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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: _____ _____ _____ <div style="text-align:right">(Zip Code)</div>	TO THE SUPERVISORS OF THE (Grantor): _____ SOIL AND WATER CONSERVATION DISTRICT CONTRACT NO. _____ <div style="text-align:right">(Assigned by the District)</div>
--	--

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: _____)

MAINTENANCE AGREEMENT

(continued from page one)

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

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 _____.

On this _____ day of _____, 20_____
before me, the undersigned, a Notary Public, duly
commissioned and qualified for in said county,
personally came _____

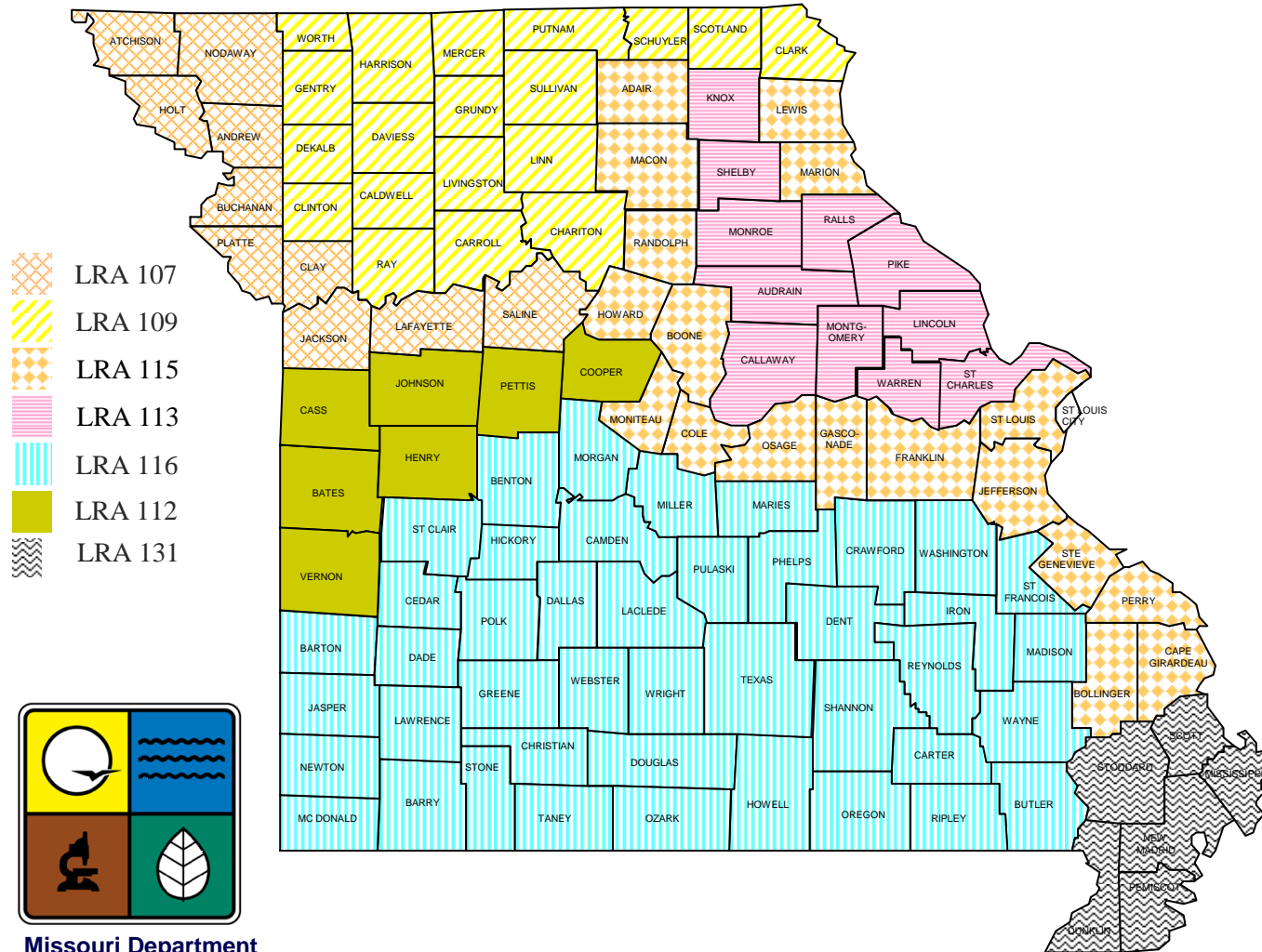
to me known to be the identical person, or persons whose name is, or names are, affixed to the foregoing instrument and acknowledged the execution thereof to be his, her, or their voluntary act and deed.

