FSA INFO PACKET



					rage I or Z
CRP-1 U.S. DEPARTMENT OF AGRICUL	TURE	1. ST. 8	& CO. CODE & A	DMIN. LOCATION	2. SIGN-UP
(12-02-19) Commodity Credit Corporation	on	1	27	069	NUMBER 54
		3 CON	TRACT NUMBER	D	4. ACRES FOR
CONSERVATION RESERVE PROGR	RAM CONTRACT		THO THOMBE	`	ENROLLMENT 107.87
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Cod	e)	6. TRA	CT NUMBER	7. CONTRACT PERIOD	
KITTSON COUNTY FARM SERVICE AGENCY 410 S 5TH ST SUITE 110			1493	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
HALLOCK, MN 56728-0000			1493	10-01-2020	09-30-2030
		8. SIGN	IUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (218) 843-2692 x2		Genera	al		
(referred to as "the Participant".) The Participant agrees CCC for the stipulated contract period from the date the acreage the Conservation Plan developed for such acrea comply with the terms and conditions contained in this C Program Contract (referred to as "Appendix"). By signin applicable contract period. The terms and conditions of thereto. BY SIGNING THIS CONTRACT PARTICIPANTS A thereto; CRP-2; CRP-2C; or CRP-2G.	Contract is executed by to ge and approved by the Contract, including the Ajg below, the Participant this contract are contain ACKNOWLEDGE RECEIP 1-27-20	the CCC. The P CCC and the Pa ppendix to this acknowledges r led in this Form T OF THE FOLL	articipant also ag rticipant. Addition Contract, entitled eceipt of a copy CRP-1 and in the OWING FORMS:	grees to implement on so onally, the Participant at I Appendix to CRP-1, Co of the Appendix/Append o CRP-1 Appendix and at CRP-1; CRP-1 Appendix	uch designated ad CCC agree to asservation Reserve lices for the available
9A. Rental Rate Per Acre \$49.00	10. Identification	on of CRP Lan	id (See Page 2	for additional space)	
9B. Annual Contract Payment \$5,286.00	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	1493	0003	CP1	8.26	\$ 743.00
(Item 9C is applicable only when the first year payment is	1493	0010	CP1	16.01	\$ 1,441.00
prorated.)	1493	0011	CP1	28.74	\$ 2,587.00
11. PARTICIPANTS (If more than three indiv	iduals are signing, s	see Page 3.)			
A(1) PARTICIPANT'S NAME AND (2) SHARE	(3) SIGNATURE (By)		TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) FRANKLIN SKAPPEL				SIGNING IN THE FATIVE CAPACITY	(MM-DD-YYYY)
3109 360TH ST 100.00	% Fromster	81.00	REPRESEN	IATIVE CAPACITY	2-27-2020
LANCASTER, MN 56735-9682 B(1) PARTICIPANT'S NAME AND (2) SHARE			/4\ TITLE/DELA	TIONSHIP OF THE	(5) DATE
B(1) PARTICIPANT'S NAME AND (2) SHARE ADDRESS (Include Zip Code)	(3) SIGNATURE (^{Dy)}		SIGNING IN THE	(MM-DD-YYYY)
TOBINEOU (molado Elp Odda)	%			FATIVE CAPACITY	, ,
	70				
C(1) PARTICIPANT'S NAME AND (2) SHARE	(3) SIGNATURE (By)		TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)				SIGNING IN THE FATIVE CAPACITY	(MM-DD-YYYY)
	%		REFRESEN	IATIVE CAPACIT	
12. CCC USE ONLY A. SIGNATURE OF CCC	REPRESENTATIVE	l			B. DATE
A. SIGNATURE OF COC	NEI NEGENTATIVE				(MM-DD-YYYY)
NOTE: The following statement is made in accordance with the is the Commodity Credit Corporation Charter Act (15 U.	Privacy Act of 1974 (5 USC S.C. 714 et seq.), the Food	552a - as amend Security Act of 19	led). The authority 85 (16 U.S.C. 3801	for requesting the information et seq.), the Agricultural Ac	on identified on this form et of 2014 (16 U.S.C.

