Farm 2829 Tract 11526

Administered by: Noble County, Indiana

Source: Primarily USDA NAIP 2018 imagery; IDHS or Dynamap roads; FSA data 2020-03-27 09:11:30

Map prepared on: 3/27/2020 20 Tract acres 16.1 CRP acres

17.8 Cropland acres

CLU O CRP

Acres HEL Contract Prac Yr 38E 27 21 Exempt from Conservation Compliance TRS: 33N9E19 11109 Noble Co., IN 11142 Wetland Determination Identifiers: Z 1.5 N 3.0 N 13.1 0.2 ▼Limited Restrictions Restricted Use CE Provisions



USDA FSA maps are for FSA program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts information provided directly from the producer and/or NAIP imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. The USDA Farm Service Agency 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 NRCS

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This form is ava	ilable electroni	cally.									Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation					******	1. ST. & Co	2. SIGN-UP NUMBER					
CONCEDIATION DECEDIC DOOD AN CONTRACT						18 113			48			
CONSERVATION RESERVE PROGRAM CONTRACT						3. CONTRACT NUMBER			4. ACRES FOR ENROLLMENT 13.10			
7A. COUNTY OFFICE ADDRESS (Include Zip Code) NOBLE COUNTY FARM SERVICE AGENCY 100 E. PARK DRIVE				A-24-00		5. FARM N		6. TRACT NUMBER(S) 0011526				
ALBION, IN 46701-1437				8. OFFER (Select one)				9. CONTRACT PERIOD FROM: TO:				
7B. TELEPHONE NUMBER (Include Area Code): (260) 636-76				1 (2.20)			1	(MM-DD-YYYY) (MM-DD-YYYY) 11-1-2016 9-30-2027				
Participant".) The period from the da such acreage and Contract, including Participant acknow damages in an arr contained in this OF THE FOLLOW	Participant agree te the Contract is approved by the the Appendix to viedges that a co jount specified in Form CRP-1 and IMG FORMS: CF	etween the Commodity Credit is to place the designated acre executed by the CCC. The FCCC and the Participant. Addition the Common of the Appendix for the appet the Appendix if the Participant in the CRP-1 Appendix and a	eage into the Participant als ditionally, the lix to CRP-1, licable sign-t t withdraws p d any adden any addendu	Conserva so agrees Participa Conserva up period orior to Co adum thei	ation F to imp nt and ation F has be CC acc reto. I	Reserve Programment on such CCC agree to Reserve Programmen provided to Reptance or reserve SY SIGNING P-2; CRP-2C;	am ("CRP") or other ch designated acree or comply with the te am Contract (referre o such person. Suc jection. The terms THIS CONTRACT I or CRP-2G,	r use a age the rms a ad to a ch per and c	set by CCI e Conserv nd condition as "Appendison also a conditions UCERS A	C for the ration Prons considix"). But agrees to so this CKNO	e stipulated contract llan developed for ntained in this By signing below, the to pay such liquidated s contract are	
10A. Rental Rate		\$187.99 8 4					(See Page 2 for addit				E. Total Estimated	
	ual Contract Payment \$2,463					Field No.	C. Practice No.		D. Acres		Cost-Share	
10C. First Year	IOC. First Year Payment \$		0013	1526		0005	CP38E-2	+	13.10		1,310	
(Item 10C application the first year pay		inuous signup when .)				~~~		+				
12. PARTICIPANTS (If more than three individual A(1) PARTICIPANT'S NAME AND ADDRESS (ZIp Code): SHERRILL FERGUSON 5426 W 350 S ALBION, IN 46701-9466							age 3.) (3) SIGNATURE Llewell Ferry us			(4) DATE (MM-DD-YYYY) 6 -14-16		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE	2) SHARE %		(3) SIGNATURE			(4) DATE (MM-DD-YYYY)				
C(1) PARTICIPA	C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):		(2) SHARE	(2) SHARE		(3) SIGNATURE			(4) DATE (MM-DD-YYYY)		ATE (MM-DD-YYYY)	
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE BELLTOWN							B. DATE (MM-DD-YYYY) 7-12-16					
of 2014 Informa authoriz Farm R Ineligibi This Information COUNT The U.S. Department	(Pub. L. 113-79). tion collected on the collected on the ced access to the in ecords File (Autorality to participate in commation collection as of appropriate of FSA OFFICE. ant of Agriculture (made in accordance with the Prommodity Credit Corporation Cf. The information will be used to its form may be disclosed to oth information by statute or regulationated). Providing the requested and receive benefits under the is exempted from the Paperwood in th	determine eliger Federal, Ston and/or as of information is Conservation or Reduction and other states	gibility to p tate, Local described i s voluntary n Reserve i Act as spe tutes may	goven goven in appli . How Progra- cified i be app	ate in and receinment agencies cable Routine ever, failure to m. It the Agricultur ilicable to the in es. and applice	d). The authority for recurity Act of 1985 (to be benefits under the state of 2014 (Pub. at the state of	Cons d non Syste I infor	ervation Rigovernment of Reconnection will a 1-79, Title I, IRN THIS C	eserve f ntal entib rds Noti result in Subtitle COMPLI	Program. The ides that have been can usDA/FSA-2, a determination of e.f., Administration). The ETED FORM TO YOUR	
disability, sex, gen- income is derived to prohibited bases we alternative means Individuals who are (800) 877-8339 or	der identity, religion from any public ass all apply to all progr of communication in a deaf, hard of hea (800) 845-6136 (in	n, reprisal, and where applicable sistance program, or protected g rams and/or employment activiti for program information (e.g., Br ring, or have speech disabilities	e, political beli enetic inform es.) Persons aille, large pri and wish to fi	iefs, marita ation in en with disab int, audiota ile either a	al statu nploym pilities, ape, etc n EEO	s, familial or pa ent or in any pa who wish to file c.) please conto or program co	rental status, sexual rogram or activity con a a program complain act USDA's TARGET mplaint, please conta	orient ducte it, writ Cente ict US	ation, or all d or funded e to the ad er at (202) DA through	or part d by the dress be	of an individual's Department. (Not all elow or if you require	
http://www.ascr.u requested in the fo	sda.gov/complali m. Send vour con	um complaint of discrimination, c nt_filling_cust.html, or at any U npleted complaint form or letter I c (202) 690-7442 or email at pro	SDA office, o	r call (866) S. Departm	632-9 ent of	1992 to request Agriculture, Dir	the form. You may a	ication	rite a letter	contain. lependei	ing all of the information nce Avenue, S.W.,	
	Original – County Office Copy Owne					r's Copy			Operator's Copy			

