FSA INFO PACKET



Tract Boundary

Non-Cropland

Cropland

CRP

Limited Restrictions

Exempt from Conservation

Compliance Provisions

Farm 3720

Tract 3883

Shares:



Tract Cropland Total: 71.77 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).

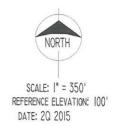


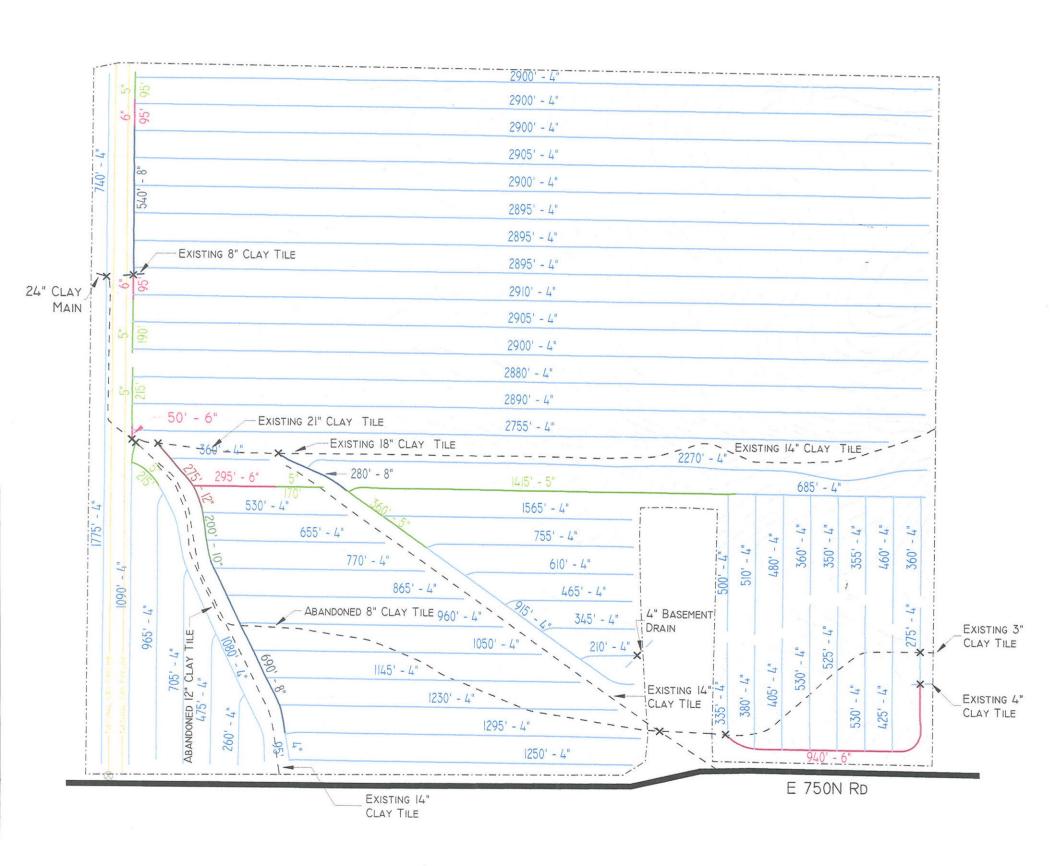
OWNER: RUTH BENNER, ETAL

TENANT: DAN FOLK FARM MANAGER: N/A

COUNTY: DOUGLAS TOWNSHIP: GARRETT

SECTION: 12





LOCATION PLAN OF DRAINAGE SYSTEM

By: C.D.K.,
Date: O5/11/2015
Cad File: Benner_Dauglas_Garrett_Section 12_AB2015.dwg
Surface File: BENNER12.MDL
Network Files: BNNR12.NET

