

EV26 Chacanaaka Ray Drogram



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<u>West Virginia</u> Conservation Agency	Heavy Use Area	Protection Applicat	tion Chesapeake Bay Progr. A Watershed Partnership
Applicant Information		Farm Information	
Name:			
		Conservation District: Eastern Par	nhandle Conservation District
Mailing Address:		County:	
		Farm Name:	
Telephone:		Farm #:	
Email Address:		Tract #:	
Application Date:	Dook Mou	Field # or #'s:	
		agement Practice	
Please BMP	complete the following information for t Limits	he Best Management Practice you would Cost-Share Rate	
Heavy Use Area	Use of gravel and fabric only.	Flat rate of \$1.32/sq. foot	Amount applied for
Protection	No concrete	Maximum per producer \$2,000	Sq. Ft.
	Progi	ram Eligibility	
material and soil ro B. Purpose Reduce soil erosio		sthetics and livestock health. Can be used	for the following: Livestock
 Applicant must A W-9 tax for Cost share is a Applicant must Data Report o Applicant must Approvals wil Application application application 	for Practice st be a District Cooperator. m will be required with application for District available to owner or lessee. st provide one of the following documents: WVCA Operator Form. This will describe st provide map identifying tract and field whill be approved monthly at the EPCD Board May provals will be made based upon availability be submitted by May 29th, 2026.	Written lease for current time period, Current who is the owner and/or lessee. ere the proposed installation will be. Meeting, while funds are available	
1. The maximum	t rates & limits: n cost-share for this practice shall be at a flat \$2,000 per applicant.	rate of \$1.32 per sq. ft.	

- The payment will be made after paid invoices are received and an AEP representative has made a site visit.
- No duplication of federal or state cost-share shall be allowed.

Practice Specifications E.

Revised: April 15, 2025

- NRCS standards and design specifications must be followed.
- After approval applicants must follow job sheets provided at the time of signing the contract.
- The life span of this practice is a minimum of 10 years.

By signing this I have read, understood, and agree to the terms and conditions stated in this document.

Applicants Signature:	Date:	

OFFICE USE ONLY:		
Date Received:		
Time Received:		
Ranking Score:		
If Approved:		
District Bd Date Approved:		
Contract Expiration Date:		
Application #:		
Verification #:		