

**MICHIGAN GROUNDWATER STEWARDSHIP PROGRAM
West Central Groundwater Program – Cost-Share Program**

COST SHARE REQUEST				
NAME:		COST SHARE NO:		
ADDRESS:		COUNTY:		
PHONE NO.:		SEC.	TWP.	
PRACTICE REQUESTED:				
BRIEF EXPLANATION OF HOW PRACTICE WILL PROTECT GROUNDWATER:				
SOILS AT PRACTICE SITE:	CLAY	LOAM	SAND	LOAMY SAND
TYPE OF FARMING OPERATION:	ORCHARD	VEGETABLE	DAIRY	BEEF
	CASH CROP	FORESTRY	COMBINATION	
LANDOWNER SIGNATURE:			DATE:	
PERFORMANCE				
PRACTICE WAS INSTALLED ACCORDING TO NRCS STANDARDS AND SPECIFICATIONS OR GROUNDWATER STEWARDSHIP MANUAL STANDARDS				
TECHNICAL AGENT SIGNATURE:			DATE:	
LANDOWNER SIGNATURE:			DATE:	
PRACTICE APPROVED:		DISAPPROVED:		
PRACTICE COST:		COST-SHARE APPROVED:		
PAYMENT				
PAID TO:			NO:	
AMOUNT: \$	CHECK NO:	DATE:		
DISTRICT OR GROUNDWATER REPRESENTATIVE SIGNATURE:				
DATE:				
COMMENTS:				