

# SOIL AND WATER RESOURCE MANAGEMENT GRANT PROGRAM

## Cost-Share Grant Application

Section 92.14, Wis. Stats.

For use to document request for cost-share assistance  
related to LWRM Plan implementation.

Eligibility determined by LCD

### Well Abandonment

NAME OF COUNTY: **Waukesha**

#### GENERAL INFORMATION

<b>APPLICANT NAME AND ADDRESS:</b>	<b>TYPE OF COST-SHARE:</b> check all that apply 1. INSTALLATION AND MAINTENANCE <input type="checkbox"/> 2. LAND TAKEN OUT OF PRODUCTION (including CREP equivalent payment) <input type="checkbox"/> 3. OTHER (with DATCP approval) <input checked="" type="checkbox"/>
<b>PHONE NUMBER</b> (include area code):	<b>ESTIMATED COST:</b>
<b>CHECK THAT WHICH APPLIES:</b> LANDOWNER <input type="checkbox"/> GRANT RECIPIENT <input type="checkbox"/>	<b>ESTIMATED COMPLETION DATE:</b>

#### REQUEST FOR COST SHARE GRANT

I wish to apply for a cost-share grant from the \_\_\_\_\_ County Land Conservation Department. I understand that the purpose of this grant is to improve water quality through implementation of accepted conservation practices. I also understand that this determination does not obligate me to participate in the program nor does it obligate the \_\_\_\_\_ County Land Conservation Department to provide cost sharing to me.

<b>APPLICANT SIGNATURE</b> (landowner):	<b>DATE:</b>
<b>APPLICANT SIGNATURE</b> (grant recipient, if applicable):	<b>DATE:</b>

#### DETERMINATION OF ELIGIBILITY (OFFICE USE ONLY)

<b>This applicant is:</b> <input type="checkbox"/> Eligible until _____, _____. <input type="checkbox"/> Ineligible to receive a cost share grant.		
<b>SIGNATURE OF COUNTY REPRESENTATIVE:</b>	<b>TITLE:</b>	<b>DATE:</b>