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 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 7 U.S.C. 9091(2)(c)(B). 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 https://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. USDA is an equal opportunity provider, employer, and lender.

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FEB 27 2020

Kittson County FSA

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
1493	0012	CP2	54.86	\$ 6,254.00
		2880		
		4104		
	,			

1 11 16 6 6 6	West to			
		0		***
5 92 10 TO				
				25.72
		-		
				-
			200 P. S. 200 P.	
1444-4	444			
VXVIII				
5 300 57 37	2027			
			12.10 - Y-10.10 - 10.1	
37	20-2			1
	3 200			
1500,00				
			L	1

CRP-2 (12-02-19)	, 12	U.S. D		MENT OF A		RE				t Number	or Priv	acy A	2. Program Y	Gurd <u>en Statements)</u> 'ear 2021
	C	ONSERV	W	ON RESER ORKSHE r General Sign	ET	OGR/	AM		3A. Sig	gn Up Nun	nber			Date (MM-DD-YYYY) -01-2020
4A. County FS KITTSON COUN 410 S 5TH ST HALLOCK, MN	SUITE 1:	10	ode): SENCY			4C. Producer Name and Address (Zip Code): FRANKLIN SKAPPEL 3109 360TH ST LANCASTER, MN 56735-9682								
4B. County FS		one Number (218) 843-	•)	41	D. Produ	cer Pl	none No.	(Include /	Area C		778	
5A. State & Co	unty Code	5B. St	ate & C	County Code Location		6	. Contrac	t Num	nber	(21	7,00		cres for Enrollm	nent 7.87
270	069		•	27069		8.	. Signup		NERA	L		9. R	ental Rate Per \$ 49.00	
10. PRACTICE	S (See Pag	e 3 for additi	onal sp	pace):		'					'		BY ACRES:	11. 2 -5-7-3 BILITY CATEGORY (Enter the amount r each criteria)
A. Field No.	B. Practice No.	C. Practi Statu		D. Acres	E	E. stimate (\$)	d C/S		F. Length		G. N1a nt Valu	- 1	El 8 or Greater	0.0
0003	CP1	ENHANC NT		8.26	5	\$ 743			10		40		National CPA	107.87
0010	CP1	ENHANC NT	EME	16.01	. \$	1443	1.00		10		40		State CPA	0.0
0011	CP1	ENHANC NT	EME	28.74	. \$	\$ 2587.00			10		40		Expiring CRP	107.87
0012	0012 CP2 ENHANCEME 54.86 NT			\$	\$ 6254.00			10		50				
12. National Ra	anking Facto	ors:	·			_	-			13. N1 S	Subfac	tors:		
N1		N2		N3	N ₂	1		N5		N′	a		N1b	N1c
75		50		22	0			17		4	5	0		30
14. N2 Subfac	tors:				15	5. N5 S	Subfactors	s:						
N2a		N2b		N2c		N	N5a			N5b			N5c	N5d
30		5		15		:	14			0			0	3
16. N6 Subfac	tor:				17	'. HUC	Number:							
0		N6b		5					(0902031	2050	1		
18. Soil Map D	Data and Ma	ximum Paym	ent Ra	ite Calculation	ns:									
		A. Location	So	B. il Survey ID N	lo.	C. Map U Symb	Jnit		D. Acres		E. Soil Rental Rate			F. Total Rent
(1) Primary	27	069		MN069		I48			4	10.59 X	\$ 49	1	=	\$1988.91
(2) Secondary	27	069		MN069		197	A		2	27.65 x	\$ 49		=	\$ 1354.85
(3) Tertiary	27	069		MN069		147	A			20.98 x	\$49		=	\$ 1028.02
							TALS		89.2				REVENUE !	\$4371.78
19. Weighted	_	il Rental Rate	e (Col.	18F total divid	ded by Col.	18D to	tai)	20.		•		Per A	cre (Result of	Item 19)
;	\$49.00									\$ 49.00				

