VI. Appendix

Missouri Code of State Regulations
Title 10 - Department of Natural Resources
Division 70 - Soil and Water Districts Commission

The current state regulations for the Soil and Water Conservation Program can be accessed at the address below:

http://www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp#10-70

Missouri Revised Statutes
Title I Laws and Statutes
Chapter 278 Soil Conservation

The current Missouri statutes for the Soil and Water Conservation Program can be accessed at the address below:

http://www.moga.mo.gov/STATUTES/C278.HTM

Cooperative Agreement

_____
(SWCD Name)

_____
(Cooperator)

THE DISTRICT AGREES TO:

Assist in developing and carrying out a resource conservation plan by providing the landowner with technical assistance and other information available to the district.

THE COOPERATOR AGREES TO:

1. Develop a resource conservation plan.

2. Apply conservation practices in accordance with the policy, procedures, and technical standards.

3. Maintain all practices for the specified maintenance life.

IT IS FURTHER AGREED THAT:

1. This agreement will become effective on the date of the board signature and may be terminated or modified by mutual agreement of the parties hereto.

2. The provisions of this agreement are understood by the landowner and the district and neither shall be liable for damage to the other's property resulting from carrying out this agreement, unless such damage is caused by neglect or by misconduct.

_____ _____
(Cooperator Signature) (Date)

_____ _____
(Board Approval Signature) (Date)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOIL AND WATER CONSERVATION PROGRAM

COOPERATOR AUTHORIZATION FORM

*CHECK ONE
☐ OPERATOR (AS LISTED WITH FSA)
☐ OPERATOR AND LEGAL LANDOWNER

COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)

*COOPERATOR NAME AS LISTED IN MOSWIMS			
*ADDRESS	*CITY	*STATE	*ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	EMAIL		

INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE

*COOPERATOR SIGNATURE	*DATE
*PRINTED NAME	

LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340,N590, AND N595)

*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED

*PRIMARY OWNERS	*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE	
	☐ YES	☐ NO
	☐ YES	☐ NO
	☐ YES	☐ NO
	☐ YES	☐ NO

ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER

LEGAL LANDOWNER ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	EMAIL		

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on _____/__/_____.

LEGAL LANDOWNER SIGNATURE	DATE
PRINTED NAME	

*REQUIRED FIELD

Pre-Practice Cooperator Certification

_____
(SWCD Name)

_____
(Cooperator Name)

_____
(Practice)

I certify that I have not started the practice. I understand that if I begin the practice before I receive official notification of approval from the district board, I am not eligible to receive cost-share assistance for completing the practice.

I understand that the district board of supervisors must approve any modification in the design of the practice. Failure on my part to request changes and obtain board approval of the changes may jeopardize my cost-share payment for the practice.

I understand that I am not eligible to receive payment for installing the practice until it meets NRCS Standards and Specifications within Commission policy.

_____ _____
(Cooperator Signature) (Date)

Waiver of Lien on Conservation Practice

The undersigned lienor, in consideration of the final payment in the amount of $_____, hereby waives and releases its lien and right to claim a lien for labor, services or materials furnished through _____, 20____, to _____ (customer) on the practice of _____ to the following described property:

Dated on _____, 20_____.

Lienor's Name: _____

Address: _____

By: _____

Printed Name: _____

Cooperator Certification Worksheet

(SWCD name) (Contract Number)

(Cooperator Name) (Practice)

Service / Material Provider	Items of Material, Labor and/or Equipment	Number of Units	Unit of Measure	Unit Cost	Item Charge

(Start Date) (Cooperator Signature)

(Date)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOIL AND WATER DISTRICTS COMMISSION
COST-SHARE PROGRAM
MAINTENANCE AGREEMENT

June 2008

NAME(Grantee): _____ **MAILING ADDRESS:** _____ _____ _____ (Zip Code)	**TO THE SUPERVISORS OF THE (Grantor):** _____ **SOIL AND WATER CONSERVATION DISTRICT** **CONTRACT NO**. _____ (Assigned by the District)

LEGAL DESCRIPTION OF PRACTICE LOCATION: (Section, Range, and Township, see page 2 if additional space is necessary) _____

_____

DESCRIPTION OF PRACTICE: _____

LIFESPAN:_____ **TOTAL AMOUNT OF COST-SHARES EARNED**: _____

_____

I (we), the undersigned, do hereby request cost-share assistance to help defray the cost of installing the practice as listed above. It is understood and agreed that:

