Wasco County SWCD Cost Share Program
Haul Road Application

(Deliver to District Office by last Friday of the month for consideration at the next Board meeting)

APPLICANT NAME _____

ADDRESS _____

_____

PHONE _____

EMAIL _____

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Haul Road Guidelines: Haul Roads are an eligible practice under the District Cost Share program, as they address the Priority Resource Concern of erosion control. The SWCD Cost Share Program will pay for only the rock. Dollars spent on hauling and spreading the rock will not be reimbursed. Rock minimum will be 1/8 mile to a maximum of 1/2 mile per cost share application. No smaller than ¾ minus rock will be applied. *It is recommended that rock come from a certified weed free pit (ODA certifies for free), although it is not required.* A maximum of 200 yards per application or approximately 270-280 tons, or $2,500 maximum reimbursement per request. It is up to the landowner to provide a budget estimate of cost per yard at the time of application. No driveways will be eligible for the program, unless a technician verifies the driveway is part of the haul road system. This needs to be noted at time of application review and is the Boards discretion. Some haul roads may require a rock base, at the expense of the landowner to use as match or in-kind but will not be eligible for reimbursement. The District Cost Share program will only fund one haul road, per landowner per fiscal year. Expenses accrued before District Board approval are not eligible for reimbursement.

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What is the approximate distance of the haul road to be rocked?

Is the rock pit ODA certified weed free? YES / NO

Will this haul road require a rock base? YES / NO

Where is the project located? (Township, Range, Section and Tax lot)

***Attach a map with start and stop latitude and longitude along with photos of the eroding road and bank. Include a budget with estimated total yards or tons needed and cost per ton or yard.*

Estimated total project cost: _____

Amount requested from the District (50%, UP TO $2,500): _____

_____

Landowner/Applicant Signature Date

Staff Review ___ *mgr* ___*tech* ___ *adm* ***Recommend***: Fund Not Fund ***Board Action***: Approved / Denied

Priority *(from LRP): 1 2 3 4 5 6 7 8* *Date:* _____