BNNR125B, NET

PROPERTY LINE
EXISTING DRAIN LINE
NEW TILE LINE
PIPELINE
TILE INLET

EXISTING DRAIN LINE

SURVEY BENCHMARK

COUNTEREAM PLUG

SURVEY BENCHMARK

COUNTEREAM PLUG

CONNECTED X

DOWNSTREAM PLUG

COUNTEREAM PLUG

C



						Page 1 of 2
	T OF AGRICULTURI Credit Corporation	E	1. ST. &		ADMIN. LOCATION 041	2. SIGN-UP NUMBER 59
CONSERVATION RESER	VE PROGRAM	CONTRACT	3. CONT	RACT NUMB	ER 883A	4. ACRES FOR ENROLLMENT
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6. TRAC	NUMBER	7. CONTRACT PER	IOD
DOUGLAS COUNTY FARM SERVICE AGE 900 S WASHINGTON ST TUSCOLA, IL61953-9602	ENCY		3	883	FROM: (MM-DD-YYY) 10-01-2023	Y) TO: (MM-DD-YYYY) 09-30-2033
			8. SIGNL			
5B. COUNTY FSA OFFICE PHONE NU (Include Area Code): (217) 253-3340			Conti	nuous		
CCC for the stipulated contract period from acreage the Conservation Plan developed comply with the terms and conditions con Program Contract (referred to as "Appenangulicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT Faddendum thereto; and, CRP-2, CRP-2C, 9A. Rental Rate Per Acre \$ 300	d for such acreage ar ntained in this Contra dix"). By signing bel id conditions of this of PARTICIPANTS ACKN CRP-2G, or CRP-2C	nd approved by the C act, including the Ap, low, the Participant a contract are containe IOWLEDGE RECEIPT 30, as applicable.	CCC and the Part pendix to this Co cknowledges re ed in this Form C OF THE FOLLO	icipant. Addi ontract, entitle ceipt of a cope RP-1 and in to WING FORM	itionally, the Participar ed Appendix to CRP-1 by of the Appendix/App he CRP-1 Appendix ar	nt and CCC agree to Conservation Reserve pendices for the ad any addendum ndix and any
				1		E. Total Estimated
9B. Annual Contract Payment \$ 360	0.00	A. Tract No.	B. Field No.	C. Practic	ce No. D. Acres	Cost-Share
9C. First Year Payment \$		3883	4	CP8	A 1.20	\$ 2,160.00
(Item 9C is applicable only when the first prorated.) 11. PARTICIPANTS (If more than 1)		als are signing se	ee Page 3)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DANIEL H FOLK 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE	(3) SIGNATURE (B		INDIVIDUA	ATIONSHIP OF THE LL SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) NARMA IBSEN 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (B	The second	INDIVIDUA	ATIONSHIP OF THE AL SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CHARLES CONN 443 E WASHINGTON ST ARCOLA, IL61910-1735	(2) SHARE	(3) SIGNATURE (B	() (INDIVIDUA	ATIONSHIP OF THE AL SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
	URE OF CCC REP	dimost?	mB	7		B. DATE (MM-DD-YYYY) 5/9/2024
NOTE: The following statement is made in a form is the Commodity Credit Corpor U.S.C. 3831 et seq), the Agricultural and the Conservation Reserve Program. The information centities that have been authorized ac Notice for USDA/FSA-2, Farm Recor in a determination of ineligibility to pa	ation Charter Act (15 U. Improvement Act of 201 am 7 CFR Part 1410. The collected on this form ma- coess to the information to ds File (Automated). Pre- inticipate in and receive to	S.C. 714 et sef y the Fo 8 (Pub. L. 115-334), the the information will be us by be disclosed to other by statute or regulation oviding the requested in benefits under the Cons	ood Security Act of Further Continuing sed to determine el Federal, State, Loc and/or as describe formation is volunt ervation Reserve F	y985 (16 U.S.C g Appropriations igibility to partic eal government d in applicable l ary. However, Program.	C. 3801 et seq.), the Agric s and Other Extensions A ippate in and receive bene agencies, Tribal agencies Routine Uses identified in failure to furnish the reque	ultural Act of 2014 (16 ct, 2024 (Pub. L. 118-22), fits under the Conservation , and nongovernmental the System of Records ssted information will result

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 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.

