

<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 September 30th of each year

(If you wish to request an extension call 701-328-2800)

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>		