This form is available electronically.							Page 1 of 1				
CRP-1 U.S. DEPARTMENT OF AGRICUL (10-22-15) Commodity Credit Corporatio		1. ST. & C LOCATI	2. SIG	2. SIGN-UP NUMBER							
			50								
CONSERVATION RESERVE PROGR	RACT	3. CONTR	ACT NUMBER	4. AC	4. ACRES FOR ENROLLMENT 3.00						
7A. COUNTY OFFICE ADDRESS (Include Zip Code) NOBLE COUNTY FARM SERVICE AG 100 E. PARK DRIVE	ENCY		5. FARM NUMBER 0002829			6. TRACT NUMBER(S) 0011526					
ALBION, IN 46701-1437											
(00)	36-7682		GENERAL	8. OFFER (Select one) GENERAL		9. CONTRACT PERIOD FROM: TO: (MM-DD-YYYY)					
78. TELEPHONE NOWBER (Include Area Code).			ENVIRONMI	110-	10-1-2017 9-30-202						
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 \$223.86 54	- 11. Ider	tification of	CRP Land	(See Page 2 for ac	lditional s	расе)					
	9-T7 A. Tract	No. B.	Field No.	C. Practice No.	No. D. Acre		E. Total Estimated Cost-Share				
10C. First Year Payment \$	0011	526	0010	CP21	3.0	0	0				
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	-										
12. PARTICIPANTS (If more than three indiv	viduale are ein	ning see l	2age 3 1								
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	: (2) SHARE	ming, see i	(3) SIGNAT	URE /		(4) DA	TE (MM-DD-YYYY)				
SHERRILL FERGUSON 5426 W 350 S ALBION, IN 46701-9466		100 00% DD - MA				yes 1-9-17					
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	: (2) SHARE	%	(3) SIGNAT	URE	J	(4) DA	TE (MM-DD-YYYY)				
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code,): (2) SHARE	%	URE		(4) DA	(4) DATE (MM-DD-YYYY)					
	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 652d - 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, martial 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 profibility all popt to a											
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 Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.											
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