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FEB 27 2020

			For Items 21 thr	ough 24 (See Pag	ge 4 for add	ditional spa	rce)			
21.	22.	23.			24. Crop	Land Use Si	ummary			
Tract No.	Current Field No.	Current Crop or Land Use	A. Offered Acres	B. Crop History Eligible Acres	C. 2012	D. 2013	E. 2014	F. 2015	G. 2016	н. _2017
0001493	0003	CRP	8.26	8.26	CRP	CRP	CRP	CRP	CRP	CRP
0001493	0010	CRP	16.01	16.01	CRP	CRP	CRP	CRP	CRP	CRP
0001493	0011	CRP	28.74	28.74	CRP	CRP	CRP	CRP	CRP	CRP
0001493	0012	CRP	54.86	54.86	CRP	CRP	CRP	CRP	CRP	CRP
		25. TOTALS ▶	107.87	107.87						

26. PRODUCER'S CERTIFICATION:

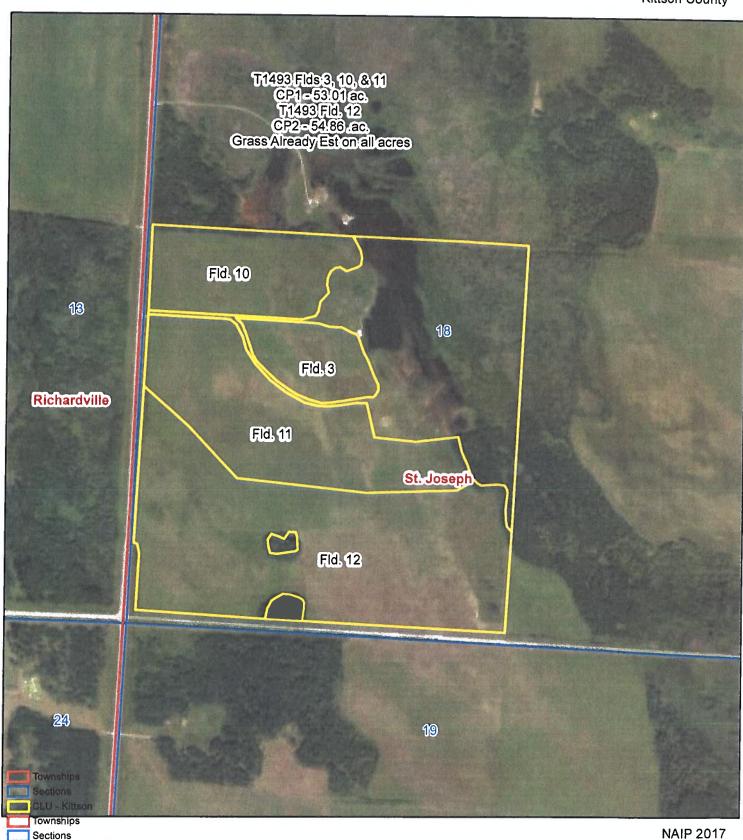
By signing below I certify to all of the following: (1) All of the Environmental Benefits Index (EBI) factors and subfactors N1 through N5 have been explained to me; (2) I have been informed that planting an approved mixture of covers that benefit wildlife, enhancing the existing cover to provide a mixture that benefits wildlife, if applicable, and/or creating and maintaining open areas of approved herbaceous cover, may improve the acceptability of the offer; (3) I have been informed of the estimated cost of establishing the cover offered; (4) I have been informed that offering a per acre rental payment that is less than the calculated annual maximum payment rate may enhance the acceptability of the offer; (5) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (6) I have been informed that certain land enrolled in the EQIP pursuant to regulations at 7 CFR Part 1466 is ineligible for enrollment in the CRP; (7) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; and (8) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses, and enter for other purposes as deemed appropriate by USDA, on the above-identified land.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

26A. Signature (By)	26B. Title/Relationship of the Individual if Signing in a Representative Capacity	26C. DATE (MM-DD-YYYY)
		2-27-2020
Frankin & Bappel		
	5	

Skappel T 1493 CP1 and CP2 - T7190

7/28/2020 by: Jim.Schwab Kittson County



Best Available 2019 NAIP (non-public)

