



**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
4	309.25	DATA LOGGER	\$ 372.00	\$ 1,488.00
12	309.23	SOIL MOISTURE SENSOR	\$ 35.00	\$ 420.00
4	309.24	APPURTENANCES	\$ 50.00	\$ 200.00
4		WIRE	\$ 13.00	\$ 52.00
TOTAL COST PAID BY GRANT				\$ 2,160.00

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**