

**BUTLER COUNTY CONSERVATION DISTRICT
2503 ENTERPRISE, SUITE B
EL DORADO, KS 67042
316-320-3549**

NO TILL DRILL RENTAL AGREEMENT

REQUESTED BY: _____ **DATE OF REQUEST** _____

ADDRESS _____ **PHONE** _____

LOCATION OF FIELD _____ **DATED NEEDED** _____

SEED TO BE SOWN _____ **NO OF ACRES** _____ **RETURN DATE** _____

\$100.00 DEPOSIT RECEIVED _____ DRILL RENTAL IS \$9.50/ACRE, 10 ACRE MINIMUM.

- The deposit will be held as security until the equipment is returned and is found to be in working order by Conservation District staff and/or the next user.
- The drill has a single hitch and hydraulic lift. A 70 horsepower tractor or bigger is recommended for pulling.
- Seed boxes and hoses will be cleaned of all seed. Excessive dirt will be cleaned off prior to return. I understand a \$50 fee will be charged if the drill is not cleaned properly.
- The Conservation District rents the drill based on 30 acres per day, with allowances made for weather or repair delays. Renter will be charged and additional \$50/day if drill is not returned by the return date listed above.
- Information is available from the drill manual provided with the drill. Please call the office at 316-320-3549 if additional information is needed.
- You are responsible for regular lubrication and preventative maintenance of the drill while it is in your possession.
- You are responsible for cost of repairs caused by your negligence. Please report any problems or damages as soon as possible.
- Any damage to the user's equipment or property, or the property of another party, during the use of this equipment will result in no fault or liability to Butler County Conservation District.
- Please write down the acre meter reading before drilling and then after drilling is completed. Report your acre reading to the District Office at 316-320-3549.
- Enter your Social Security Number on the back of this form; otherwise we have to charge you tax.

(User Signature)

Beginning acre reading _____

Ending acre reading _____

Total Drilled Acres:

X 9.50

TOTAL FEE: \$

DATE PAID _____

KANSAS DEPARTMENT OF REVENUE
DESIGNATED OR GENERIC EXEMPTION CERTIFICATE

The undersigned purchaser certifies that the tangible personal property or service purchased from:

Seller: Butler County Conservation District
Business Name

Business Address: 2503 Enterprise, Suite B El Dorado KS 67042
Street, RR, or P.O. Box City State Zip + 4

is exempt from Kansas sales and compensating use tax under K.S.A. 79-3606. The undersigned understands and agrees that if the tangible personal property or services are used other than as stated in its statutory exemption, or are used for any other purpose that is not exempt from sales or compensating use tax, the undersigned purchaser becomes liable for the tax. The unlawful or unauthorized use of this certificate is expressly prohibited, punishable by fine and/or imprisonment.

This certificate shall apply to (check one):

Single Purchase Certificate. Enter the invoice or purchase order #: _____

Blanket Certificate.

Name of Purchaser: _____

Purchaser's EIN: Social Security # _____ Foreign Diplomat Number _____

Business Address: _____
Street, RR, or P.O. Box City State Zip + 4

Reason for Exemption. Check the appropriate box for the exemption. Since this is a multi-entity form, not all entities are exempt on all purchases. Only those entities that do not have a Kansas Tax-Exempt Entity Exemption Number may use this certificate to claim an exemption. Kansas-based tax-exempt entities are required to have a Kansas Tax Exempt Entity Exemption Number; non-Kansas tax-exempt entities who regularly do business in Kansas are encouraged to apply for a Kansas Tax-Exempt Entity Exemption Number through our web site at www.ksrevenue.org. Tax exempt entities who have been assigned a Kansas Exemption Number (Kansas and non-Kansas based) must use their numbered Tax-Exempt Entity Exemption Certificate (Form PR-78) issued by the Kansas Department of Revenue to claim their exemption; they cannot use this certificate.

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| <input type="checkbox"/> Drill bits & explosives actually used in oil and gas exploration and production, K.S.A. 79-3606(pp). | <input type="checkbox"/> Community-based mental retardation facility or mental health center, K.S.A. 79-3606(jj). |
| <input type="checkbox"/> Educational materials purchased for free public distribution by a nonprofit corporation organized to encourage, foster, and conduct programs for the improvement of public health, K.S.A. 79-3606(II). | <input type="checkbox"/> Elementary or secondary school (public, private or parochial), K.S.A. 79-3606(c). |
| <input type="checkbox"/> Materials purchased by community action groups or agencies to repair or weatherize housing occupied by low income individuals, K.S.A. 79-3606(oo). | <input type="checkbox"/> Habitat for Humanity, K.S.A. 79-3606(ww). |
| <input type="checkbox"/> Medical supplies and equipment purchased by a nonprofit skilled nursing home or intermediate nursing care home, K.S.A. 79-3606(hh). | <input type="checkbox"/> Noncommercial educational TV or radio station, K.S.A. 79-3606(ss). |
| <input type="checkbox"/> Qualified machinery and equipment purchased by an over-the-air free access radio or TV Station, K.S.A. 79-3606(zz). | <input type="checkbox"/> Nonprofit blood, tissue or organ bank, K.S.A. 79-3606(b). |
| <input type="checkbox"/> Seeds, tree seedlings, fertilizers and other chemicals, and services used to grow plants to prevent soil erosion on agricultural land, K.S.A. 79-3606(mm). | <input type="checkbox"/> Nonprofit public or private educational institution, K.S.A. 79-3606(c). |
| <input type="checkbox"/> Foreign Diplomat. | <input type="checkbox"/> Nonprofit hospital or public hospital authority, K.S.A. 79-3606(b). |
| <input type="checkbox"/> Newly Legislated Exemption. Briefly describe the exemption and enter the statute reference or enter the year and number of the Bill authorizing the exemption. _____ | <input type="checkbox"/> Nonprofit museum or historical society, K.S.A. 79-3606(qq). |
| | <input type="checkbox"/> Nonprofit, nonsectarian youth development organization, K.S.A. 79-3606(ii). |
| | <input type="checkbox"/> Nonprofit religious organization, K.S.A. 79-3606(aaa). |
| | <input type="checkbox"/> Nonprofit zoo, K.S.A. 79-3606(xx). |
| | <input type="checkbox"/> Parent-Teacher Association or Organization, K.S.A. 79-3606(yy). |
| | <input type="checkbox"/> Primary care clinics and health centers serving the medically underserved, K.S.A. 79-3606(ccc). |
| | <input type="checkbox"/> Rural volunteer fire fighting organization, K.S.A. 79-3606(uu). |

Authorized Signature: _____ Employer ID Number (EIN): _____
Officer, Office Manager or Administrator

Printed Name: _____ Date: _____

THIS CERTIFICATE MUST BE COMPLETED IN ITS ENTIRETY.