RGB

🛚 Red: Band_1

Green: Band_2 Blue: Band_3

1 inch = 644 feet

1:7,729

660

		Cover (327)	(CP1 & CP2) Conservation Cover (327)	Contract Item 1
9/30/2030	107.87 ac.		δ.12	11act 1490 Fields 3, 10, 11
EXPIRATION DATE	ACRES	WATERSHED	SALE HOLE	Tract: 1103 Eiglich 3 10 11 8 13
			NOITAIG	I AND I INITS OR I EGAL DESCRIPTION
			KITTSON COUNTY, MINNESOTA	Franklin Skappel
FIND CODE	CONTRACT NUMBER	PROGRAM AND C	COUNTY AND STATE	TARLCITAN
				VATURAL RESOURCES CONSERVATION SERVICE
NRCS CDA 1155	ATIONS	CONSERVATION PLAN OR SCHEDULE OF OPERAT	CONSERVATION	J.O. DETAK I MENT OF AGRICULTURE

			į	(C)	Tract		Existi	(CP2)	Existi	Contr
	a		Item	Contract	Tract: 1493 Fie		ng stand o	Conserva	ng stand o	Contract Item 1
	1001 Grass already Established	(CP1) Conservation Cover Establishment of introduced grasses and Legumes (CP2) Conservation Cover Establishment of Native grasses and forbs (327)	PLANNED CONSERVATION TREATMENT		Fields 3, 10, 11 & 12	Processor.	Existing stand of Introduced grasses and Legumes will be managed and maintained in order to protect against soil erosion and attached job sheet for the CP1 practice	(CP2) Conservation Cover Establishment of Native grasses and Forbs (327)	Existing stand of introduced grasses and Legumes will be managed and maintained in order to protect against soil erosion and attached in book for the CD1 and the control of the control o	Contract Item 1 (CP1 & CP2) Conserv.
	107.87 ac.	107.87 ac.	Amount				naged and m	nd Forbs (30)	naged and m	(CP1 & CP2)
			Cost	r T			aintained in o	7	aintained in	(CP1 & CP2) Conservation Cover (327)
	50% AM		Method	Cost Share			order to pro		order to pro	n Cover (3
:1	107.87 ac.		2020	2020			otect against		otect against	27)
g :			1202				soil erosion		soil erosion	
			2022	ompletion						
			2023	Completion Schedule and Estimated Cost Share or Payment by Year			produce wildlife habitat. Operation and maintenance will be performed according to the		produce wildlife habitat. Operation and maintenance will be performed according to the	
			2024	d Estimate			lat. Operati		tat. Operati	
			2025	d Cost Sha			on and main		on and mair	
			2026	re or Paym			itenance wil		itenance wil	
		8	2027	ent by Year			be perform		l be perform	
			2028				ed accordin		ed accordir	
			2029-30				ig to the		g to the	

9. Use all chemicals according to label instructions. œ .7 .5 |4. Prohibit and protect the enrolled acres from harvesting, haying and grazing unless specifically authorized in the contract. 3. When possible, delay use of control measures until after August 1st to protect nesting wildlife. Spot treatment on problem areas may be authorized by FSA during the primary nesting season. 1. Prevent disturbance of cover during the primary nesting season for wildlife Operation and maintenance will include but not limited to the following Operation and Maintenance Contract Item 4 Tract: 1493 Fields 3, 10, 11 & 12 Brush Management (314)

