



West Virginia
Conservation Agency

FY27 Agricultural Enhancement Program
Water System Application
Application Period: _____

Information below **MUST** match that of the W9.

Name:		Conservation District:		
Mailing Address:		County:		
		Farm Name:		
Telephone:		Farm #:		
Email Address:		Tract #:		
Application Date:		Field # or #s:		
What is your preferred method to receive written notification?			Email	Letter
What is the best way to contact you?			Call	Text
Do you own or lease the land associated with this application?			Own	Lease
Are the fields associated with this application part of another financial incentive program?			Yes	No
Is the land associated with this application part of a farming operation?			Yes	No
Do you have a financial interest in a farming entity with a district supervisor?			Yes	No
Are you a relative of a district supervisor, WVCA Employee, or district employee?			Yes	No
Have you attended a conservation related event or workshop within the past 12 months?			Yes	No

Best Management Practice

BMP	Limits	Cost-Share Rate	Materials Requested
Water System			<input type="checkbox"/> Concrete Trough <input type="checkbox"/> Tire Trough <input type="checkbox"/> Frost-Free Fountain <input type="checkbox"/> Spring Development <input type="checkbox"/> Well <input type="checkbox"/> Heavy Use Area <input type="checkbox"/> Pipeline

Program Eligibility

Definition:

A permanent device to provide an adequate amount and quality of drinking water for livestock. Collection of water from springs or seeps to provide water for a conservation need.

Purpose:

To provide access to drinking water for livestock to meet daily water requirements and improve animal distribution. Improve the quantity and/or quality of water for livestock.

Policies for Practice:

1. Applicant must be a district cooperator.
2. W-9 tax form is required with application for district tax purposes.
3. Cost Share is available to owner and/or lessee.
4. Applicants must provide a map identifying fields and acreages.
5. WVCA or NRCS standards and specs must be followed.
6. Approval will be considered on _____.
7. Application approvals will be based on ranking form and availability of funds.
8. After approval, applicant must follow design provided by a certified engineer.
9. Invoices must be submitted by _____.

Payment rates & limits:

1. The maximum cost-share for this practice shall be _____ and payment NTE total cost of implementation..
2. The payment will be made after paid invoices are received, cooperator completes w-9, and a verification site visit has been completed.
3. No duplication of federal and state cost share shall be allowed.

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

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY	
Date Received	
Time Received	
Ranking Score	
If Approved	
Date Approved	
Contract Expiration Date	
Application Number	
Verification Number	