

COST SHARE BRUSH REMOVAL

Name of Applicant _____

Address _____

Telephone No _____

Location: Sec _____ Twp _____ Rge _____

Estimated Total Cost _____

Approved County Share _____

Approved by _____

Date Approved _____

Acres of Disturbed Area _____

Storm Water Discharge Permit #2 Required (NPDES) Circle One: Y/N

General Permit # _____

Voucher Date Paid _____