(1) **PRACTICE INSTALLED WITH COST-SHARE ASSISTANCE SHALL BE PROPERLY MAINTAINED. If a practice is removed, altered, or modified so as to lessen its effectiveness without consent of the Soil and Water Conservation District Board of Supervisors for a period of ten (10) years or the expected life of the practice, whichever is the lesser, after the date of receiving payment, the landowner(s) shall refund to the Missouri Soil and Water Districts Commission the state cost-share funds used for the project. As this condition will be binding upon heirs, assignees, or other transferees, the landowner(s) understand(s) that before receiving any funds it will be necessary to sign this agreement, which may be recorded in the county where the land is located. This maintenance agreement does not constitute a lien upon property of the landowner, his heirs, or assignees.**

Condition of Payment of State Cost-Share Funds – Right of ingress and egress for the purpose of inspecting construction or maintenance of a practice is hereby granted by the landowner(s).

(2) **Practices must be planned and installed in accordance with technical specifications of the U.S.D.A. Natural Resources Conservation Service.**

LANDOWNER'S SIGNATURE: _____ **DATE**: _____

STATE OF: _____)
) s.s.
COUNTY: _____)

STATE OF: _____)
) s.s.
COUNTY: _____)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOIL AND WATER DISTRICTS COMMISSION
COST-SHARE PROGRAM
MAINTENANCE AGREEMENT

(continued from page one)

LEGAL DESCRIPTION OF PRACTICE LOCATION: (continued from page one)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

On this_____day of_____ , 20_____ before me, the undersigned, a Notary Public, duly commissioned and qualified for in said county, personally came_____

_____

_____

to me known to be the identical person, or persons whose name is, or names are, affixed to the foregoing instrument and acknowledged the execution thereof to be his, her, or their voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

_____
Notary Public

My commission expires the_____day of_____, 20_____

On this_____day of_____ , 20_____ before me, the undersigned, a Notary Public, duly commissioned and qualified for in said county, personally came_____

_____

_____

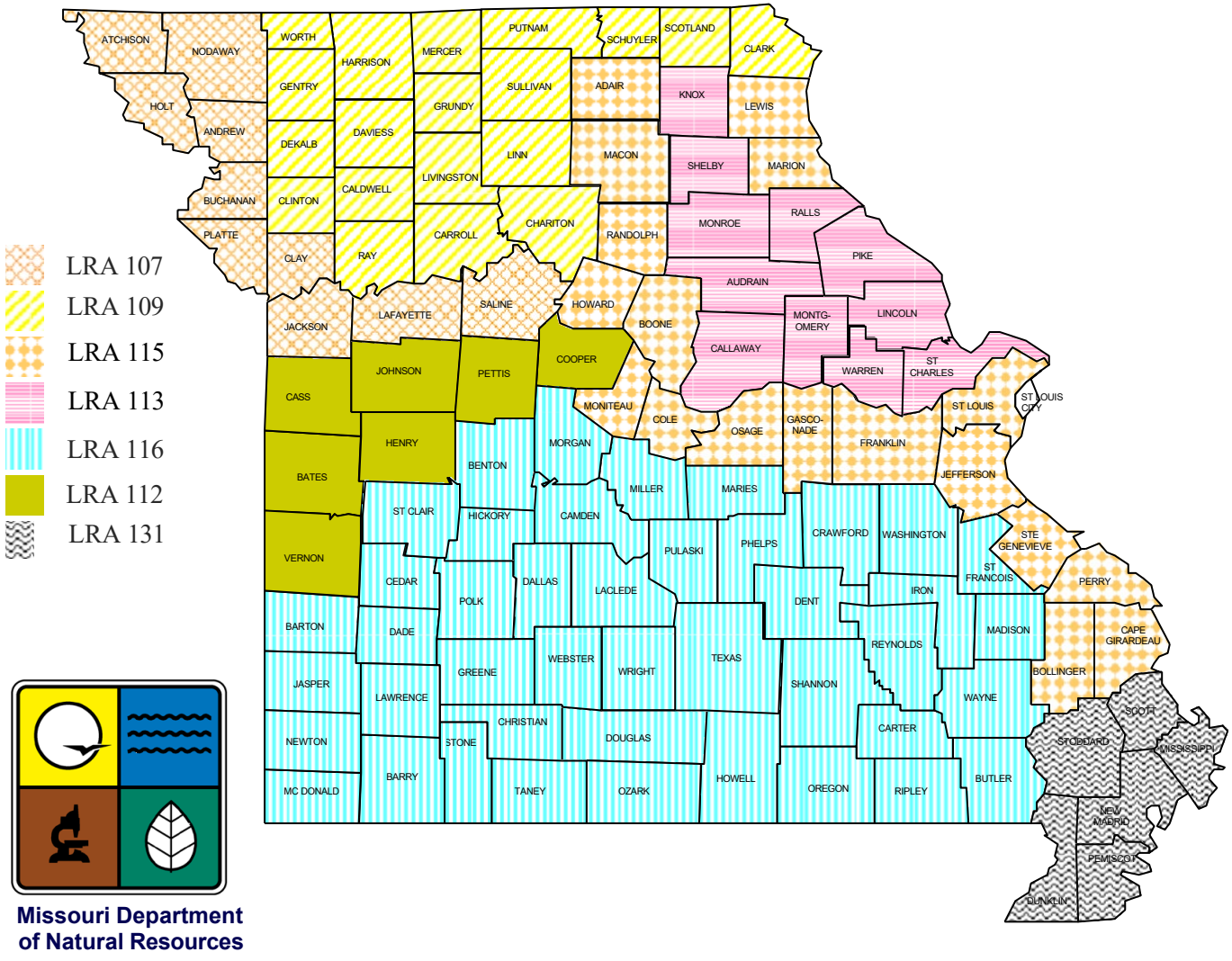
to me known to be the identical person, or persons whose name is, or names are, affixed to the foregoing instrument and acknowledged the execution thereof to be his, her, or their voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

