

<https://land.nd.gov>

<u>This box for Internal Use Only:</u>	Approved: ___ Yes ___ No	Date: _____
DTL: \$ _____	Notes: _____	Reviewer: _____
Lessee: \$ _____		
Total: \$ _____		

Noxious Weed/Pest Control Cost Share Application

Must be postmarked by October 31st of each year

(If you wish to request an extension call 701-328-1926)

*If you have not previously used this cost share program before,
 please call the Department of Trust Lands to obtain funding approval prior to completing any work.*

Complete the following for each Section where weeds/pests were controlled:

(see next page/back for additional sections)

SEC ___ TWP ___ RNG ___

Date(s) of Application: _____

Estimated Acres Sprayed _____

Targeted Weed(s): _____

Indicate area sprayed below:

NW4	NE4
SW4	SE4

<u>Itemized Chemical Costs</u>		Cost (\$)
Chemical Name	Amount Used <small>(circle unit of measurement)</small>	
	gal qt pt oz	
	gal qt pt oz	
	gal qt pt oz	
	gal qt pt oz	
<u>Itemized Labor Costs</u>		Cost (\$)
# of Hours _____	\$/Hour _____	
# of Acres _____	\$/Acre _____	
Custom Application (provide receipts):		
<u>Total:</u>		

of People Spraying _____

What equipment did you use to spray?

- ___ Field Sprayer (width: _____)
 ___ ATV/UTV Sprayer (width: _____)
 ___ Small Hand Sprayer
 ___ Other: _____

I hereby confirm that the information I have provided is an accurate account of the weeds/pests control work done.

 Lessee Name (Print & Signature)

 Date

IMPORTANT

**If cost share is anticipated to be greater than \$200.00,
 the county weed control officer is required to sign below and receipt copies need to be attached.**

I hereby confirm that the described noxious weed(s) control work was completed.

 County Weed Control Officer (Print & Signature)

 County

 Date

Additional Noxious Weed/Pest Control Forms:

SEC ____ TWP ____ RNG ____

Estimated Acres Sprayed ____

Indicate area sprayed below:

NW4	NE4
SW4	SE4

of People Spraying ____

What equipment did you use to spray?

- Field Sprayer (width: _____)
- ATV/UTV Sprayer (width: _____)
- Small Hand Sprayer
- Other: _____

Date(s) of Application: _____

Targeted Weed(s): _____

<u>Itemized Chemical Costs</u>		Cost (\$)
Chemical Name	Amount Used <small>(circle unit of measurement)</small>	
	gal qt pt oz	
	gal qt pt oz	
	gal qt pt oz	
	gal qt pt oz	
<u>Itemized Labor Costs</u>		Cost (\$)
# of Hours ____	\$/Hour ____	
# of Acres ____	\$/Acre ____	
Custom Application (provide receipts):		
<u>Total:</u>		

SEC ____ TWP ____ RNG ____

Estimated Acres Sprayed ____

Indicate area sprayed below:

NW4	NE4
SW4	SE4

of People Spraying ____

What equipment did you use to spray?

- Field Sprayer (width: _____)
- ATV/UTV Sprayer (width: _____)
- Small Hand Sprayer
- Other: _____

Date(s) of Application: _____

Targeted Weed(s): _____

<u>Itemized Chemical Costs</u>		Cost (\$)
Chemical Name	Amount Used <small>(circle unit of measurement)</small>	
	gal qt pt oz	
	gal qt pt oz	
	gal qt pt oz	
	gal qt pt oz	
<u>Itemized Labor Costs</u>		Cost (\$)
# of Hours ____	\$/Hour ____	
# of Acres ____	\$/Acre ____	
Custom Application (provide receipts):		
<u>Total:</u>		