

NOXIOUS WEED COST SHARE LONG FORM APPLICATION

Form must be postmarked by **September 30th**.
If more time is needed for fall spraying, call (701) 328-2800.

Indicate area sprayed below

SEC _____ TWP _____ RNG _____

ORIGINAL RECEIPTS FOR CHEMICAL AND/OR CUSTOM SPRAYING must be included with this form or cost share cannot be paid. *Receipts will be returned with your cost-share check.*

Please complete the following form as accurately as possible for leafy spurge or other noxious weeds sprayed on *school trust lands*. If you haven't used our program before, please call the ND Department of Trust Lands, (701) 328-2800, to approve funding prior to spraying. This form can also be downloaded from our web site.

Indicate area sprayed on section outlined below.

NW4	NE4
SW4	SE4

ITEMIZE YOUR CHEMICAL AND LABOR COSTS HERE		
Chemical Name	Gallons/Quarts	Chemical \$
Self Application		Self Labor \$
# of Hours _____	\$/Hour _____	
OR		
# of Acres _____	\$/Acres _____	
Custom Application (Attach Receipts/Bills)		Custom \$

What equipment did you use to spray?
(Check all that apply)

- Field Sprayer w/ Booms
- Field Sprayer w/wand and hose
- ATV w/sprayer
- Small Hand Sprayer
- Other: _____

of People Spraying _____

Spray dates: _____ & _____

Targeted Weed(s): _____

Estimate Acres _____

***I hereby certify that the above is an accurate account of the work done.
Forms postmarked after September 30th will not be paid.***

Name _____ Date _____

Address _____ Telephone _____

City, State _____ Zip Code _____

I hereby confirm that the above-described leafy spurge or other noxious weeds were controlled.

County Weed Control Officer

County

Date