



- Unless otherwise noted:  
 Shares are 100% operator  
 Crops are non-irrigated  
 Corn = yellow for grain  
 Soybeans = common soybeans for grain  
 Wheat = HRS, HRW = Grain  
 Sunflower = Oil, Non-Oil = Grain  
 Oats and Barley = Spring for grain  
 Rye = for grain  
 Peas = process  
 Alfalfa, Mixed Forage AGM, GMA, IGS = for forage  
 Beans = Dry Edible  
 NAG = for GZ  
 Canola = Spring for seed

**Common Land Unit**

- Non-Cropland
- Cropland
- CRP
- Tract Boundary

**Wetland Determination Identifiers**

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Tract Cropland Total: 244.08 acres

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS). This map displays the 2021 NAIP imagery.

Abbreviated 156 Farm Record

See Page 2 for non-discriminatory Statements.

Operator Name : XXXXXXXXXX  
 CRP Contract Number(s) : 11825, 12044  
 Recon ID : None  
 Transferred From : None  
 ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
307.54	244.08	244.08	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		CRP	MPL	DCP Ag.Rel. Activity	SOD	
0.00	0.00	171.78	0.00		72.30	0.00	0.00	0.00	

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	WHEAT, CORN	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	14.70	0.00	44	
Corn	130.70	0.00	112	
<b>TOTAL</b>	<b>145.40</b>	<b>0.00</b>		

NOTES

Tract Number : 4237  
 Description : N17 MARBLE  
 FSA Physical Location : MINNESOTA/LINCOLN  
 ANSI Physical Location : MINNESOTA/LINCOLN  
 BIA Unit Range Number :  
 HEL Status : HEL field on tract.Conservation system being actively applied  
 Wetland Status : Tract contains a wetland or farmed wetland  
 WL Violations : None  
 Owners : MORTON HERRINGTON, SCOTT HERRINGTON  
 Other Producers : None  
 Recon ID : None

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
307.54	244.08	244.08	0.00	0.00	0.00	0.00	0.0

Abbreviated 156 Farm Record

Tract 4237 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	171.78	0.00	72.30	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Wheat	14.70	0.00	44
Corn	130.70	0.00	112
<b>TOTAL</b>	<b>145.40</b>	<b>0.00</b>	

NOTES

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*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) e-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

# CONSERVATION RESERVE PROGRAM CONTRACT

5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)  
 LINCOLN COUNTY FARM SERVICE AGENCY  
 200 South County Highway 5  
 IVANHOE, MN 56142-4122

3. CONTRACT NUMBER <i>2044</i>	4. ACRES FOR ENROLLMENT 32.30
6. TRACT NUMBER 0004237	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2020 TO: (MM-DD-YYYY) 09-30-2030
8. SIGNUP TYPE: General	

5B. COUNTY FSA OFFICE PHONE NUMBER  
 (Include Area Code): (507) 694-1644 x2

**THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.**

9A. Rental Rate Per Acre	\$ 158.00	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 5,103.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$ 5,103.00	0004237	0002	CP38E-25	3.02	\$ 390.00
(Item 9C is applicable only when the first year payment is prorated.)		0004237	0019	CP38E-25	10.00	\$ 1,290.00
		0004237	0021	CP38E-25	19.28	\$ 2,487.00

**11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
[Redacted]	50.00 %	<i>Martin Herrington</i>		<i>2-21-2020</i>
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
[Redacted]	50.00 %	<i>Scott Knight</i>		<i>2-21-2020</i>
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
	%			

**12. CCC USE ONLY**

A. SIGNATURE OF CCC REPRESENTATIVE <i>Martin D Wilson CED</i>	B. DATE (MM-DD-YYYY) <i>9-10-20</i>
--	--

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

*AG's & Elig filed*

**RECEIVED  
FEB 21 2020**

*[Handwritten Signature]*

Lincoln County FSA

Date Printed: 02/04/2020

U.S. DEPT OF AGRICULTURE NATURAL RESOURCES	M	Contract Item	Re-establish	Fields: Tract	Tract Item	1	1a	Contract Item	Re-establish	Fields: Tract	Tract Item	2	2a
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**CONSERVATION RESERVE PROGRAM CONTRACT**

