



**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). _____ $\frac{1}{4}$ SEC: _____ TWN: _____ RG: _____ Co: _____

2). _____ $\frac{1}{4}$ SEC: _____ TWN: _____ RG: _____ Co: _____

3). _____ $\frac{1}{4}$ SEC: _____ TWN: _____ RG: _____ Co: _____

4). _____ $\frac{1}{4}$ 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
3	309.25	DATA LOGGER	\$ 372.00	\$ 1,116.00
9	309.23	SOIL MOISTURE SENSOR	\$ 35.00	\$ 315.00
3	309.24	APPURTENANCES	\$ 50.00	\$ 150.00
3		WIRE	\$ 13.00	\$ 39.00
TOTAL COST PAID BY GRANT			\$	1,620.00

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	\$	\$ -
TOTAL COST PAID BY APPLICANT			\$	-

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**