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)



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)

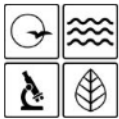
Signature

Date

MDC Forester (print name)

Signature

Date



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**WATER WELL / HEAT PUMP PLUGGING
REGISTRATION REPORT**

FOR OFFICE USE ONLY

REF NO.	ENTERED	DATE RECEIVED
REGISTRATION NO.	CHECK NO.	REVENUE NO.
ROUTE / /	APPROVED	DATE

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

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. _____ ° _____ ' _____ "	COUNTY	_____ ¼ _____ ¼
Long. _____ ° _____ ' _____ "	Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W	

PLUGGING INFORMATION

FORMER USE OF WELL <input type="checkbox"/> Domestic <input type="checkbox"/> High yield unconsolidated <input type="checkbox"/> Hand dug <input type="checkbox"/> Pilot hole <input type="checkbox"/> Heat pump <input type="checkbox"/> Multi-family <input type="checkbox"/> High yield bedrock (plugging letter required if fill is used) <input type="checkbox"/> Public water supply well (plugging letter required)		WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN)	WELL NUMBER	VARIANCE NUMBER (IF ISSUED)
COST SHARE <input type="checkbox"/> Yes <input type="checkbox"/> No		ORIGINAL DRILLER (IF KNOWN)		DATE ORIGINALLY DRILLED (IF KNOWN)
DATE WELL / LOOPS PLUGGED OR EXCAVATED		DEPTH OF THE WELL FT.	LENGTH OF CASING FT.	CASING OR HOLE DIAMETER IN.
WELL REMOVED BY EXCAVATION <input type="checkbox"/> Yes <input type="checkbox"/> No		PUMP REMOVED FROM WELL <input type="checkbox"/> Yes <input type="checkbox"/> No		STATIC WATER LEVEL FT.
WELL ABANDONED DUE TO CONNECTION TO A MUNICIPALITY OR RURAL WATER SUPPLY DISTRICT <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the municipality or water district below:		CASING CUT OFF BELOW GROUND SURFACE <input type="checkbox"/> Yes, to what depth _____ FT. <input type="checkbox"/> No, state reason below* <input type="checkbox"/> Removed		
TYPE OF CASING <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____		HEAT PUMP LOOPS <input type="checkbox"/> Filled <input type="checkbox"/> Remove		
*REMARKS/REASON WELL WAS PLUGGED				

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

INSTALLATION METHOD <input type="checkbox"/> Gravity <input type="checkbox"/> Tremie <input type="checkbox"/> Tremie pumped <input type="checkbox"/> Reverse tremie	MATERIAL USED CEMENT BENTONITE <input type="checkbox"/> Type I <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Type III <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	GROUT PLUGS 1 st Top depth _____ Bottom depth _____ 2 nd Top depth _____ Bottom depth _____ (if applicable)	AMOUNT USED Number of sacks _____ Pounds per sack _____ or cubic yards _____ Gallons of water/sack _____
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FILL MATERIAL INFORMATION (FILL MATERIAL MAY NOT BE USED IN PLACE OF GROUT)

MATERIAL USED <input type="checkbox"/> Gravel <input type="checkbox"/> Ag-lime <input type="checkbox"/> Sand <input type="checkbox"/> Other _____	AMOUNT USED <input type="checkbox"/> Tons _____ or <input type="checkbox"/> Cubic yards _____	DEPTH TO TOP OF FILL FROM SURFACE FT.	WELL CHLORINATED BEFORE PLUGGING <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT USED FOR CHLORINATION <input type="checkbox"/> Gallons _____ <input type="checkbox"/> Pounds _____ <input type="checkbox"/> 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

DNR-SWCP N340 Cover Crop Practice Checklist – Landowner/Operator

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.
	ACH/EFT vendor form filled out by bank and submitted to Office of Administration NOTE: The name and address on the ACH/EFT form must match the cost-share contract information
	Conservation plan signed Policy: <ul style="list-style-type: none">Contracted acres must currently be in a minimum of a 2 species production crop rotation.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
	Use soil ring to take soil sample(s) if required 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

	<p>Cover crops planted by no-till or broadcast—<i>Minimal soil disturbance allowed with STIR value of 20 or less as calculated in RUSLE 2 to establish the cover crop.</i></p> <p>Policy:</p> <ul style="list-style-type: none">• 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.
	<p>Cover crops terminated (in spring)</p> <p>Policy:</p> <ul style="list-style-type: none">• 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.
	<p>Production crops planted by no-till or broadcast—<i>NO incorporation allowed</i></p> <p><i>Notify staff as soon as all fields on the contract have been completed</i></p> <p>Policy:</p> <ul style="list-style-type: none">• 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 25 if the production crop has not yet been planted.

PAYMENT PHASE

	Field review performed by SWCD and/or NRCS Staff
	AGRON340 Certification Worksheet completed
	<p>Provide necessary receipts to SWCD office by May 25</p> <p>BULK SEED: _____ SOIL TEST (if required): _____</p> <p>Policy:</p> <p>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.</p>
	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: _____