Date: 6/4/2020

Soils Map

Client(s): MARY ANN HILL DBA Umatilla County, Oregon Approximate Acres: 36.12

Assisted By: HEATH HOEFT USAD-NRCS PENDLETON SERVICE CENTER UMATILLA SOIL & WATER CONSERVATION DISTRICT

Land Units: Tract 1485, Fields 23



Feet

Practice Schedule PLUs

Soils

Soil Mapunit



A

CRP-1 U.S. DEPARTMENT	OF ACRICIUS THE		1			rage I of I
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (12-02-19) Commodity Credit Corporation			1. ST,	& CO. CODE &	2. SIGN-UP	
Commodity C		1	41	NUMBER		
CONCEDUATION DECEDUATION			3. CO	NTRACT NUMB	ED	54
	CONSERVATION RESERVE PROGRAM CONTRACT  5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)				EK	4. ACRES FOR ENROLLMENT 36.12
5A. COUNTY FSA OFFICE ADDRESS (III UMATILLA COUNTY FSA OFFICE		6. TRA	ACT NUMBER	7. CONTRACT PERIOD	)	
1 SW NYE AVENUE, SUITE 100			0001485	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
PENDLETON, OR 97801-0000				001405	10-01-2020	09-30-2030
<u> </u>			8. SIG Gener	NUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (541) 278-8049  THIS CONTRACT is entered into between the Contract of the Participant. The Participant.						
(referred to as "the Participant".) The ParticCCC for the stipulated contract period from acreage the Conservation Plan developed comply with the terms and conditions cont Program Contract (referred to as "Appendi applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA thereto; CRP-2; CRP-2C; or CRP-2G.	for such acreage a lained in this Contr x"). By signing be conditions of this RTICIPANTS ACK	ract is executed by nd approved by the ract, including the A low, the Participant contract are contain IOWLEDGE RECEIF	the CCC. The F CCC and the Po ppendix to this acknowledges ned in this Form PT OF THE FOLI	Participant also a articipant. Addit Contract, entitle receipt of a copy CRP-1 and in the LOWING FORMS	agrees to implement on si tionally, the Participant ar ed Appendix to CRP-1, Co y of the Appendix/Append he CRP-1 Appendix and at S: CRP-1; CRP-1 Appendix	uch designated nd CCC agree to nservation Reserve lices for the
9A. Rental Rate Per Acre \$48.0	10. Identification of CRP Land (See Page 2 for additional space)					
9B. Annual Contract Payment \$1,734.00		A. Tract No.	B. Field No.	C. Practice	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		0001485	0023	CP4I	36.12	\$ 6,321.00
(Item 9C is applicable only when the first year payment is prorated.)						
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)			1
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) MARY ANN HILL 202 NE HORN AVE PENDLETON, OR 97801-1442	(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)	(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)	(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. SIGNATUR	RE OF CCC REP	RESENTATIVE	······································			B. DATE (MM-DD-YYYY)

CRP-1

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.

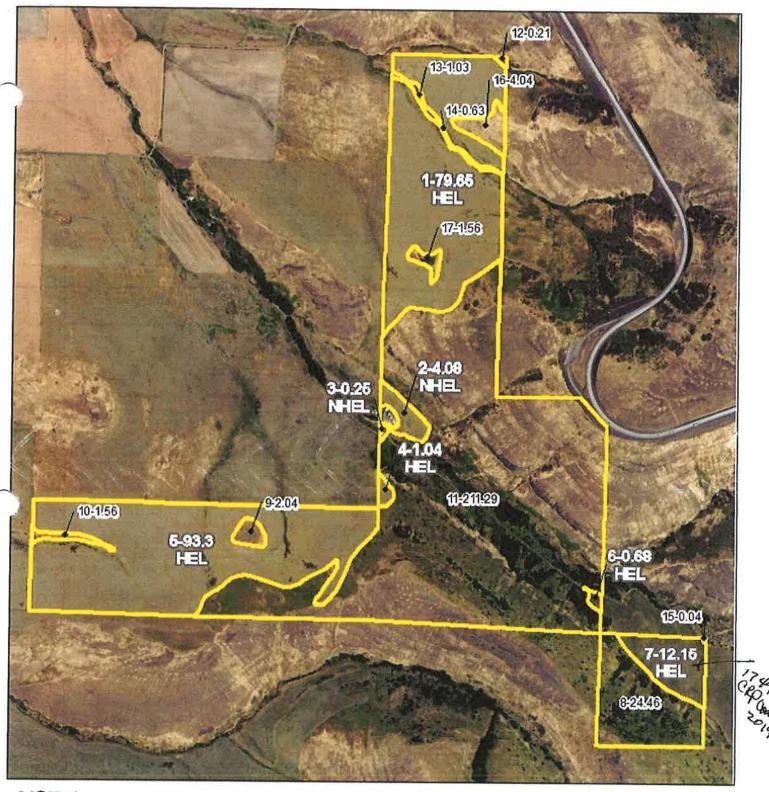
Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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.

