



**DROUGHT DISASTER LIVESTOCK WATER SUPPLY ASSISTANCE PROGRAM**  
NORTH DAKOTA STATE WATER COMMISSION  
PLANNING AND EDUCATION  
SFN 17810 (6/2017)

North Dakota Administrative Code 89-11-01-04 allows up to three projects per landowner.  
If an applicant is requesting assistance for more than one project, please use Attachment A.

| Applicant Information   |         |                                       |       |          |
|---|---------|---------------------------------------|-------|----------|
| Name  |         |                                       | Date  |          |
| Applicant Social Security Number  |         |                                       |       |          |
| Address   |         | City                                  | State | ZIP Code |
| Telephone Number  |         | Cell Number                           |       |          |
| Project Information   |         |                                       |       |          |
| 1/4 - 1/4   | Section | Township                              | Range | County   |
| Are You The Property <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other _____  |         |                                       |       |          |
| Do You Get More Than 50% Of Your Income From Farming And Ranching? <input type="checkbox"/> Yes <input type="checkbox"/> No |         |                                       |       |          |
| Landowner Name (If you are the operator, but not the landowner, show landowner's name.)                                     |         |                                       |       |          |
| Landowner Address   |         | City                                  | State | ZIP Code |
| Describe Your Stock Water Shortages (Be specific about the nature of the problem and the type of affected water source.)    |         |                                       |       |          |
| Number Of Livestock Affected By Problem   |         | Type Of Livestock Affected By Problem |       |          |
| Current Water Supply (well, dugout, stockdam, etc)  |         |                                       |       |          |
| Proposed Solution   |         |                                       |       |          |
| This Application Is For Cost-Share Assistance On:   |         |                                       |       |          |
| Proposed Solution (detailed)  |         |                                       |       |          |

| New Well Information (Complete this section if your solution is a new well.)                          |         |          |                |          |
|---|---------|----------|----------------|----------|
| 1/4   | Section | Township | Range          | County   |
| Driller's Name  |         |          | Estimated Cost |          |
| Driller's Address   |         | City     | State          | ZIP Code |
| Rural Water System Information (Complete this section if your solution is connection to rural water.) |         |          |                |          |
| Rural Water System Name   |         |          | Estimated Cost |          |
| Project Description   |         |          |                |          |
| Pipeline Information (Complete this section if your solution is a pipeline.)                          |         |          |                |          |
| Water Supply Source   |         |          | Estimated Cost |          |
| Project Description   |         |          |                |          |

**The Applicant:**

1. Agrees to complete the project as described within 180 days of receipt of notice of approval of funding and to provide proof of work completed and proof of actual expenditures.
2. Grants to the State Water Commission or anyone authorized by the Commission the right to enter upon the land to inspect the completed water supply project after giving reasonable notice to the applicant.
3. Agrees to indemnify and hold harmless the State of North Dakota and the Commission, its officers, agents, employees, and members, from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of applicant or applicant's agents or employees under this agreement.
4. Certifies that to the best of applicant's knowledge and belief, the information in this application is true and correct and this problem is drought-related and not a result of lack of maintenance, a chronic long-term problem, or an expansion of applicant's operation.
5. Certifies that the applicant is an existing "livestock producer;" meaning the applicant produces livestock or operates a dairy farm, devotes the major portion of applicant's time to activities of farming or ranching, and normally receives not less than 50 percent of the applicant's annual gross income from farming and ranching.
6. Certifies that the applicant has not received any other State or Federal funds for the same project(s).
7. Must have been denied USDA FSA cost-share assistance. The county FSA office will provide a letter of denial to the producer.

|                        |      |
|------------------------|------|
| Signature Of Applicant | Date |
| Signature Of Landowner | Date |

**Send Completed Form To:**  
**ND State Water Commission**  
**ATTN: Drought Disaster**  
**900 East Boulevard Ave, Dept 770**  
**Bismarck ND 58505-0850**

**For More Information:**  
**Website: swc.nd.gov**  
**E-mail: swclivestock@nd.gov**  
**Phone: (701) 328-4989**

|   |         |          |                |          |
|---|---------|----------|----------------|----------|
| Applicant Name  |         |          |                |          |
| Landowner Name (If different from Applicant.)   |         |          |                |          |
| New Well Information (Complete this section if your solution is a new well.)                          |         |          |                |          |
| 1/4   | Section | Township | Range          | County   |
| Driller's Name  |         |          | Estimated Cost |          |
| Driller's Address   |         | City     | State          | ZIP Code |
| New Well Information (Complete this section if your solution is a new well.)                          |         |          |                |          |
| 1/4   | Section | Township | Range          | County   |
| Driller's Name  |         |          | Estimated Cost |          |
| Driller's Address   |         | City     | State          | ZIP Code |
| Rural Water System Information (Complete this section if your solution is connection to rural water.) |         |          |                |          |
| Rural Water System Name   |         |          | Estimated Cost |          |
| Project Description   |         |          |                |          |
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| Project Description   |         |          |                |          |
| Pipeline Information (Complete this section if your solution is a pipeline.)                          |         |          |                |          |
| Water Supply Source   |         |          | Estimated Cost |          |
| Project Description   |         |          |                |          |
| Pipeline Information (Complete this section if your solution is a pipeline.)                          |         |          |                |          |
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| Project Description   |         |          |                |          |