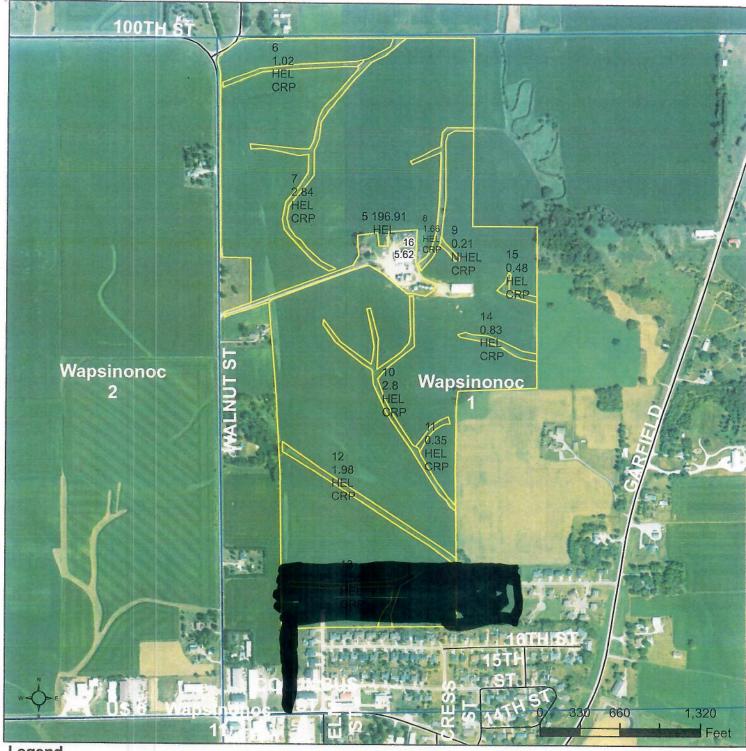


## **Muscatine County, Iowa**



Legend

National\_Wetland.SDE.wetlands Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

2024 Program Year Map Created September 23, 2024

> Farm 5866 Tract 2687

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CODA	\				\	Page 1 of 2
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (01-08-24) Commodity Credit Corporation  CONSERVATION RESERVE PROGRAM CONTRACT			1. ST. 8	1. ST. & CO. CODE & ADMIN. LOCATION  19 139  3. CONTRACT NUMBER  11147B		2. SIGN-UP NUMBER 47 4. ACRES FOR ENROLLMENT 13.72
			3. CON			
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)			6. TRA	CT NUMBER	7. CONTRACT PERIO	0 0
MUSCATINE COUNTY FARM SERVICE AGENCY 3500 OAKVIEW DR STE A MUSCATINE, IA52761-5807		CEIVE	2	2687	FROM: (MM-DD-YYYY) 10-01-2015	TO: (MM-DD-YYYY) 09-30-2025
5B. COUNTY FSA OFFICE PHONE NUN (Include Area Code): (563) 263-4601	The said of	ATINE CO	Cont	NUP TYPE: inuous		
acreage the Conservation Plan developed comply with the terms and conditions com Program Contract (referred to as "Appendiapplicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA addendum thereto; and, CRP-2, CRP-2C, C	tained in this Conti ix"). By signing be conditions of this RTICIPANTS ACKI RP-2G, or CRP-2C	ract, including the A low, the Participant contract are contain NOWLEDGE RECEIP	ppendix to this acknowledges read in this Form	Contract, entitle receipt of a copy CPP-1 and in the	d Appendix to CRP-1, Co of the Appendix/Append of CPP-1 Appendix and a	onservation Reserve dices for the
9A. Rental Rate Per Acre \$ 293.	85	10. Identification	on of CRP Lan	d (See Page 2	for additional space)	
	32.00 - Field	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		2687	6	CP8A	1.02	\$ 120.00
(Item 9C is applicable only when the first year payment is prorated.)		2687	7	CP8A	2.84	\$ 335.00
		2687	8	CP8A	1.66	\$ 196.00
11. PARTICIPANTS (If more than	three individua					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CASEY DVORAK 1033 EVANS AVE WEST LIBERTY, 1A52776-9023	(2) SHARE 50.00 %	(3) SIGNATURE (		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY) 9/23/2-/
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOHN DVORAK 7171 HERTFORDSHIRE WAY VICTOR, NY14564-1171	(2) SHARE 50.00 %	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY) 9/23/24
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. SIGNATU	RE OF CCC REI	PRESENTATIVE	DIA	resh	(TEO)	B. DATE

IOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amerided). 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), 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.

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## CONTINUATION OF ITEM 10 - Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
2.687	9	CP8A	0.21	\$ 25.00
2687	10	CP8A	2.80	\$ 330.00
2.687	11	CP8A	0.35	\$ 41.00
2687	12	CP8A	1.98	\$ 234.00
4689	99	CPBA	1.55	\$ 183.00
2687	14	CP8A	0.83	\$ 98.00
2687	15	CP8A	0.48	\$ 57.00
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