

GMD1 Water Conservation Fund

Automated Soil Probe Cost-Share Application

- All applicants must be within GMD 1 boundaries
- Applications awarded on 1st come 1st serve basis
- Priority given to Applicants enrolled in an Approved Water Conservation Area (WCA)
- WCA applicants – up to \$1500 for 1st probe; \$1000 per additional probes, as funds allow
- Non-WCA applicants – up to \$1000 per probe, as funds allow
- Applicants may apply for multiple Probes (with the exception of previously approved locations)
- Limit – 1 Probe per QTR.
- GMD 1 Board of Directors have final approval for all applications
- Applications will be accepted via mail, email, fax or in person
- Invoices must be submitted to the District office within 1 year of the application Approval Date.

1. Applicant: (Print or type)

Name _____ Address _____

City & State _____ Zip Code _____ Phone _____

E-Mail _____ Landowner ___ Tenant ___ WCA Participant _____

2. Land Location where Soil Probe will be installed:

QTR. ___ Sec. ___ TWP. ___ RG. ___ County _____ KS. Water Right # _____

3. Brand of Soil Probe (If Known) _____

4. IF applying for Multiple Probes: Number of Probes _____

Provide additional Land Locations on supplemental page 2.

Approved Applicant agrees an automated soil probe to be installed at the location(s) indicated on this application. Payment will be made to directly to the Vendor upon receipt of invoice at the District Office. Data collected from these probes to be available to WKGMD1 upon request.

Signature _____ Date _____

Supplemental Page 2: Land Locations of Probes

1. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

2. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

3. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

4. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

5. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

6. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

7. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

8. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

9. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

10. QTR. ____ Sec. ____ TWP. ____ RG. ____ County _____ KS. Water Right # _____

Must accompany Page 1 of Application:

Print Name: _____ Date: _____

Signature: _____

