | | | | | | |

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| **SIGNATURES** |

|  |  |  |  |  |  |  |  |  |
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| I hereby certify that to the best of my knowledge, the information in this form is accurate and in accordance with the terms of the conservation easement program. I also agree to and acknowledge my obligations associated with this request. | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | (Landowner Signature) |  | (Date) |  | (Authorized SWCD Representative) |  | (Date) |  |

|  |  |  |  |  |  |  |  |
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| **---For BWSR Use Only---** | | | | | | | |
|  |  | Request Approved |  |  |  |  |  |
|  |  | Request Not Approved |  |  |  |  |  |
|  |  | Comments Attached |  | (BWSR Easement Coordinator) |  | (Date) |  |