



NEBRASKA SOIL & WATER CONSERVATION PROGRAM

In Account with the Nebraska Dept. of Water, Energy, and Environment

NC-17 IRRIGATION WATER MANAGEMENT PRACTICE JUSTIFICATION FOR APPROVAL AND COMMITMENT BY LANDOWNER

TECHNICIAN:

Irr. Water Mgmt. Component	Year for Implementation*	Cost-Share Anticipated**	Comments

- All components must be scheduled for implementation within three consecutive years.
- ** Any checks made in this column do not represent a commitment by the Natural Resources District or the state to cost-share the component checked, only an indication that the component is for a practice for which the availability of cost-share funds is anticipated when this form is being completed.

Acres Benefitted: _____

The necessary Job Sheets have been provided.

Technician Signature

Date

LANDOWNER:

I acknowledge that the practices itemized on the attached **NSWCP-3** are based on the irrigation water management plan for the land involved. In accordance with the objectives of that plan and in consideration of the cost-share assistance for which I am applying from the Nebraska Soil and Water Conservation Fund, I agree to the following requirements:

- Even if cost-share anticipated in future years is not then available, I will complete the implementation of the irrigation management plan as scheduled above or as extended by the NRD; I understand that no more than a two-year extension could be granted.
- I will maintain and use the components of the approved irrigation management plan and will operate my irrigation system in accordance with that plan for ten years after receipt of the initial NSWCP assistance.
- For ten (10) years after receipt of NSWCP assistance, I will not remove, alter or modify components installed with that assistance unless such removal or modification is temporary and needed for maintenance, off-season storage or other purposes not adversely affecting implementation of the approved plan.
- I will report to the NRD such irrigation related information, as the NRD may require, on forms provided by the NRD.
- I will refund all or part of funds paid to me from the NSWCP if I fail to comply with items (a), (b), (c), or (d) above. The amount to be refunded in such event shall be determined by the NRD.

Landowner(s) (Signature) _____

(Print) _____

Date _____

Return signed and dated form to your Natural Resources District (NRD).