

INDIAN LAKE WATERSHED TILE REPAIR PROGRAM

RESTORING MAINS OF WATER MANAGEMENT SYSTEMS

- A. Purpose: To improve the water quality of Indian Lake or its tributaries by repairing “blowouts” in main lines of water management systems that meet each of the following qualifications:
1. 12 inches or larger in diameter.
 2. Not under a maintenance agreement.
 3. Located in cropland areas receiving fertilizer, pesticide or manure applications at least annually.
 4. Not in need of more than 50 total feet of replacement conduit.
 5. Located within the Indian Lake Watershed.
 6. Project must be started and finished in 2025.
- B. Lifespan: The restored area of the system must be maintained for a minimum of 10 years without further cost share assistance from the ILWP and the materials used to make the necessary restoration shall have a minimum life expectancy of 50 years.
- C. Components Eligible for Cost Share.
1. Up to 50’ of replacement water conveyance materials (tile).
 2. Earthmoving (backhoe or comparable equipment and operator)
 3. Fill material (if necessary) ie: gravel.
 4. Labor costs associated with installation of eligible components.
 5. Vents designed to allow the release of air pressure.
- D. Components Ineligible for Cost Share.
1. Tile or tubing less than 12 inches in diameter.
 2. Lateral connections within the “blowout” area even if 12 inches or larger.
 3. Structures to facilitate or enhance agricultural production (ie: risers).
- E. Technical Assistance: Local SWCDs are responsible for providing needed technical assistance, extent feasible and certifying the proper installation by an approved contractor based on information provided before work is completed and presented to the Board if project is completed prior to request for approval.
- F. Inspection Requirement: As a minimum, an initial inspection of the proposed area to be repaired shall consist of a picture taken of the proposed restoration site, an estimate in tons of the total earth lost from the area due to erosion that has ended up as sediment downstream, an estimate of the annual amount of erosion that will be lost from the area due to erosion and that will end up as sediment downstream and completion application form. Picture to be emailed to indianlakewatershedproject@gmail.com
- G. ILWP Board Approval: Application shall be approved by the Indian Lake Watershed Board of Directors based upon the information and data provided by the applicant, contractor or representative of the SWCD on the application form. Approval is dependent on available funds at the time the application is received. All funds will be paid to applicant as a cost-share reimbursement.
- H. Level of Cost Share: The ILWP cost share shall not exceed 50% of the total eligible costs up to \$2,000.00 on not more than 50 feet or the actual footage installed whichever is smaller.
- I. Total Payment: The total amount of ILWP payments that any applicant may receive under this restoration program shall not exceed \$2,000.00 total on one or more farms in the project area.

APPLICATION FOR INDIAN LAKE WATERSHED TILE REPAIR PROGRAM

Applicant's Name _____

Applicant's Address _____

(City) (State) (Zip)

Applicant's Phone No. _____

FSA Farm No. _____ Producer's Name _____

Location of Proposed Water Management System Repair

(Sketch on back of application or attach photocopy designating approximate location)

Estimated Extent of Repair Requested

Length _____ feet Diameter _____ Inches Fill _____ Tons Vent Y or N

Estimated Hours to Repair _____ Hrs Estimated Total Cost to Repair \$ _____

Estimated Annual Soil Loss _____ Tons /Year Total Estimated Soil Loss _____ Tons

Manure Y or N Fertilizer Y or N

Herbicide Y or N Insecticide Y or N

Technician's Certification. I certify the estimates provided above are to the best of my ability and are based on my observations, measurements, and information provided by the producer. Picture or sketch to be emailed to indianlakewatershedproject@gmail.com

Applicant's Certification. I certify I have provided the technician accurate information included above and agree to maintain this practice at least 10 years or refund this payment with interest and any liquidated damages deemed appropriate by the ILWP Board of Directors. If the work was started before this application was requested, I certify the work was completed not over 30 days prior to requesting cost-share reimbursement.

BOARD ACTION

Approval – Date

Disapproval – Date

Applicant's Request for Payment. I have paid all bills related to the materials, construction and labor used to complete the repairs necessary to qualify for ILWP cost share funding and furnished copies requested. I understand a representative of SWCD must visit site to verify completion in accordance with SWCD standards and specifications before payment is issued.

Applicant's Signature _____ **Date** _____

Technician's Verification. I have made a follow up visit to inspect the repair work for which cost share has been requested and have determined the materials used and the installation meets all SWCD standards and specifications and that the applicant is eligible to receive payment due.

Comments:

Technician's Signature _____ **Date** _____