

**HURON SOIL AND WATER CONSERVATION DISTRICT
8 FAIR ROAD, NORWALK, OHIO 44857
(419) 668-4113 EXT. 3 FAX (419) 663-8405**

HURON COUNTY DITCH MAINTENANCE PROGRAM

Application and work agreement for reduction of maintenance assessment pursuant to section 6137.08 ORC.

Application number: _____ Date: _____

Applicant name: _____ Phone number: _____

Address: _____

Project name and number: _____

Maintenance work to be completed: _____

I understand and agree to the following:

1. That 6137.08 requires me to file this application on or before the first of May in the year that I am applying for a maintenance assessment reduction.
2. That the Huron SWCD will send me notice of approval or dis-approval, along with a copy of this application within two weeks following the May SWCD Board meeting. This notice will serve as my permission to proceed.
3. I will notify the Huron SWCD in advance of the days that I intend to perform the work listed above, and will again notify the SWCD when the work has been completed by signing and returning this application before the last day of August of the year I am applying.
4. I will complete the work in a professional manner and in accordance with the plan and appropriate NRCS standards and specifications where applicable.
5. If the work is checked and found to be completed in an unsatisfactory manner, I will be given the opportunity to correct the inadequacy of the work.
6. Failure to comply with any of the provisions pertaining to the work or this agreement may result in forfeiture of my reduction, or cause the reduction to occur at a later date.

I agree and understand the above and hereby submit this application for Huron SWCD board approval.

Applicant signature: _____ Date: _____

The Board of Huron SWCD Supervisors APPROVES or DISAPPROVES this application.

Huron SWCD Chairman signature: _____ Date: _____

I hereby certify that all the work listed above has been completed according to the provisions of this agreement, and request that my assessment reduction to be applied to my next assessment.

Applicant signature: _____ Date: _____

Please return this application to the Huron SWCD office at 8 Fair Road, Norwalk, Ohio 44857

