



USDA United States Department of Agriculture Farm Service Agency

Coffey County, KS

Farm: 6163 **Tract: 673** 

Name Share Crop **Plant Date**  2023 Crop Year March 29, 2023

Corn/C=Corn YEL GR Sorgh/M=Sorghum GRS GR Soy/B/SB=Soybeans COM GR DC Soy/B/SB=Soybeans COM GR, 2nd crop Sorg F/SF=Forage Sorghum CAN FG SMO HY=Grass SMO FG SMO LS=Grass SMO LS SMO GZ=Grass SMO GZ FES HY=Grass FTA FG FES LS=Grass FTA LS FES GZ=Grass FTA GZ NAT HY=Grass NAG FG NAT LS=Grass NAG LS NAT GZ=Grass NAG GZ ALF- Alfalfa, FG CLOV- Clover, Red, FG \*all fields NI, unless noted



Disclaimer: 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 wetland boundaries and determinations, or contact NRCS.

Tract Number

: 673

Description

: 22-15 NW4 LESS 9A W OF RR & 24A NE4 2-22-15

**FSA Physical Location** 

: KANSAS/COFFEY

**ANSI Physical Location** 

: KANSAS/COFFEY

**BIA Unit Range Number** 

:

HEL Status

: NHEL: No agricultural commodity planted on undetermined fields

**Wetland Status** 

Tract contains a wetland or farmed wetland

**WL Violations** 

: None

Owners

: YVONNE J HOLLOWAY, RAY NOEL IRR TRUST

Other Producers

ADAM SOWDER

Recon ID

: None

			Tract Land Dat	a			
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
159.15	76.70	76.70	0.00	0.00	0.00	0.00	0.0

**KANSAS** 

COFFEY

Form: FSA-156EZ



United States Department of Agriculture

Farm Service Agency

Abbreviated 156 Farm Record

FARM: 6163

Prepared: 9/18/23 4:14 PM CST

Crop Year: 2023

## Tract 673 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	70.37	0.00	6.33	0.00	0.00	0.00

## **DCP Crop Data**

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	
Wheat	12.90	0.00	34	
Corn	5.98	0.00	81	
Soybeans	19.41	0.00	27	

**TOTAL** 

38.29

0.00

**NOTES** 

(07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE &	ADMIN. LOCATION 031	2. SIGN-UP NUMBER 46
CONSERVATION DESERVE PROCRAM CONTRACT	3. CONTRACT NUMB	ER	4. ACRES FOR
CONSERVATION RESERVE PROGRAM CONTRACT	11	.006	ENROLLMENT 6.33
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	W.
COFFEY COUNTY FARM SERVICE AGENCY	673	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
313 CROSS ST, STE 1 BURLINGTON, KS66839-1190	075	10-01-2014	09-30-2024
	8. SIGNUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMBER	-Continuous		
(Include Area Code): (620) 364-2313			

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 receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$101.17	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 640.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	673	3	CP21	3.49	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)		673	6	CP21	2.84	\$ 0.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

		3,	7	
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JACK D SOWDER PO BOX 287 BURLINGTON, KS66839-0287	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RAY NOEL IRR TRUST 20731 MISTY CROSSING LN SPRING, TX77379-8554	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) YVONNE J HOLLOWAY 20 GOLFVIEW DR FORT SCOTT, KS66701-4603	(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. 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) 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 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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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 <a href="http://www.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.usda.gov/complaint-filing-cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.