_____
Notary Public

My commission expires the_____day of_____, 20_____

Missouri Land Resource Areas (LRA)



Missouri Department of Natural Resources

N312 Waste Management
Operation and Maintenance Statement

The cooperator agrees that the N312 Waste Management System practice funded through Missouri Department of Natural Resources, Soil and Water Conservation Program, will only be used to store animal waste and waste handling equipment during the 10 year maintenance life of this practice.

At no time will hay, non-waste handling equipment, or other materials be allowed to be stored in a structure.

Failure to properly maintain this practice for its intended use for the 10-year maintenance lifespan, will result in the cooperator being required to repay a prorated amount of cost-share funds received for this practice.

_____

Cooperator's Printed Name

_____ _____

Cooperator Signature Date

_____

Board Member's Printed Name

_____ _____

Board Signature Date

MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOIL AND WATER CONSERVATION PROGRAM

PEST MANAGEMENT CHECK SHEET

COOPERATOR INFORMATION		
COOPERATOR NAME AS LISTED IN MOSWIMS	FARM	TRACT
CROP ROTATION: _____>_____>_____ (CIRCLE YEAR OF CURRENT ROTATION)	TOTAL ACRES	
FIELD NUMBERS		

PEST MANAGEMENT ACTIVITIES			
DATE	**ACTION**	**PESTS FOUND**	**RECORD CHEMICAL, APPLICATION METHOD, AND RATE OR OTHER RELEVANT INFORMATION**
	PRE SCOUT		
	TREATMENT		
	POST SCOUT		
	PRE SCOUT		
	TREATMENT		
	POST SCOUT		
	PRE SCOUT		
	TREATMENT		
	POST SCOUT		
	PRE SCOUT		
	TREATMENT		
	POST SCOUT		
SIGNATURE OF COOPERATOR			DATE

*Crop fields must be scouted a minimum of four times. Pest inventory must be done pre and post chemical application.

Timber Harvest Plan Check Sheet

The following information is submitted as verification of my intent to implement non-regulatory and incentive based Best Management Practices (BMPs) as identified in the Timber Harvest Plan for timber harvest on my property. All components of the practice will be implemented for the life of the practice, 10 years.

Cooperator Name _____ Acres in Plan _____

Township_____ Range _____ Section _____ Tract # _____
Farm# _____

Contract # _____

Pre-Harvest Checklist

Landowner has an approved Timber Harvest Plan	Y	N

Timber Harvest Plan contains a Topographic Map with location of:

Total area within harvest plan	Y	N	
Stream crossings	Y	N	
Forest road and skid trails	Y	N	
Log landings	Y	N	
Other BMPs listed in the harvest plan	Y	N	N/A

BMPs Implemented

Forest Road / Skid Trails / Stream Crossings

Skid roads on minimal slope	Y	N	N/A
Skid roads installed where planned	Y	N	N/A
Water bars evident	Y	N	N/A
Water bars working	Y	N	N/A
Stream crossings are stable	Y	N	N/A
Stream crossings are where planned	Y	N	N/A
Stream crossings restored (post harvest)	Y	N	N/A
Other BMPs from harvest plan were used	Y	N	N/A

