

IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
DIVISION OF SOIL CONSERVATION

**AGRICULTURAL DRAINAGE WELL CLOSURE PROGRAM
APPLICATION FOR PROJECT COST-SHARE FUNDS**

Applicant Information

Contact Person: _____
(if Drainage District project use Board of Supervisors and give DD #)

Address: _____

Telephone: _____

Location of Proposed Project Area

Section(s), Township(s), Range(s): _____

County: _____

Description of Proposed Project

IDALS Report Study Area _____

Number of acres in Project Area: _____

Number of wells in Project Area: _____

Estimated Cost: _____

Description of alternative outlet proposed (channel, tile main, laterals, etc.)

Local Landowner Support

Number of landowner(s) in proposed project area: _____

Number of landowner(s) supportive of the project: _____

Will the project be conducted as a drainage district project? Yes No

If yes, has a petition to establish the project been filed with the Board of Supervisors? Yes No (If yes, please attach petition.)

Other applicable information including known information about wetlands in the project area (attach additional sheets if necessary). _____

Signature of Applicant

Date