Page 1 of 1





USDA United States Department of Agriculture Farm Service Agency



Farm: 7802 **Tract: 1482** 

## **Wetland Determination Identifiers**

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Section Boundary





USIDA FSA maps are for FSA Piolgram administration only. This map does not represent a legal survey or reflect actual ownership, rather it depots the information provided directly from the producer and/or the 2014 orthol restricted imagery for Oregon. The producer accepts the data as is and assumes all risks associated with its use. The USIDA Parm 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 Westland Identifies do not represent the site. Is appeting determination of the area. Refer to your original determinations, or contact NRCS.



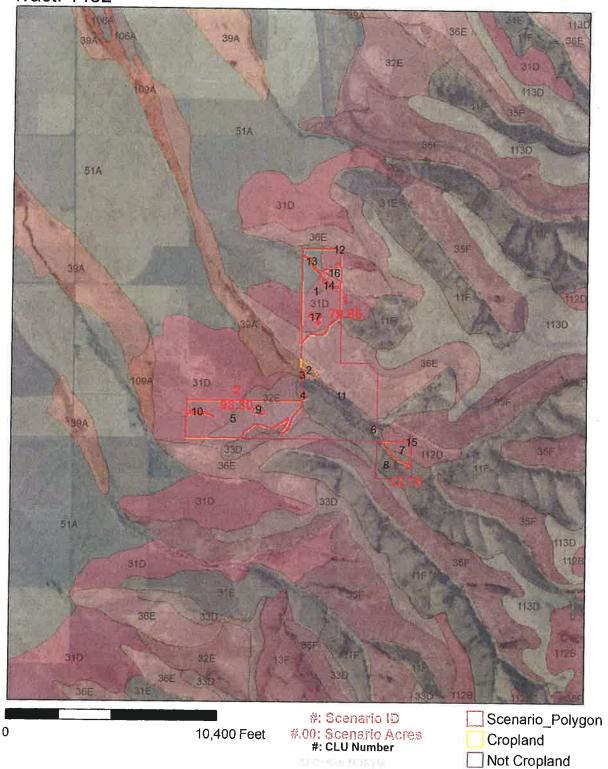
## Scenario Map

General Signup 54

Scenario Name: MaryAnnHillT1482 (1)

Tract: 1482





CRP-1	U.S. DEPARTMENT OF AGRICULTURE	1. ST. & CO. CODE &	Page 1 of 2	
(12-02-19) Commodity Credit Corporation		41	NUMBER 54	
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT 186.39
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) UMATILLA COUNTY FSA OFFICE  1 SW NYE AVENUE, SUITE 100 PENDLETON, OR 97801-0000		6. TRACT NUMBER	7. CONTRACT PERIOD	
		0001482	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
		0001482	10-01-2020	09-30-2030
	FSA OFFICE PHONE NUMBER a Code): (541)278-8049	8. SIGNUP TYPE: General		
(referred to as " CCC for the stip acreage the Con	T is entered into between the Commodity Credit Corporation (referee the Participant".) The Participant agrees to place the designated acruated contract period from the date the Contract is executed by the asservation Plan developed for such acreage and approved by the CC terms and conditions contained in this Contract, including the Appe	reage into the Conservation CCC. The Participant also C and the Participant. Addi	Reserve Program ("CRP") agrees to implement on se tionally, the Participant ar	or other use set by uch designated ad CCC agree to

thereto; CRP-2; CRP-2C; or CRP-2G. 9A. Rental Rate Per Acre \$50.00 10. Identification of CRP Land (See Page 2 for additional space) E. Total Estimated 9B. Annual Contract Payment \$9,320.00 A. Tract No. B. Field No. C. Practice No. D. Acres Cost-Share 9C. First Year Payment \$ 0001482 0001 CP4D 79.65 \$ 13,939.0 0001482 0003 CP4D 0.25 (Item 9C is applicable only when the first year payment is \$ 44.00 prorated.) 0001482 0004 CP4D 1.04 \$ 182.00 11. PARTICIPANTS (If more than three individuals are signing, see Page 3.) (4) TITLE/RELATIONSHIP OF THE A(1) PARTICIPANT'S NAME AND (2) SHARE (3) SIGNATURE (By) (5) DATE ADDRESS (Include Zip Code) INDIVIDUAL SIGNING IN THE (MM-DD-YYYY) REPRESENTATIVE CAPACITY

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. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum

100.00 % 202 NE HORN AVE PENDLETON, OR 97801-1442 (1) PARTICIPANT'S NAME AND (2) SHARE (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE (5) DATE ADDRESS (Include Zip Code) INDIVIDUAL SIGNING IN THE (MM-DD-YYYY) REPRESENTATIVE CAPACITY C(1) PARTICIPANT'S NAME AND (2) SHARE (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE (5) DATE ADDRESS (Include Zip Code) INDIVIDUAL SIGNING IN THE (MM-DD-YYYY) REPRESENTATIVE CAPACITY

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

B. DATE (MM-DD-YYYY)

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