



**Maryland Department of Agriculture  
MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM**

**POOLING AGREEMENT APPLICATION**

Fiscal Year				Agreement #
County				Geographic Area
<b>SECTION I - APPLICATION</b>				
(Each Signature below indicates agreement with conditions on reverse)				
A. Name and Address of Designated Agent:				
	Signature of Participants	Address	Social Security #	Contribution
1				
2				
3				
4				
5				
6				
7				
8				
9				
Initial Estimate of Total Cost:			Total	
<b>SECTION II - CERTIFICATION</b>				
I, as Agent, certify that each participant whose signature appears on this agreement did review the provisions and conditions of the agreement on the reverse side.			Signature	Date
<b>SECTION III - FOR STATE APPROVAL</b>				
SIGNATURE				DATE

MDA-S-05 (10/99)