Stream Management Zone* (SMZ*)

SMZ present on permanent stream	Y	N	N/A
SMZ present on intermittent stream	Y	N	N/A
Other BMPs from harvest plan used	Y	N	N/A
Vehicle/equipment traffic is avoided within 100 feet of the top of the stream bank	Y	N	N/A
Stream clear of debris	Y	N	N/A
Stream free of sediment	Y	N	N/A

Log landings

Locations free of oil/trash	Y	N	N/A
Well drained location	Y	N	N/A
Other BMPs from harvest plan were used	Y	N	N/A
Landing is located greater than 200 ft. from stream, pond, lake sink hole, spring, cave, or wetland	Y	N	N/A

Cooperator (print name)	Signature	Date

Logger (print name)	Signature	Date

MDC Forester (print name)	Signature	Date

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

WATER WELL/ HEAT PUMP PLUGGING REGISTRATION REPORT

NOTE: FOR MONITORING WELLS, USE MONITORING WELL PLUGGING REGISTRATION FORM 780-2161

FOR OFFICE USE ONLY		
REF NO.	ENTERED	DATE RECEIVED
REGISTRATION NO.	CHECK NO.	REVENUE NO.
ROUTE / /	APPROVED	DATE

OWNER INFORMATION

NAME	BUSINESS NAME (IF APPLICABLE)	TELEPHONE NUMBER WITH AREA CODE

MAILING ADDRESS	CITY	STATE	ZIP CODE

PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)	CITY

LOCATION INFORMATION

Lat. _____ Long _____

COUNTY

____ ¼ ____ ¼ Section Township N Range ☐E ☐W

PLUGGING INFORMATION

FORMER USE OF WELL

0 Domestic 0 High yield unconsolidated
D Hand dug 0 Pilot hole
0 Heat pump 0 Multi-family
0 High yield bedrock (plugging letter required if fill is used) 0 Public water supply well (plugging letter required)

COST SHARE D Yes D No

WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN) | WELL NUMBER | VARIANCE NUMBER (IF ISSUED)

ORIGINAL DRILLER (IF KNOWN) | DATE ORIGINALLY DRILLED (IF KNOWN)

DEPTH OF THE WELL	LENGTH OF CASING	CASING OR HOLE DIAMETER	STATIC WATER LEVEL	HEAT PUMP LOOPS
FT.	FT.	IN.	FT.	0 Filled 0 Remove

DATE WELL/ LOOPS PLUGGED OR EXCAVATED	WELL REMOVED BY EXCAVATION	PUMP REMOVED FROM WELL	CASING CUT OFF BELOW GROUND SURFACE	TYPE OF CASING
	0Yes 0No	0 Yes 0 No	0 Yes, to what depth ____ FT. D No, state reason below• 0 Removed	0 Steel 0 Concrete D Plastic D Fiberglass 0 Other

WELL ABANDONED DUE TO CONNECTION TO A MUNICIPALITY OR RURAL WATER SUPPLY DISTRICT 0 Yes O No
If yes, provide the name of the municipality or water district below

"REMARKS/REASON WELL WAS PLUGGED

GROUT INFORMATION (GROUT MATERIAL MUST EXTEND AT LEAST 50 FEET BELOW CASING FOR DOMESTIC/MULTI-FAMILY WELLS)

INSTALLATION METHOD
0 Gravity
D Tremie
0 Tremie pumped
0 Reverse tremie

MATERIAL USED
CEMENT: D Type I, D Type III
BENTONITE: 0 Chips, 0 Granular, 0 Pellets, 0 Slurry

GROUT PLUGS
1sr Top depth __ Bottom depth __
2'0 Top depth __ Bottom depth __
(if applicable)

AMOUNT USED
Number of sacks ____
Pounds per sack ____ or cubic yards
Gallons of water/sack

FILL MATERIAL INFORMATION (FILL MATERIAL MAY NOT BE USED IN PLACE OF GROUT)

MATERIAL USED	AMOUNT USED	DEPTH TO TOP OF FILL FROM SURFACE	WELL CHLORINATED BEFORE PLUGGING	AMOUNT USED FOR CHLORINATION
D Gravel D Ag-lime 0 Sand 0 Other ____	0 Tons or ____ 0 Cubic yards	FT	0Yes 0No	0 Gallons ____ 0 Pounds 0 Tablets

I hereby certify that the well herein described was plugged in accordance with Department of Natural Resources requirements. (All fields must be completed but only one signature is required.)

