AgWRAP COOPERATOR
ACKNOWLEDGEMENT
Water Collection & Reuse System

Cooperator Name: ____________________________  Date: ____________________________
Tract/Field: ____________________________  County: ____________________________

The following items provide important information regarding AgWRAP policies pertaining to Water Collection & Reuse System. Carefully read through each of the items and initial on the line to acknowledge that you have read and understand the information.

This form should be filled out with the assistance of local Soil and Water Conservation District staff so that they may provide further explanation and answer any questions that arise.

___ The Water Collection and Reuse System shall occur on existing agricultural operations. The intended use is the collection of water and reuse of water for irrigation or other non-potable agricultural purposes. Exceptions shall be made in cases of emergency for livestock watering (refer to policy 6 for more information).

___ Water from this system shall be used for:
  • Irrigation
  • Washing
  • Cooling
  • Other non-potable agricultural purposes

Except for the capturing and recirculating from an existing aquaculture system

___ Cost share for this practice may include components necessary to collect and store water for reuse. Components may include pumping and piping for transfer from a collection pond/tank to a storage pond/tank.

___ Irrigation equipment is not eligible for this practice.

___ Cooperators are responsible for obtaining and complying with all required permits.

___ An Operation and Maintenance Plan is required.

___ The minimum life expectancy for the system is 10 years.

___ Alternative solutions to address the inadequate water supply resource concern or other resource concerns will be considered and evaluated.

___ The systems must be certified by a professional engineer or an individual with appropriate job approval authority.
The AgWRAP cost share rates for Conservation Irrigation Conversion as follows:

<table>
<thead>
<tr>
<th>Applicant Type</th>
<th>Cost Share Rate</th>
<th>Maximum Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>75% of actual costs per receipts</td>
<td>$15,000</td>
</tr>
<tr>
<td>New or Limited Resource Farmer*</td>
<td>90% of actual costs per receipts</td>
<td>$18,000</td>
</tr>
<tr>
<td>Enhanced Voluntary Agriculture District#</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Certified using NC-ACSPs-1E  
* Certified using county enrollment records.

I intend to use the following engineering assistance:

- [ ] I plan to hire my own private engineer
- [ ] I request Division engineering assistance

I acknowledge by my signature below that I have read and understand the policies listed above.

PRINT NAME: ________________________________

SIGNATURE: ________________________________  DATE: _____________