MAY 0 6 2024

DOUGLAS COUNTY FSA

2. SIGN-UP

1. ST. & CO. CODE & ADMIN. LOCATION

(01-08-24) Commodity Cre	dit Corporation			17	041	NUMBER 59
CONSERVATION RESERV	E PROGRAM	CONTRACT	3. CON	NTRACT NUMB	ER 883A	4. ACRES FOR ENROLLMENT 1.20
5A. COUNTY FSA OFFICE ADDRESS (Inc.	lude Zip Code)		6. TRA	CT NUMBER	7. CONTRACT PERIOR)
DOUGLAS COUNTY FARM SERVICE AGENC 900 S WASHINGTON ST TUSCOLA, IL61953-9602	Y			3883	FROM: (MM-DD-YYYY) 10-01-2023	TO: (MM-DD-YYYY) 09-30-2033
5B. COUNTY FSA OFFICE PHONE NUMB (Include Area Code): (217) 253-3340 x				NUP TYPE: Linuous		
THIS CONTRACT is entered into between the (referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions conta Program Contract (referred to as "Appendix applicable contract period. The terms and c thereto. BY SIGNING THIS CONTRACT PAR addendum thereto; and, CRP-2, CRP-2C, CR	ipant agrees to pl the date the Cont or such acreage ar ined in this Contr "). By signing bel conditions of this TICIPANTS ACKN P-2G, or CRP-2C	ace the designated ract is executed by and approved by the act, including the Ajow, the Participant contract are contain IOWLEDGE RECEIP 30, as applicable.	acreage into the the CCC. The FCCC and the Popendix to this acknowledges led in this Form TOF THE FOLI	e Conservation Participant also a participant. Addi Contract, entitle receipt of a cop CRP-1 and in ti LOWING FORMS	Reserve Program ("CRP" agrees to implement on s tionally, the Participant aled Appendix to CRP-1, Coy of the Appendix/Appendic CRP-1 Appendix and a S: CRP-1; CRP-1 Appendi	') or other use set by uch designated nd CCC agree to onservation Reserve dices for the ny addendum
9A. Rental Rate Per Acre \$ 300.0	00	10. Identification	on of CRP La	nd (See Page	2 for additional space)	
9B. Annual Contract Payment \$ 360.0	00	A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		3883	4	CP8	A 1.20	\$ 2,160.00
(Item 9C is applicable only when the first year prorated.)						
11. PARTICIPANTS (If more than to					a managed a grant	- by y
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DANIEL H FOLK 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (1)	By)	NDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KARMA IBSEN 807 W MAIN ST URBANA, IL61801-2509	(2) SHARE 50.00 %	(3) SIGNATURE (1)	By) Led	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CHARLES CONN 443 E WASHINGTON ST ARCOLA, IL61910-1735	(2) SHARE	(3) SIGNATURE (1)	lem-	NDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM;DD-YYYY) 4/23/24

CRP-1

U.S. DEPARTMENT OF AGRICULTURE

12. CCC USE ONLY | A. SIGNATURE OF CCC REPRESENTATIVE

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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.

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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 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.

RECEIVED

APR 2 5 2024

B. DATE (MM-DD-YYYY)

DADTICIDANTIC NAME AND		CIPANTS (CONTINUED FF		(C) DATE
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LINDA CEARLOCK 49 N TERRE HAUTE RD	(2) SHARE	(3) SIGNATURE (By) Sinda Cearle	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
ARIS, IL61944-6811		•]		04-22-24
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TERESA ARENDELL 2003 OAKWOOD AVE BLOOMINGTON, IL61704-2409	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By) RECE	(4) TITLE/RELATIONSHIP OF THE THE TREE PRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By) PR 2 C	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE UNDIVIDUAL SIGNING IN THE CAPACITY	(5) DATE (MM-DD-YYYY)
H(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)
I(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)
J(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)
(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)
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DAN DARTICIDANTIC MANE AND	****	CIPANTS (CONTINUED FR		
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LINDA CEARLOCK 5149 N TERRE HAUTE RD	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
PARIS, IL61944-6811		SoodHachad		
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FERESA ARENDELL 2003 OAKWOOD AVE BLOOMINGTON, IL61704-2409	0.00 %	Peresa arendul	REPRESENTATIVE CAPACITY	4/23/24
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By) RECEIVED	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		CONSERVATION PLAN OR SCHEDULE OF OPERATIONS	scriedule of oper	ATIONS	NRCS-CPA-1:155 03/2019
PARTICIPANT DANIEL H FOLK	COUNTY A Douglas Cc	COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192	NTRACT NUMBER 24-3192	FUND CODE
			118831	Ac	
LAND UNITS OR LEGAL DESCRIPTION	NOIL	WATERSHED		ACRES	Expiration Date
Tract: 3883 Fields: 4		Not Applicable		1.20	09/30/2033

