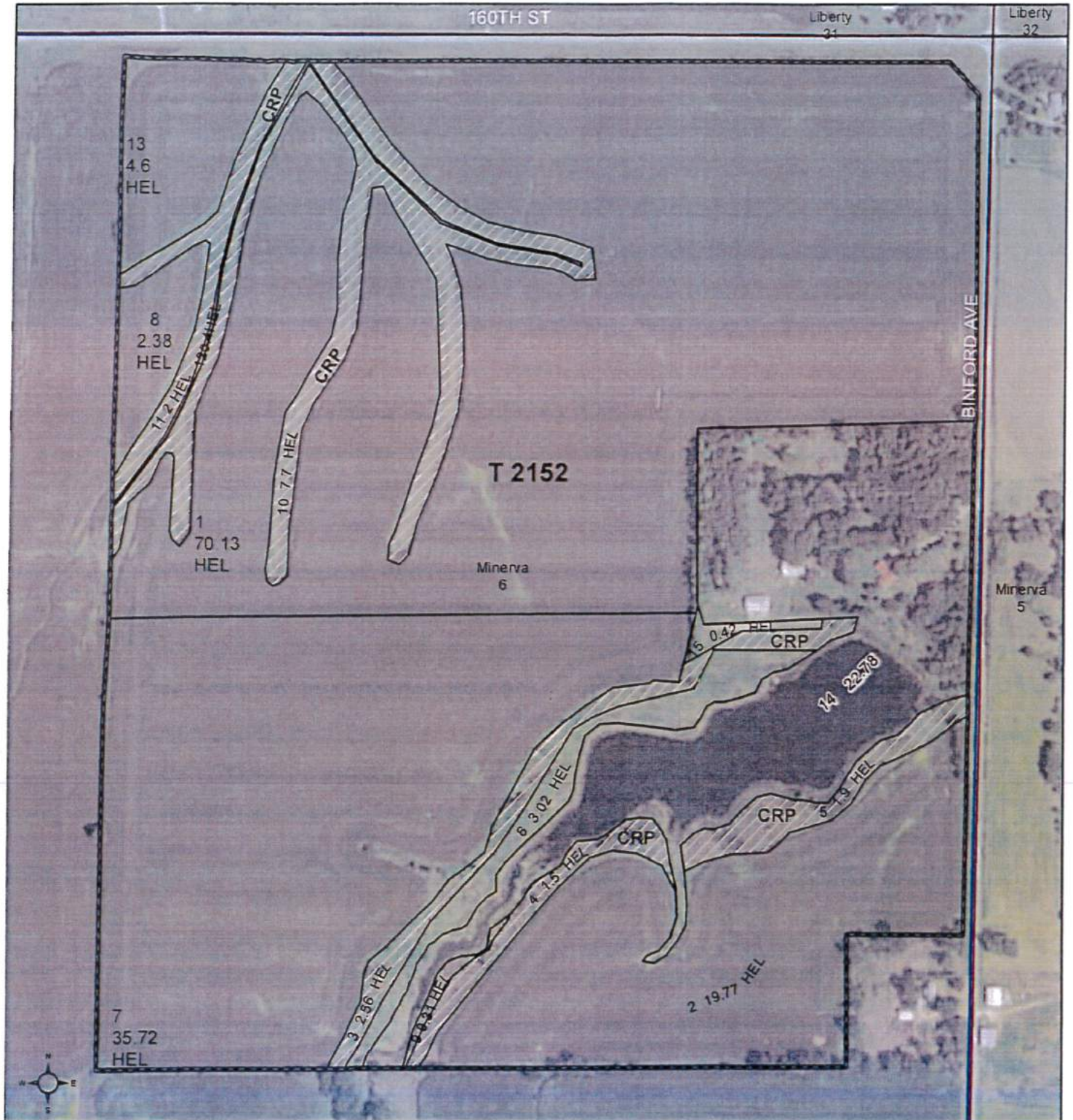




United States  
Department of  
Agriculture

## Marshall County, Iowa



Common Land Unit

CRP	Tract Boundary
Cropland	PLSS
Non-Cropland	

### Wetland Determination Identifiers

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

0 170 340 680  
Feet  
2015 Ortho Imagery

2016 Program Year

Map Created December 21, 2015

Farm **2496**

Tract **2152**

Tract Cropland Total: 152.41 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



This form is available electronically.

