



**LOWER REPUBLICAN  
NATURAL RESOURCES DISTRICT**  
PO Box 618, 30 North John Street  
Alma, NE 68920  
(308) 928-2182 or (800) 353-1297



### SOIL MOISTURE SENSOR APPLICATION

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, ST, ZIP** \_\_\_\_\_

**LOCATION OF PRACTICE:**

1).	¼ SEC:	TWN:	RG:	Co:
2).	¼ SEC:	TWN:	RG:	Co:
3).	¼ SEC:	TWN:	RG:	Co:
4).	¼ SEC:	TWN:	RG:	Co:

**TYPE OF IRRIGATION**      PIVOT       GRAVITY       OTHER

### APPLICANT'S REQUEST COST SHARE

NO. of ITEMS	PRODUCT CODE	DESCRIPTION	COST EACH	TOTAL COST
1	309.25	DATA LOGGER	\$ 372.00	\$ 372.00
3	309.23	SOIL MOISTURE SENSOR	\$ 35.00	\$ 105.00
1	309.24	APPURTENANCES	\$ 50.00	\$ 50.00
1		WIRE	\$ 13.00	\$ 13.00
<b>TOTAL COST PAID BY GRANT</b>				<b>\$ 540.00</b>

### OPTIONAL EQUIPMENT

NO. of ITEMS	PRODUCT CODE	DESCRIPTION	COST EACH	TOTAL COST
	309.23	SOIL MOISTURE SENSOR	\$ 35.00	\$ -
	309.28	SOIL PROBE	\$ 169.87	\$ -
			\$ -	\$ -
			\$ -	\$ -
		Sales Tax	\$ -	\$ -
<b>TOTAL COST PAID BY APPLICANT</b>				<b>\$ -</b>

I hereby certify that I will annually install, remove and maintain the above referenced equipment for a minimum of five years and that I am responsible for replacing any portion of the equipment that is damaged or becomes unusable due to my lack of proper care for equipment.

\_\_\_\_\_  
**PURCHASER'S SIGNATURE** **DATE**

### LOWER REPUBLICAN NATURAL RESOURCES DISTRICT CERTIFICATION

I hereby certify that the above claim has been examined and found to be acceptable for cost-share payment.

\_\_\_\_\_  
**AUTHORIZED LRNRD SIGNATURE** **DATE**