



Agricultural Enhancement Program Pond Cleanout Application

FY2022



Applicant Information
Name:
Mailing Address:
Telephone:
Email Address:
Application Date:

Farm Information
Conservation District: Capitol
County: Kanawha
Farm Name:
Farm # :
Tract # :
Field # or #'s:

Best Management Practice

Please complete the following information for the Best Management Practice you would like to apply for:

BMP	Limits	Cost-Share Rate	Amount applied for	Other
Pond Cleanout	<.2 acres- \$750.00 >.2<.3 acres- \$1125.00 >.3 acres- \$1500.00	50%	_____ acres	

Program Eligibility

- A. **Definition** Pond cleanout practice is the physical removal of sediment build-up within agricultural use ponds.
- B. **Purpose** Serves as an incentive to maintain water quality in agricultural use ponds by removing sediment and improving overall condition of the farm pond. Intended to be used as part of a farm livestock water source plan. Ponds are encouraged to be fenced after cleanout. Water troughs fed from ponds are strongly encouraged. Water quality of streams & springs are improved by using maintained farm pond as water source as an alternative.
- C. **Policies for Practice**
 1. Applicant must be a District Cooperator.
 2. Cost share is available to owner or lessee.
 3. Applicant must provide map identifying tract and field along with proposed acreage.
 4. *Program is limited to 2 (two) practices per cooperator plus 1 (one) lime program.
 5. *Program cap is \$2,000.00 (Two-Thousand Dollars) per cooperator.
 6. Application approvals will be made based upon availability of funds and based on the ranking form.
 7. After approval applicant must follow job sheets provided at the time of signing the contract.
 8. **1st round invoices must be submitted by December 31st, 2021. 2nd round, June 1st, 2022**
 9. "Applications received by the 1st (first) of the month are typically placed on that month agenda."
- D. **Payment rates & limits:**
 1. The maximum flat rate for this practice shall be at **50% cost share**.
 2. Must use a private contractor.
 3. The payment will be made after paid invoices are received, cooperator completes a W-9 form and completion of site visit.
 4. No duplication of federal or state cost-share shall be allowed.
 5. Capitol Conservation District does not reimburse sales tax amount.

By signing this I have read, understand, and agree to the terms and conditions stated in this document.

Farm Name (if applicable): _____

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:	
Date Received:	
Time Received:	
Ranking Score:	
If Approved:	
BD Date Approved:	
Contract Expiration Date:	
Application #:	
Verification #:	

