

**Fayette and Union County SWCD Whitewater River Cost-Share Program  
Clean Water Indiana Agreement**

**Landowner/Operator Information**

<b>Name:</b>		<b>Street Address:</b>		<b>City:</b>	
<b>State</b>	<b>Zip</b>	<b>Phone:</b>	<b>E-mail:</b>		<b>Acreage</b>

<b>Farm Number</b>	<b>Tract Number</b>	<b>Field(s)</b>	<b>Activity Description</b>	<b>Total Cost of Activity</b>	<b>Percent Cost Share</b>	<b>Total Cost-Share Reimbursement</b>

**Total:**

**Landowner Agreement**

1. The landowner/operator agrees to implement the practices described above, and in the attached land restoration plan if applicable.
2. The landowner/operator certifies that he/she has control of the above tracts.
3. The landowner/operator releases the SWCD or sponsor from any, and all liability.
4. The landowner/operator accepts any liability, financial or otherwise, in installing the practices described above.
5. The landowner/operator will provide proof of completion through receipts, photos, seed tags, etc.
6. The landowner/operator will allow SWCD staff or a partner to confirm completion of the project by

entering the property if requested. The landowner/operator agrees to the payment term listed below:

Not to exceed \$20/acre and \$10,000 per landowner/operator. Landowner will receive payment within 120 days of receiving receipts and seed tags.

I \_\_\_\_\_ a landowner/operator **Fayette and or Union County**, Indiana, hereby application to the Soil and Water Conservation District for assistance to install/apply the conservation practice(s) listed above.

**Landowner's Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Operator's Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SWCD Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*SWCD Chairman or designated supervisor*

*SWCD Use Only*

Approval for payment in the amount of \_\_\_\_\_

**Certification of Completion**

I certify that the practices described above were completed.

Name	Date
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