

Gentry County

Soil & Water Conservation District

512 East Highway 136

Albany, MO 64402

Phone: 660-726-5255 ext. 3

Gentry County SWCD No-Till Drill User Agreement

Drill Co-Sponsored by:

Missouri Department of Conservation and Quail & Upland Wildlife Federation

I, the renter and user of the drill, agree to the following:

RENTAL RATE:

- \$10.00/acre plus \$20/day except for bad weather
- \$12/acre plus \$20/day for out of county use.

The minimum charge for the drill is \$75.00. Payment is due after equipment has been returned and inspected. An additional 1 ½ % will be charged if not paid within 30 days. After 90 days, future cost-share will be denied until bill is paid.

DEPOSIT REQUIRED:

A \$250.00 damage deposit is required before using the drill. The deposit will be held after return of equipment for up to 5 days for damage inspection and renter will be informed of any damage. If there is damage beyond normal wear and tear the repair cost will be taken out of the deposit. The remainder will be refunded to the renter or the renter will be billed for the balance.

CLEAN-UP CHARGE:

A \$20.00/hr clean-up fee will be added if the drill is returned with seed in the box, mud on the drill or seed tubes plugged.

GENERAL CONDITIONS:

1. I will keep my towing speed to less than 20 mph and maintain 40 lbs of tire pressure.
2. I will obey state and federal laws.
3. **CAUTION:** I will raise the drill on corners and ends (sharp turns can bend and/or break row units)
4. I will not back up with disc openers in the ground. (Backing plugs units)
5. I will remove the transport pins when I reach and field and I will replace transport pins when I leave the field.
6. **I will clean the drill before I return it to the office. (No seed in box, or mud on drill)**
7. **I will lubricate feeder cup sprocket bearings and jack shaft bearings every 20 hours of use.**
8. **I will not remove chain links or other parts.**
9. *District employees can refuse the use of the drill in the users field if not suitable or based on past rental history.*

10. All transporters & operators will be 18 years of age or older.
11. I will not run fertilizer or chemicals through the drill.
12. In the event the equipment is damaged, contact the office before any repairs are made.
13. I have at least the minimum liability coverage, as required by the State of Missouri, on the vehicle with which I will transport the equipment over public roadways.
14. I also maintain general farm liability insurance.
15. **Subleasing or moving the equipment between users without the District's approval is not allowed.** This written form must be signed by all renters before using the equipment and receive approval from District staff.
16. I agree to use safety chains while transporting equipment.
17. I will protect drill from theft.
18. I agree NOT to operate drill in wet conditions, or any conditions which might cause tire or other equipment damage such as rocks, thorns, tree stumps, ect.

SCHEDULING:

Priority for use of the drill is given to the person who is ready to use the drill and has paid the deposit.

AGREEMENT:

I agree to indemnify and hold Gentry County SWCD, their supervisors and employees harmless from and against any and all claims liabilities, losses, injury, costs and out of pocket expenses (including attorney's fees) arising out of, or in connection with the equipment leased.

I understand and agree to the conditions of this contract and will pay the charges requested by the Gentry County Soil and Water Conservation District.

Agreed to by

Date

Phone Number

Estimated Acres

Seed to be planted

I will not plant Tall Fescue or Bromegrass _____

Landowner: _____

For Office Use:

INSPECTION: (Indicate if damage exists or if adequate)

Disc Openers: _____

Hydraulic Hose Coupler: _____

Coulter: _____

Hitch: _____

Seed Box: _____

Other: _____

Comments: _____

Inspected By: _____

Date: _____

Ending Acre Count: _____

Date Returned: _____

Beginning Acre Count: _____

Date Taken: _____

Acres Used: _____

Rental Fee (\$10/acre): _____

Days Used: _____

Deposit Returned on _____ because
-balance due was less than deposit _____
-other reasons _____

Total: _____

Damages: _____

Minus Deposit: _____

CK: _____

Date: _____

Received By: _____

Balance Due: _____

CK: _____

Date: _____

Received By: _____

Billed on _____