PRIMARY CONTRACTOR OR WELL OWNER (WELL OWNER MAY ONLY PLUG DOMESTIC OR HAND DUG WELLS)	PERMIT NUMBER	DATE

WELL OR PUMP INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE

WELL OR PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE

MO 780-1603 (06-19)

FEES - $50 FOR PUBLIC WATER SUPPLY, HIGH YIELD AND HEAT PUMP WELLS ONLY. ALL WELL TYPES ARE SUBJECT TO LATE FEE SCHEDULE.
SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: welldrillers@dnr.mo.gov
RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells

LANDOWNER: _____

OPERATOR: _____

FARM: _____ FIELD(s): _____ CONTRACT: _____

For each step, please check mark after completion. After all steps are complete, please sign the bottom of the form acknowledging that the practice has been completed according to all policies, standards, and specifications.

Cooperator acknowledges they will not receive cost-share payments for fields planted prior to board approval of cost-share contract. ***Initial here:*** _____

PLANNING PHASE

	Discuss with staff the fields and species of cover crops to be planted
	Landowner or Operator Authorization form signed ***Policy:*** The contract must contain the name of the legal landowner. If an operator is participating, the landowner must complete an "Operator Authorization" form.
	Missouri Vital Enterprise Resource System (MOVERS) registration must be completed by the Landowner/Cooperator. ***NOTE: The name and address in MOVERS form must match the cost-share contract information***
	Conservation plan signed ***Policy:*** • $5,000 annual maximum per cooperator • Cooperators must adopt cover crops in compliance with the **Cover Crop (340)** standard as part of this practice.
	AGRON340 seeding sheet received *****Ensure seeding dates are followed***** ***Policy:*** All cover crop seedings must be planned with a minimum of 25% cool-season annual grass, small grain component or warm season grass. (Caution should be taken when selecting Annual Ryegrass for a cover crops mix.)
	Map showing correct fields to be planted has been received
	Submit sample(s) to SHAC along with payment and DNR-SWCP Cover Crop Cost-Share Soil Health Information form (Attachment A) **REQUIRED: YES NO** ***If yes, list field(s):*** _____ ***Policy:*** **A soil sample for the Initial Standard Soil Health Package test through the Missouri Soil Health Assessment Center (SHAC) must be taken on each field prior to seeding cover crops.** The initial sample will need to be taken only for the first state cost-share contract on the field. The number of samples per field will be determined by the sampling requirements provided by SHAC. Website: http://cafnr.missouri.edu/soil-health/
	Cost-share contract signed by Cooperator, Technician, and SWCD Board Member

IMPLEMENTATION PHASE

	Cover crops planted by no-till or broadcast—***Minimal soil disturbance allowed with STIR value of 20 or less as calculated in RUSLE 2 to establish the cover crop.*** ***Policy:*** • **Cover crops must be no-tilled or broadcast seeded with either ground equipment or aerial. Minimal disturbance allowed with STIR value of 20 or less as calculated in RUSLE2 for establishment of cover crop (not the whole cropping rotation).** • Cover crops may be grazed once the forages have reached a minimum height of 6–8 inches with enough biomass produced to justify grazing. However, grazing should not occur if it will damage the forages so that their effectiveness as a cover crop would be impacted. Grazing will need to stop once the forages have been grazed down to 4 inches. • Spring planted cover crops must have been planted at least 60 days prior to being terminated.
	Cover crops terminated (in spring) ***Policy:*** • Cover crops will be terminated as late as practical to maximize plant biomass production and nutrient uptake. Landowners need to take into consideration timing for next crop and crop insurance requirements. • Cover crops will not be harvested for grain, seed or hayed • Tillage cannot be used to terminate the cover crops. • N595 Pest Management practice may be utilized to terminate the cover crops. The pest management plan must be developed to address the termination of the cover crop and all pest issues that may occur during the next production crop growing season.
	Production crops planted by no-till or broadcast—***NO incorporation allowed*** *Notify staff as soon as all fields on the contract have been completed* ***Policy:*** • **Production crop following the cover crops must be planted using a no-till system on the contracted acres.** No-till is defined as per standard 329 for Residue and Tillage Management No-Till. • Payment can be issued after no-till planting of the production crops into the (terminated) cover crops or after May 1st if the production crop has not yet been planted.

