

MADISON COUNTY SOIL & WATER CONSERVATION DISTRICT
Application for WATER QUALITY INITIATIVE Practices

Application Received (Date): _____ By (Staff): _____ Entered in FARMS: _____ Application # _____

APPLICANT _____
 ADDRESS _____
 PHONE #(s) _____ home / cell _____
 EMAIL _____
 SSN or EIN # _____

If you are interested in applying for cost share,
 please contact the Madison County SWCD:
 815 E. Hwy 92 Winterset
 (515) 462-2961 x3

Landowner?
 Yes No*

NOTES *If the applicant is not the landowner, please include landowner info below. (Other notes if applicable: Power of Attorney on file? Name of POA? Group Request Involved? Adjoining Landowners Involved? Utilities Involved? etc.)

Cost Share Program(s): WQI IFIP 319

FARM # _____ TRACT # _____

LEGAL DESCRIPTION:

(Quarter) _____ (Section) _____ (Township) _____

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PRACTICE REQUESTED:

- Cover Crops
- Nitrification Inhibitor
- No-till
- Ridge-till
- Strip-till

WQI cap =
160 acres/applicant
 for each practice

IFIP cap =
100 acres/applicant
 for cover crops

Note:

With the exception of *Cover Crops*, only first-time users are eligible for these practices.

Previous users of cover crops are eligible to apply, and will only be approved if funds are available.

By submitting this application, I understand that it is subject to the eligibility requirements of the program; that any practices completed with cost share will be bound by a maintenance agreement; and I grant SWCD representatives the right of ingress and egress to my land for conservation planning purposes.

X _____
 Signature Date

COVER CROPS

First-time User

_____ acres @ \$25.00/ac \$ _____
Flat Rate

Previous User

_____ acres @ \$15.00/ac \$ _____
Flat Rate

Multi-Year (Madison County SWCD will offer \$25/ac on up to 100 acres for up to 4 years. Must be applied on the same acres each year. Total cost share will be paid in first year after certification; applicant must sign a Performance Agreement and certify each year.)

_____ acres @ \$25.00/ac \$ _____
Flat Rate
 x _____ years

TOTAL = \$ _____

Other: _____

_____ acres @ \$ _____ /ac \$ _____
Flat Rate

First Time Users Only:

NITRIFICATION INHIBITOR

Nitrapyrin only, with fall-applied anhydrous

_____ acres @ \$3.00/ac \$ _____
Flat Rate

NO-TILL or STRIP-TILL

_____ acres @ \$10.00/ac \$ _____
Flat Rate

For more information, visit:
<https://idals.iowa.gov/FARMS/index.php>
 and
www.cleanwateriowa.org

FOR OFFICE USE ONLY

- HEL Field
- Non-HEL Field

Conservation Plan Yes No

If No, staff will work together with the applicant to develop a Conservation Plan for the location.

Acres Benefitted: _____

Soil Loss - Before: _____ **After:** _____

SWCD Approval Date: _____

Cost Share Approved: \$ _____ Fund _____

Start Date _____ Completion Date _____