All existing woody vegetation must be Removed by September 30th of 2021 and All subsequent volunteer woody vegetation must be annually controlled throughout the life of the CRP contract. CRP grassland mid-contract management plan. NATURAL RESOURCES CONSERVATION SERVICE fract: 1493 Fields 3, 10, 11 & 12 Tract: 1493 Fields 3, 10, 11 & 12 Mowing is beneficial during the contract period to remove build-up, control undesirable species, and improve plant vigor. Mid-contract management actions will be scheduled and applied in accordance with an approved (Mid-contract Grassland Management - Mowing) Contract Item 2 U.S. DEPARTMENT OF AGRICULTURE Control rodent infestations that adversely affect the perennial ground cover Do not use the field for disposal of livestock or organic waste unless that use is authorized in the additional specifications and remarks Do not use the contract area for field borders, field roads, or other uses that will damage or destroy the cover. Re-seed any areas that do not have adequate permanent cover. Contract Contract ntrol noxious weeds as identified by state and local laws by: Contrac tem Item 4 ω 2 2a a) Treating with chemicals per label directions. b) Spot mow before seed heads form. established by FSA Operation and Maintenance (MN200) Brush Management (314) MCMNOCSMOW - MCM PLANNED CONSERVATION TREATMENT
Upland Wildlife Habitat Management (645) Mechanical- Mow PLANNED CONSERVATION TREATMENT PLANNED CONSERVATION TREATMENT PARTICIPANT LAND UNITS OR LEGAL DESCRIPTION Tract: 1493 Fields 3, 10, 11 & 12 KITTSON COUNTY, MINNESOTA Operation and Maintenance (MN200) Upland Wildlife Habitat Management (645) 107.87 ac. 107.87 ac. 107.87 ac. 107.87 ac. 107.87 ac. 107.87 ac. Amount Planned Planned Amount Planned Amount COUNTY AND STATE CONSERVATION PLAN OR SCHEDULE OF OPERATIONS Unit Cost Unit Cost Cost S NC Share Rate/ Method Share Rate/ Method 50% AN Method Cost Share Rate/ Cost Cost NC 107.87 ac. 2020 2020 2020 WATERSHED 107.87 ac. 2021 2021 2021 PROGRAM AND CONTRACT NUMBER Completion Schedule and Estimated Cost Share or Payment by Year Completion Schedule and Estimated Cost Share or Payment by Year Completion Schedule and Estimated Cost Share or Payment by Year 107.87 ac. 2022 107.87 ac. 107.87 ac. 107.87 ac. 107.87 ac. 107.87 ac. 107.87 ac. 2023 2023 107.87 ac. 107,87 ac. 2024-26 ACRES 2024 2025 2025 2027 2026 2028 EXPIRATION DATE 2029 FUND CODE 9/30/2030 NRCS-CPA-1155 2028 2028 2030 107.87 ac. 2029-30 2029-30

NC

107.87 ac. 107.87 ac.

107.87 ac.

107.87 ac.

107.87 ac. 107.87 ac.

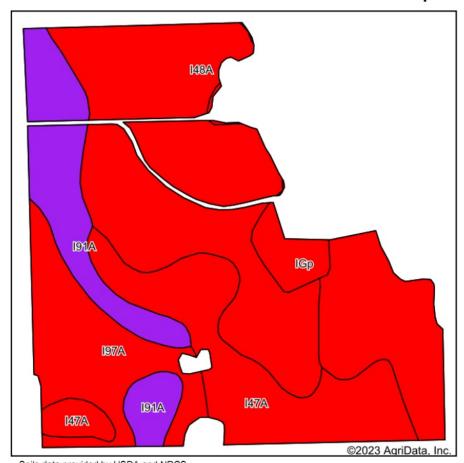
107.87 ac.

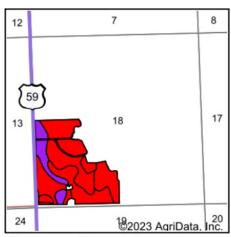
107.87 ac. 107.87 ac.

107.87 ac.

