WR-01104-01 (10-99)

**PRACTICE IMPLEMENTATION/AMENDMENT REQUEST FORM**

|  |  |  |  |  |  |  |
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| 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**  **[ ]**  |

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| 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** |

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| 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) |  |