	egetation to convey surface water at a nonerosive velocity using a broad and shallow cross section to a sta	
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Fields: Tra	Fields: Tract: 3883 Fields: 4												
Contract	PLANNED CONSERVATION TREATMENT	Planned	Unit	Unit Cost Share	Col	npletic	n Sch	Completion Schedule and Estimated Cost Share or	nd Esti	mated	Cost	Share	o
Item		Amount	Cost	Rate/Method				Payment by Year	nt by Y	ear			
					2024 2025 2026 2027 2028 2029 2030 2031 2032 2033	025 20	02 970	27 202	8 2029	2030	2031	2032	2033
					\$	€9	\$ \$	€9	↔	€9	↔	↔	↔
-	Grassed Waterway (412)	1.20 Ac		\$0.00			à						
.0	Re-Enrolled CRP Acreage, Cover Previously Established (IL2	1 20 Ac \$0 00/Ac	\$0.00\Ac	OW NC	000								
<u> </u>	CVR EST)	2)								

PARTICIPANT	COUNTY AND STATE	PROGRAM AND CONTRACT NUMBER	R FUND CODE
DANIEL H FOLK	Douglas County, Illinois	CRP 43-24-3192	
		118834	
LAND UNITS OR LEGAL DESCRIPTION	ION WATERSHED	ED ACRES	Expiration Date
Tract: 3883 Fields: 4	Not Applicable	1.20	09/30/2033

NRCS-CPA-1155

CONSERVATION PLAN OR SCHEDULE OF OPERATIONS

S. DEPARTMENT OF AGRICULTURE

Total Pay	\$0.00										0.00	Amount(\$)
	Total Payment	2033	2032	2031	2030	2029	2028	2027	2026	2025	2024	Year

NOTES: A. All items numbers on form NRCS-CPA-1155 must be carried out as part of this contract to prevent violation.

B. When established, the conservation practices identified by the numbered items must be maintained by the participant at no cost to the government.

C. All cost share rates are based on average cost (AC) with the following exceptions.

AA = Actual costs not to exceed average cost. FR = Flat rate. NC = Non cost-shared. AM = Actual cost not to exceed the specified maximum.

NP = Non-Participant Payment.

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.

U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE		CONSERVATION PLAN OR SCHEDULE OF OPERATIONS	CHEDULE OF	OPERATIONS		NRCS-CPA-1155 03/2019
PARTICIPANT DANIEL H FOLK	COUNTY AND STATE Douglas County, Illinois		PROGRAM AN	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192	ER	FUND CODE
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Certification of Participants						
Signature		PECEIVED	Date			
DANIEL H FOLK		MAN 06 2024	<u> </u>	1 Ny 26	7	
Signature		POUGLAS COUNTY FOR	Date			
KARMA IBSEN	3	Sposses		7	4 Zes	
Signature			Date		,	
CHARLES CONN SO LYTHOLOG						
Signature	r		Date			
LINDA CEARLOCK So Attouted						
Signature			Date			
TERESA ARENDELL Sea Attached						

Certification of Participants	
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DANIEL H FOLK SO HELP OF	
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KARMA IBSEN SO ATTACKOL	
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CHARLES CONN	
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Page 3

Certification of Participants		
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DOUGLAS COUNTY FSA

NATURAL RESOURCES CONSERVATION SERVICE			NKCS-CPA-1155 03/2019
PARTICIPANT DANIEL H FOLK	COUNTY AND STATE Douglas County, Illinois	PROGRAM AND CONTRACT NUMBER CRP 43-24-3192	FUND CODE
LAND UNITS OR LEGAL DESCRIPTION Tract: 3883 Fields: 4	NOT Applicable	D ACRES	Expiration Date 09/30/2033
Signature of Reviewing Officials			
Technical Adequacy Certification			
Signature		Date	
NRCS Approving Official Signature		Date 5/6/24	
FSA Approving Official Signature		Date 5/9/2024	
Conservation District Signature		Date 5/7/74	
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