NATION DESCRIPTION OF AGRICULTURE	CONSERVATION PLAN OR SCHEDULE OF OPER	SCHEDULE OF OPER	ATIONS	NRCS-CPA-1155
	COUNTY AND STATE KITTSON COUNTY, MINNESOTA	PROGRAM ANI	PROGRAM AND CONTRACT NUMBER	FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 1493 Fields 3, 10, 11 & 12		WATERSHED	ACRES 107.87 ac.	EXPIRATION DATE 9/30/2030
	Year	Total Co	Total Cost-Share or Payment by Year	Contract
	Amount(\$)	See I	See FSA documentation for applicable cost share amounts	hare amounts Payment
	st be carried out as part of this centified by the numbered items rewith the following exceptions:	ontract to prevent violation. nust be maintained by the par	icipant at no cost to the government.	
D. By signing, the participant acknowledges receipt of this conservation plan including this form NRCS-CPA-1155 and agrees to comply with the terms and conditions here of	eipt of this conservation plan including	ie. NC = Non cost-shared. ng this form NRCS-CPA-1155	AM = Actual cost not to exceed the specified maximum, and agrees to comply with the terms and conditions here	d conditions here of.
Certification of Participants				
Signature Date	Signature		Signature	Date
Franklin Skappel				<u></u>
Signatures of Reviewing Officials				
NRCS - I echnical Adequacy Certification Signature	Ap	Approved by Conservation District Representative Signature	ct Representative	
Jim Schwab				
Date	Date	ite		
FSA Representitive Signature		=		
Date				
e2				
PUBLIC BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection information.	PUBLIC ret or sponsor, and a person is not reinformation collection is estimated to remation.	PUBLIC BURDEN STATEMENT is not required to respond to a collection of a collection of a collection of the first per respond to average 45/0.75 minutes per responding to the first per respondence of the first per respond	of information unless it displays a valid OMB conse, including the time for reviewing instruct	of information unless it displays a valid OMB control number. The valid OMB control number for ponse, including the time for reviewing instructions, searching existing data sources, gathering and
PRIVACY ACT The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C 522a). Furnishing this information is voluntary; however failure to furnish correct, complete information will result in the withholding or withdrawal of such magistrate, or administrative tribunal.	5 U.S.C 522a). Furnishing this inforn SDA agencies, the Internal Revenue	PRIVACY ACT mation is voluntary; however failur Service, the Department of Justic	e to furnish correct, complete information will r e, or other state or federal law enforcement a	esult in the withholding or withdrawal of such gencies, or in response to orders of a court,
USDA NON-DISCRIMINATION STATEMENT The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers. If you believe you experienced discrimination when obtaining services from USDA, participating in a USDA program, or participating in a program that receives financial assistance from USDA, you may file a complaint with USDA, Information about how to file a discrimination when obtaining services from USDA, participating in a USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex (including gender identity and expression), marital status, familial status, religion, sexual orientation, political beliefs, discrimination, complete, sign, and mail a program incomplaint form, available at any USDA office location or online at www.ascr.usda.gov, or write to: USDA Office of the Assistant Secretary for Civil Rights	USDA NON-D s customers. If you believe you exper . Information about how to file a disc. lity, and where applicable, sex (incluct derived from any public assistance p at www.ascr.usda.gov, or write to:	USDA NON-DISCRIMINATION STATEMENT leve you experienced discrimination when obtain who file a discrimination complaint is available of the sex (including gender identity and expressic lic assistance program. (Not all prohibited bases, or write to:	ing services from USDA, participating in a US on the Office of the Assistant Secretary for Cn), marital status, familial status, parental status, parental status, papply to all programs.) To file a complaint of co	SDA program, or participating in a program that ivil Rights. USDA prohibits discrimination in all its us, religion, sexual orientation, political beliefs, discrimination, complete, sign, and mail a program
Vashington, DC 20250-9410 Washington, DC 20250-9410 Washington, DC 20250-9410 Or call toll free at (866) 632-9992 (voice) to obtain additional information, the appropriate office or to request documents. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider, employer, and lender. Persons with disabilities who require alternative means for communication of program information (e.g., Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).	appropriate office or to request docur nity provider, employer, and lender. P DD).	ments. Individuals who are deaf, ! ersons with disabilities who requir	ard of hearing, or have speech disabilities ma e alternative means for communication of prog	y contact USDA through the Federal Relay service gram information (e.g., Braille, large print, audiotape,

Soils Map





State: Minnesota
County: Kittson

Location: 18-163N-47W
Township: St. Joseph
Acres: 109.96
Date: 10/20/2023







Soils data provided by USDA and NRCS.

	and provided by God. Canal Can				
Area S	symbol: MN069, Soil Area Version: 19				
Code	Soil Description	Acres	Percent of field	PI Legend	Productivity Index
148A	Radium loamy sand, 0 to 2 percent slopes	41.05	37.3%		39
197A	Cormant loamy fine sand, dense till, 0 to 2 percent slopes	28.91	26.3%		45
147A	Poppleton fine sand, 0 to 2 percent slopes	21.35	19.4%		45
191A	Rosewood fine sandy loam, dense till, 0 to 1 percent slopes	15.22	13.8%		55
IGp	Pits, gravel and sand	3.43	3.1%		0
	•	•	Wei	ighted Average	42.7