PAYMENT PHASE

	Field review performed by SWCD and/or NRCS Staff
	AGRON340 Certification Worksheet completed
	Provide necessary receipts to SWCD office by May 1st ***BULK SEED:*** _____ ***SOIL TEST (if required):*** _____ ***Policy:*** **The landowner needs to make payment for their soil sample(s) prior to receiving their cost-share payment**. Submitting samples and appropriate payment is a requirement of the cover crop practice and must be done to receive the cost-share payment.
	Contract payment signed by Cooperator, Technician, and SWCD Board Member

I acknowledge that I have completed this practice and followed all policies, standards, and specifications:

Cooperator: _____ Date: _____

SWCD Representative: _____ Date: _____

C650 Streambank Stabilization
Engineer/ Contractor Information

_____
(SWCD Name)

_____
(Cooperator Name)

_____
(SWCD contact name)

Thank you for participating in the State of Missouri Cost-Share Program administered by the Soil and Water Conservation Districts Commission and the Missouri Department of Natural Resources, funding is provided by the 1/10th of one percent Parks Soils and Water Sales Tax. This information is intended to provide the Private Engineer and contractor the requirements of the cost-share process, needed documentation and summary of practice policy the Soil and Water Conservation District (SWCD) will need to certify the practice and make payment to the landowner. If any of the steps are missed or requirements not met this could either delay payment to the landowner or make the practice ineligible for payment. It is important to note, the SWCD must be made aware of any modifications to the design of the project or practice after contract approval has been made by the SWCD. Those changes must be approved prior to the installation of the change, or the practice may not be eligible for payment. All payments are made directly to landowners. The Soil and Water Conservation Program (SWCP) does not make payments to contractors or vendors who perform work.

Engineer responsibilities

1. To qualify to design stream bank stabilization practices, the engineer must be a Missouri licensed PE and have significant experience in streambank stabilization.
2. Project must be designed for the minimum necessary components to meet the need of the practice. If the practice is modified to change the design an explanation must be provided by the engineer to the SWCD.
3. Provide the landowner and SWCD with sealed drawings/ designs to complete the streambank stabilization project.
4. Design the streambank stabilization system in accordance with all applicable NRCS conservation practices and standards. The PE must include the following certification on the drawings: “The drawings and specifications for this streambank stabilization project have been prepared by (name of engineer firm) and meet the standards of the Natural Resources Conservation Service in Missouri”
5. Verify all applicable permits are obtained for the project.
6. Provide construction inspections.
7. Performing a final inspection site visit with a SWCD employee for final checkout of the project and provide the SWCD with needed documentation.
8. At minimum the certification documentation must be on letterhead, with sealed completed drawings/ designs and a detailed account of the quantities installed as part of the stabilization.
9. Notify the SWCD of any changes during the project before the modification of the stabilization practice begins.

Commission Policy requirements

1. The practice is required to function for 10 years, no reconstruction or maintenance costs are eligible for this practice.
2. A vegetated buffer of 50’ is required. The buffer area must be excluded from cattle, fire and haying is not allowed.
3. The 50’ buffer is measured from the high bank of the structure not the toe or water line of the stream.
4. Only available on privately owned agriculture land.
5. $50,000 annual max per landowner or farm
6. SWCD staff are required to sign state cost-share forms when all components of the practice are met, and documentation is provided by PE. PEs shall not sign state cost-share forms.
7. Cost-share cannot be provided for fence that serves as boundary fence for the property.
8. Payment cannot be provided by the district until the practice meets all NRCS standards and specifications and Commission policy.

If the same PE is designing multiple projects for the same landowner only one signed form is required.

_____ _____

(PE Signature) (Date)

N340 Cover Crop

Payment Acknowledgement Form

Payment for the N340 Cover Crop practice funded through the Missouri Department of Natural Resources, Soil and Water Conservation Program, can be issued after no-till planting of the production crops into the cover crops or after April 1st if the production crop has not yet been planted.

If the production crop following the cover crop has not yet been planted prior to payment of the cover crop practice, the production crop must still be planted using a no-till system on the contracted acres. Applicable no-till equipment is listed in standard 329 for Residue and Tillage Management No-Till.

By signing below the operator acknowledges that failure to comply with the no-till requirement of the production crop into the cover crops, will result in the operator being required to repay the full amount of cost-share funds received for this practice.

Contract Number(s)_____

_____

Operator's Printed Name

_____ _____

Operator's Signature Date

_____ _____

SWCD Representative Signature Date

Below to be Completed after practice has been Certified Complete

Production Crop Plant Date _____

Field Verification of Completed Practice Date _____

_____ _____

SWCD Practice Complete Certification Signature Date