

Livestock Manure Analysis Program Application

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Social Security Number: _____

Livestock Waste Control Facility

Legal Description: _____
Livestock: _____
Animal Units: _____

Manure Utilization

Spreading Location:

Legal Description	Acres	Crop
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expenses

Lab analysis: _____
Shipping: _____
Total: _____

I certify that to the best of my knowledge, the above information is accurate and correct. I also agree to all the requirements and responsibilities stated in the *Livestock Manure Analysis Program* description.

Signature of Cooperator: _____ Date: _____

Signature of NRD Representative: _____ Date: _____

Final Amount Approved: _____ Date: _____ Signature of NRD Representative: _____
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Date Paid: _____ Check #: _____ Amount: _____

COST SHARE PAYMENT WILL BE BASED ON AVAILABILITY OF WATER QUALITY FUNDING.
The Lower Niobrara Natural Resources District is an Equal Opportunity Provider and Employer