State of Wisconsin Department of Natural Resources Bureau of Community Assistance P.O. Box 7921 - CFA/2 Madison, WI 53707

BFN Coding:

REQUEST FOR REIMBURSEMENT - TRMs TARGETED RUNOFF MANAGEMENT PROGRAM

-- For Agricultural Grants --

Send one completed copy of this worksheet to the Department of Natural Resources at the address printed above, along with appropriate expense verifications.

Notice: This document is required under s. 281.66, Wis. Stats., and chs. NR 153 and 154, Wis. Adm. Code. Failure to return a signed form to the Department of Natural Resources will result in the denial of grant funds. Personally identifiable information contained in this form will be used for determining reimbursement eligibility in the Targeted Runoff Management Program and will not be used for any other purpose.

| 1. Grantee Name | Ct-u-c- | 4 | | |
|---|--|---|------------------------------|--|
| Left Land Holding LLC/Edward B. Lein 6. Mail Check to: Portage County Land Conservation Division | Lein Farms Manur 3. WaterShed Waupaca WR05 | 4. Grant Number TRC-WR05-49000-12A | 5. Pay. Req. # | |
| 1462 Strongs Avenue Stevens Point WI 54481 | 7. Period Covered By | This Request (M-D-Y) | | |
| | From January 1, 20 | | 012 | |
| | 8. Type of Request ☐ Partial | 9. Type of Grant ☐ Planning | □ Combined | |
| | X Final | X Cost-Share/Construction | □ Other | |
| 0. Summary of Payment Requests | | AMOUNT | LEAVE BLANK- DNR USE ONLY | |
| a. Reimbursement Request this Claim (from Verification Forms) | | \$150,000.00 | | |
| b. Total Prior Pay Requests for this Grant | | 0.00 | | |
| c. Total Payments (including this request) | | \$150,000 | | |
| 11. Grant Balance | | | | |
| a. Grant Amount for this Line Item | | \$150,000.00 | | |
| b. Amount Reimbursed To-Date (line 10c) | | \$150,000.00 | | |
| c. Remaining Grant Balance (Balance after this request) | | 0.00 | | |
| 12. CERTIFICATION | Amount Allowed This Claim | | | |
| I certify that to the best of my knowledge and belief the billed costs of | | CFA Initial | | |
| expenditures are based on actual payment of record and a the terms of the project agreement and the reimbursement share due which has not been previously requested | Date | | | |
| Signature of Authorized Representative | | Date Signed December 28, 2012 | | |
| Typed or Printed Name and Title Steven W. Bradley, County Conservationist | | Telephone Number (include area code) 715-346-1334 | | |
| Contact Person & e-mail/phone bradleys@co.portage.wi.us | | | | |
| CFA Comments: | | | | |

State of Wisconsin Department of Natural Resources PO Box 7921 - CFA/8, Madison, WI 53707-7921

COST SHARE CALCULATION AND PROJECT VERIFICATION For Targeted Runoff Management (TRM) Program -- Agricultural TRM Projects --

Notice: This worksheet is authorized by s. 281.65, Wis. Stats., and ch. NR 153, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department will result in the denial of grant funds. Personal information collected on this form will be used for administering this program. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

| Cost Share Calculation Cost-Share Recipient Names & CSA No. | Practice Installed & Code | Practice Quantity* No. Units & Type of Unit | Total Cost of Practice | State Cost Share % | State Cost Share For Practice | Performance Standard** Implementation (types below) | Practice Complete Y/N ? |
|--|------------------------------------|--|---------------------------|-----------------------------|---|--|-------------------------------|
| Left Land Holding LLC/ Edward B. Lein TRM-12-LEIN | Manure Storage System R16 | 1 | \$349,279.50 | 43% | \$150,000 | 02 | Y |
| | | | | | 3, 31, 40, 40, 40, 40, 40, 40, 40, 40, 40, 40 | | |
| | | | | | | | |
| *Practice Quantity: use NI | R 154 units for the practice insta | alled. This is a rec | | TOTAL | \$150,000 | | |

| **Performance Standard Implementation: inse | sert the applicable Code to indicate whether this pra | actice implements a Performance Standard |
|---|---|--|
|---|---|--|

| Check No. | Check Date | Amount Paid |
|-----------|------------|--------------|
| # | DD-MM-YY | \$ |
| 477472 | 12/14/12 | \$150,000.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Codes | Performance Standards Implemented | NR151. |
|-------|--|--------|
| 00 | None | |
| 01 | Sheet, rill & wind erosion | 02 |
| 02 | Manure storage facilities: new construction & alterations | 05(2) |
| 03 | Manure storage facilities: closure | 05(3) |
| 04 | Manure storage facilities: failing & leaking existing facilities | 05(4) |
| 05 | Clean water diversions | 06 |
| 06 | Nutrient management | 07 |
| 07 | Prohibition on overflow of manure storage facilities: | 08(2) |
| 08 | Prohibition on unconfined manure in the WQMA | 08(3) |
| 09 | Prohibition on direct runoff from a feedlot or stored manure | 08(4) |
| 10 | Prohibition on unlimited livestock access to waters of state | 08(5) |
| | | |

Attach payment verification in the form of contractor's billings or other evidence of payment/expense.

Source of other cost-sharing paid to landowner/operator other than TRM grant (if applicable): SWRM Cost share funds for barnyard runoff control system - \$8,845.06

Technician's Project Installation Verification

I verify the above project has been wholly- or partially-installed in accordance with the appropriate standards and specifications.

| Technician's Signature | Date Signed |
|---------------------------|---------------------------------------|
| Technician's Signature () | December 28, 2012 |
| Name of Contact Person | Phone & E-mail |
| Dan O'Connell | 715-346-1334 oconned@co.portage.wi.us |