



Soil Sampling Cost-Share Application



APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

	<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Township</u>	<u>Range</u>
Legal Description(s) of field(s):						
	<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Township</u>	<u>Range</u>

REBATE INFORMATION

- *Hastings Utilities will cost-share the analysis of soil samples for 50% **up to** \$500 per field.
- *Limit four (4) fields per producer.
- *The fields sampled must be in the Hastings Wellhead Protection Boundary.
- *Attach a copy of your soil sampling results & invoice(s) with this application form.

Mail completed application and copy of your invoice to:
**Hastings Utilities
 Soil Cost-Share
 P.O. Box 289
 Hastings, NE 68902**

*All rebates are provided on a **FIRST COME, FIRST SERVED** basis, subject to availability of funding. For more information or for questions, call Hastings Utilities at 463-1371*

APPLICANT VERIFICATION

In order to receive the cost-share, the customer agrees to the following conditions:

1. I agree to conduct soil sampling in accordance with all applicable rules and regulations of my NRD.
2. I agree to give copies of all documentation and forms of soil sampling required by my NRD to Hastings Utilities.
3. I agree to grant access & rights to Hastings Utilities & to the applicable Natural Resource District to obtain water samples from all wells owned and/or operated by the recipient.
4. I agree that I am a citizen of the United States of America (required per LB403)

Signature

Date

Print Name

VERIFICATION INFORMATION (For HU office use only)

Lab and analysis run: _____
Lab Analysis

Verification by: _____

Additional Notes: _____

Amount to be paid	\$
Reviewed By	Date Reviewed
Approved By	