27 081

51

7A. COUNTY OFFICE ADDRESS (Include Zip Code)  
 LINCOLN COUNTY FARM SERVICE AGENCY  
 200 South County Highway 5  
 IVANHOE, MN 56142-4122

3 CONTRACT NUMBER

11835

4 ACRES FOR ENROLLMENT

40.00

5 FARM NUMBER

0004297

6 TRACT NUMBER(S)

0004237

8 OFFER (Select one)

GENERAL

ENVIRONMENTAL PRIORITY

9 CONTRACT PERIOD

FROM: (MM-DD-YYYY)

10 - 2018

TO: (MM-DD-YYYY)

9.30.2018

7B. TELEPHONE NUMBER (Include Area Code): (507) 694-1644 x2

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. **The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.**

10A. Rental Rate Per Acre	\$ 171.00	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 6,840	A. Tract No	B. Field No	C. Practice No	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	0004237	0005	CP27	4.59	459
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0004237	0006	CP28	9.03	903
		0004237	0013	CP27	5.78	578

**12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
MORTON HERRINGTON [Redacted]	50.00%	Morton Herrington	7-5-18
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
SCOTT HERRINGTON [Redacted]	50.00%	Scott Herrington	7-5-18
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
	%		

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
	Martin J. Williams CEO	8-6-18

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.) and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2 Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79 Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g. Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Civil Rights, 1490 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

RECEIVED

Original - County Office Copy       Owner's Copy       Operator's Copy

AGI - Elig Filed - MSW

Actively engaged determination not needed for CRP

Lincoln County FSA

[Signature]

Contract Item 1 1a	Contract Item 2 2a	Contract Item 3 3a
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**HIGHLY ERODIBLE LAND CONSERVATION (HEL) AND WETLAND CONSERVATION (WC) CERTIFICATION**

(See Page 3 for Nondiscrimination, Public Burden and Privacy Act Statements.)

1. Name of Producer <b>MORTON HERRINGTON</b>	2. I.D. Number (Last 4 digits only) <b>1200</b>	3. Crop Year <b>2008</b>				
4. Do you have any interest in land that produces or could produce an agricultural commodity? <i>If "YES", or, if you are a Farm Loan Applicant continue with Item 5. If "NO", and you are not a farm loan applicant, go to Item 12 and sign and date.</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
5. <i>For farm loan applicants only:</i> Will you conduct any activities for fish production, trees, vineyards, shrubs, building construction, or any other non-agricultural purposes on lands for which a wetland determination has not been completed by NRCS?		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
6. Are you a landlord or tenant on any farm that will not be in compliance with HELC and WC provisions? <i>If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____</i> <i>(Contact your county FSA office if you are unsure of the HEL or wetland determinations applicable to your farming interest.)</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
7. Do any of your landlords refuse to comply with HELC requirements on any farms? <i>If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
8. List affiliated persons with farming interests. <i>See Page 3 for an explanation. Enter "NONE", if applicable.</i> <p align="center" style="font-size: 1.2em;">None</p>						
9. During the crop year entered in item 3 above, or the term of a requested USDA loan, did or will you plant and produce an agricultural commodity on land for which a highly erodible determination has not been made?		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
10. Since December 23, 1985, or during the current crop year, or during the term of a requested USDA loan, has anyone performed, or will anyone perform any activities to:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
A. Create new drainage systems, or conduct land leveling, filling, dredging, land clearing, or stump removal, that has NOT been evaluated by NRCS? <i>If "YES", indicate year(s): _____</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
B. Improve, or modify an existing drainage that has NOT been evaluated by NRCS? <i>If "YES", indicate year(s): _____</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? <i>If "YES", indicate year(s): _____</i> <small>Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.</small>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YES</th> <th style="width:50%;">NO</th> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
11. If "YES" to Items 5, 10A and/or 10B or 10C enter the following for the land the answer applies to:						
A. Farm and/or tract/field number: _____						
B. Activity: _____						
C. Current land use (specify crops): _____						
D. County: _____						

A "YES" answer in Items 5, 9, or 10 authorizes FSA to refer this AD-1026 to NRCS. If you check "YES" to Item 10C, NRCS does not have to conduct a certified wetland determination. (Contact your County FSA Office if you are unsure about the answers to Items 5, 9 and 10.)