<b>CRP-1</b> (07-23-10) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation <b>CONSERVATION RESERVE PROGRAM CONTRACT</b> <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>	<b>1. ST. &amp; CO. CODE &amp; ADMIN. LOCATION</b> 19127	<b>2. SIGN-UP NUMBER</b> 46
	<b>3. CONTRACT NUMBER</b> 11012	<b>4. ACRES FOR ENROLLMENT</b> 5.96 * WGS 09/08/2014 SM 9.8.14
	<b>5. FARM NUMBER</b> 0002496	<b>6. TRACT NUMBER(S)</b> 0002152
	<b>8. OFFER (Select one)</b> GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	<b>9. CONTRACT PERIOD</b> FROM: (MM-DD-YYYY) 10/1/2014 TO: (MM-DD-YYYY) 9/30/2024 SM 9.8.14 WGS 09/08/2014

**7. COUNTY OFFICE ADDRESS (Include Zip Code):**  
MARSHALL COUNTY FARM SERVICE AGENCY  
2608 S 2ND ST  
MARSHALLTOWN, IA 50158-4570

**TELEPHONE NUMBER (Include Area Code):** (641)752-4521

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 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 or CRP-2C, if applicable; and, if applicable, CRP-15.

<b>10A. Rental Rate Per Acre</b> \$312.58 X WGS 09/08/2014	<b>11. Identification of CRP Land (See Page 2 for additional space)</b>																				
<b>B. Annual Contract Payment</b> \$1863	<table border="1"><thead><tr><th>A. Tract No.</th><th>B. Field No.</th><th>C. Practice No.</th><th>D. Acres</th><th>E. Total Estimated Cost-Share</th></tr></thead><tbody><tr><td>0002152</td><td>0003</td><td>CP21</td><td>2.56</td><td>\$468.00</td></tr><tr><td>0002152</td><td>0004</td><td>CP21</td><td>1.50</td><td>\$275.00</td></tr><tr><td>0002152</td><td>0005</td><td>CP21</td><td>1.90</td><td>\$348.00</td></tr></tbody></table>	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	0002152	0003	CP21	2.56	\$468.00	0002152	0004	CP21	1.50	\$275.00	0002152	0005	CP21	1.90	\$348.00
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0002152	0005	CP21	1.90	\$348.00																	
<i>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</i>																					

<b>12. PARTICIPANTS</b>	
<b>A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b>	<b>(2) SHARE</b> 100.00 %
	<b>(3) SOCIAL SECURITY NUMBER:</b> 1892
	<b>(4) SIGNATURE</b> <i>William Gough</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
	<b>DATE (MM-DD-YYYY)</b> 09/08/2014
<b>B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b> N/A	<b>(2) SHARE</b> %
	<b>(3) SOCIAL SECURITY NUMBER:</b>
	<b>(4) SIGNATURE</b> <small>(If more than three individuals are signing, continue on attachment.)</small>
	<b>DATE (MM-DD-YYYY)</b>
<b>C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b> N/A	<b>(2) SHARE</b> %
	<b>(3) SOCIAL SECURITY NUMBER:</b>
	<b>(4) SIGNATURE</b> <small>(If more than three individuals are signing, continue on attachment.)</small>
	<b>DATE (MM-DD-YYYY)</b>
<b>13. CCC USE ONLY - Payments according to the shares are approved.</b>	
<b>A. SIGNATURE OF CCC REPRESENTATIVE</b> <i>[Signature]</i>	<b>B. DATE (MM-DD-YYYY)</b> 9/5/14

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 297, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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☐ Owner's Copy

☐ Operator's Copy



CRP-1  
(10-22-15)U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

## CONSERVATION RESERVE PROGRAM CONTRACT

7A. COUNTY OFFICE ADDRESS (Include Zip Code)  
MARSHALL COUNTY FARM SERVICE AGENCY  
2608 S 2ND ST  
MARSHALLTOWN, IA 50158-4570

7B. TELEPHONE NUMBER (Include Area Code): (641) 752-4521

1. ST. & CO CODE & ADMIN.  
LOCATION

19 127

2. SIGN-UP NUMBER

48

3. CONTRACT NUMBER

11207

4. ACRES FOR ENROLLMENT

19.77

5. FARM NUMBER

0002496

6. TRACT NUMBER(S)

0002152

8. OFFER (Select one)

GENERAL

ENVIRONMENTAL PRIORITY

9. CONTRACT PERIOD

FROM:  
(MM-DD-YYYY)TO:  
(MM-DD-YYYY)

4/1/2016

9/30/2026

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

\$ 298.07

10B. Annual Contract Payment

\$ 5,893

10C. First Year Payment

\$ 2947

(Item 10C applicable only to continuous signup when the first year payment is prorated.)

11. Identification of CRP Land (See Page 2 for additional space)

A. Tract No.

B. Field No.

C. Practice No.

D. Acres

E. Total Estimated Cost-Share

0002152

0002

CP42

19.77

10,478

## 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)

100.00%

(X) Bill Sparks

3/30/16

B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE

(3) SIGNATURE

(4) DATE (MM-DD-YYYY)

%

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)

**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 Adjudication, 1400 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.



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Operator's Copy