

STATE OF OKLAHOMA

EMERGENCY DROUGHT ASSISTANCE PROGRAM

SELF-CERTIFICATION OF PRACTICE IMPLEMENTATION

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|-----------------------|--|
| Conservation District | |
| Participant Name | |
| Application Number | |

I hereby certify that between August 10, 2025, and December 31, 2026, I implemented the drought practice(s) as selected below and approved by the conservation district. The practice(s) are located on the property/properties as provided below:

Latitude / Longitude (required)

- Watering Facility** (can include pumping plant, pipeline, and HUAP)
- Pasture Tap**
- Pumping Plant** (standalone practice if installed on existing tank or well)
- Pipeline** (standalone practice if installed to existing tank or well)
- Pond Cleanout** (limited 1 per pasture, maximum 3 per applicant)
- Water Well** (can include pumping plant; well repair allowed; no payment for dry holes)

Documentation of Implementation

I have submitted to the conservation district evidence of all goods and/or services used in the implementation of drought practice(s) selected above. This includes true and accurate photographic documentation of the implemented practice(s) that will be maintained in the file and utilized as needed.

Program Compliance

Furthermore, I understand that the conservation district and/or the Conservation Commission will investigate any allegations or suspicions of fraud or abuses in this program and take any actions that are necessary including the filing of criminal charges. In addition, I understand that the conservation district and/or the Conservation Commission will conduct a review and inspection of the conservation practice(s) implemented under this program.

Participant Signature

The signature below must match the signature on your application. The SSN or EIN provided below must match the IRS Form W-9 submitted with your application.

Farm Name (if applicable)

Applicant Name

Signature

Social Security Number or Employee Identification Number

Date