

AD-1069 (05-15-02) UNITED STATES DEPARTMENT OF AGRICULTURE Farm Service Agency GOOD FAITH DETERMINATION - WETLAND ACTIVITY	1A . STATE NAME	1B. COUNTY NAME
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985 as amended and regulations promulgated under the Act (7 CFR Part 12). The information will be used to determine eligibility for program benefits and other financial assistance administered by USDA agencies. Furnishing the requested information is voluntary. However, failure to furnish the correct, complete information may result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA agencies. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0185. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - PRODUCER'S REQUEST

2. NAME AND ADDRESS OF PRODUCER (Including Zip Code):	3. IDENTIFICATION NO.	4. FARM NO. WITH WETLAND ACTIVITY
Telephone No. (Including Area Code):	5. CROP YEAR OF DETERMINATION	6. DATE REFERRED TO NRCS (MM-DD-YYYY)

7. Request for a good faith determination. (State the circumstances surrounding the wetland activity for which a determination is requested. Include any evidence that the activities were performed in good faith and without intent to violate the Wetland Conservation Provisions.)

Note to producer: If a good faith request is approved by the County Committee, eligibility will not be restored if the land is determined to be in violation of the Wetland Conversation provisions unless an agreement is signed and performed to mitigate wetland values according to NRCS requirements. Application for a good faith determination does not preclude the opportunity to exercise appeal rights according to notice given with regard to the Wetland determination.

8A. SIGNATURE OF PRODUCER	8B. DATE (MM-DD-YYYY)
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PART B - NRCS INFORMATION

9. Describe any pertinent facts relating to the case that NRCS or the Soil and Water Conservation District has that may affect the COC determination.

	YES	NO
10. Was the producer informed of the wetland determination made by NRCS through personal contact?		
11. Does NRCS have knowledge that the producer was involved in a previous National, State, or local wetland violation issue?		
12. Did NRCS have a discussion at any time with the producer concerning the wetland before the activity occurred? If "YES", describe the situation.		

13A. SIGNATURE OF NRCS EMPLOYEE	13B. DATE (MM-DD-YYYY)	14. DATE RETURNED TO FSA (MM-DD-YYYY)
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PART C - GOOD FAITH DETERMINATION		
	YES	NO
15. Does FSA have knowledge that the producer was involved in a previous National, State, or local wetland violation?		
16. The COC determined that the producer acted in good faith without intent to violate?		
17. Reasons for COC determination:		
18A. SIGNATURE OF COC	18B. DATE (MM-DD-YYYY)	
19. Date Producer was notified (MM-DD-YYYY)		
PART D - MITIGATION PLAN		
20. Date Referred to NRCS because the COC determined good faith. (MM-DD-YYYY)	21. Date A mitigation plan was agreed upon by the producer and signed on. (MM-DD-YYYY)	
22A. Signature of NRCS Employee	22B. DATE (MM-DD-YYYY)	23. DATE RETURNED TO FSA (MM-DD-YYYY)
PART E - MULTI-COUNTY INFORMATION		
24. CONTROL COF: STATE	COUNTY	25. DATE MAILED TO CONTROL COUNTY (MM-DD-YYYY)