**Continuous AD-1026 Certification:**

I have read the AD-1026 Appendix and understand and agree that my eligibility for certain USDA program benefits is contingent upon this certification of compliance with the highly erodible land and wetland conservation provisions of the Food Security Act of 1985 as amended, and if a determination is made that results in a violation and ineligibility, I agree to refund all applicable payments.

- I agree to the terms and conditions stated on AD-1026 Appendix on all land in which I have or will have an interest and understand that I am responsible for any non-compliance with these provisions.
- I agree that I will file a revised AD-1026 if there are any changes in my operation or activities that may affect compliance with these provisions.
- I understand that affiliated persons are also subject to compliance with these provisions and their failure to comply or file AD-1026 will result in loss of eligibility to persons or enterprises with whom they are affiliated. (See Page 3 of this form for affiliated persons.)

12. Signature of Producer	<p><i>I hereby certify that the information on this form is true and correct to the best of my knowledge, and I authorize NRCS to make a HEL and/or certified wetland determination on the tract or farm numbers listed above.</i></p> <p align="center"><u>Morton Herrington</u> Producer's Signature</p>		Date (MM-DD-YYYY) <u>7.11.08</u>
13. Referral to NRCS (Completed by FSA) <i>Sign and date if a NRCS determination is needed for any reason including a "YES" answer in Items 5, 9, 10A, 10B, or 10C.</i>	13A. Signature of FSA Representative	13B. Date (MM-DD-YYYY)	

ORIGINAL - FSA COPY

NRCS COPY

PRODUCER'S COPY

Date Printed: 7/11/2008

File Name: Copy of CCC502AMore040507.xls

**.STRUCTIONS FOR ITEM 8 OF AD-1026**

The producer requesting benefits on AD-1026 shall attach a list of the applicable affiliated persons with farming interests who are required to file AD-1026. Follow the rules in this table to determine affiliated persons.

<i>IF producer, requesting benefits is a (an)...</i>	<i>THEN affiliated person who must file AD-1026 if they have farming interests are ...</i>	
individual	spouse or minor children with separate farming interests, or who receives benefits under their individual ID number.	
<b>NOTE: If the individual filing is a minor child, the father and mother shall be listed as affiliates</b>	estates, trusts, partnerships, and joint ventures that the individual filing or the individual's spouse or minor children have an interest	
	corporations in which the individual filing or the individual's spouse or minor children have more than 20% interest.	
general partnership	first level members of the entity	
limited partnership		
Limited liability company		
joint venture		
estate		
irrevocable or revocable trust		
Indian tribal venture or group		
corporation with stockholders		first level shareholders with more than 20% interest in the corporation
State		none
Church or other charitable organization	none	
county		
city		
public schools		
corporation with no stockholders		

**KEY TO NRCS DETERMINATIONS IN ITEMS 8 THROUGH 11 LISTED ON AD-1026A**

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| <p><b>8. HEL</b> = Highly Erodible Land:<br/> <b>"Y"</b> = NRCS determined highly erodible land.<br/> <b>"N"</b> = NRCS determined no highly erodible land.<br/> <b>" "</b> = NRCS has not made a determination.</p>                             | <p><b>9. 027</b> = Approved Conservation Plan (CPA-027):<br/> <b>"Y"</b> = Tract has an approved conservation plan.<br/> <b>"N"</b> = Tract does not have an approved conservation plan.<br/> <b>"X"</b> = HEL flag is "Y". Producer has a 2-year grace period after soil survey is available to obtain an approved conservation plan.</p> |
| <p><b>10. A027</b> = Applying Conservation Plan:<br/> <b>"Y"</b> = Producer is actively applying an approved conservation plan or system<br/> <b>"N"</b> = Producer is <b>NOT</b> actively applying an approved conservation plan or system.</p> | <p><b>11. W</b> = Wetlands:<br/> <b>"Y"</b> = NRCS determined wetlands on this tract. (*See footnote.)<br/> <b>"N"</b> = NRCS determined no wetlands on this tract.<br/> <b>" "</b> = NRCS has not made wetland determinations on entire tract.</p>  |

\* NRCS has determined a wetland does exist on this tract. Contact your local NRCS office or FSA office for details concerning then location of the wetlands and restrictions applying to the land according to NRCS determination before planting an agricultural commodity or performing any drainage or manipulation on this tract.

**N O T E**

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**RETURN THIS COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE (ADDRESS PRINTED IN ITEM 6 OF AD-1026A).**

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