

Aerial Map



Boundary Center: 37° 52' 48.33, -88° 24' 0.25



26-7S-7E
Saline County
Illinois



5/26/2024



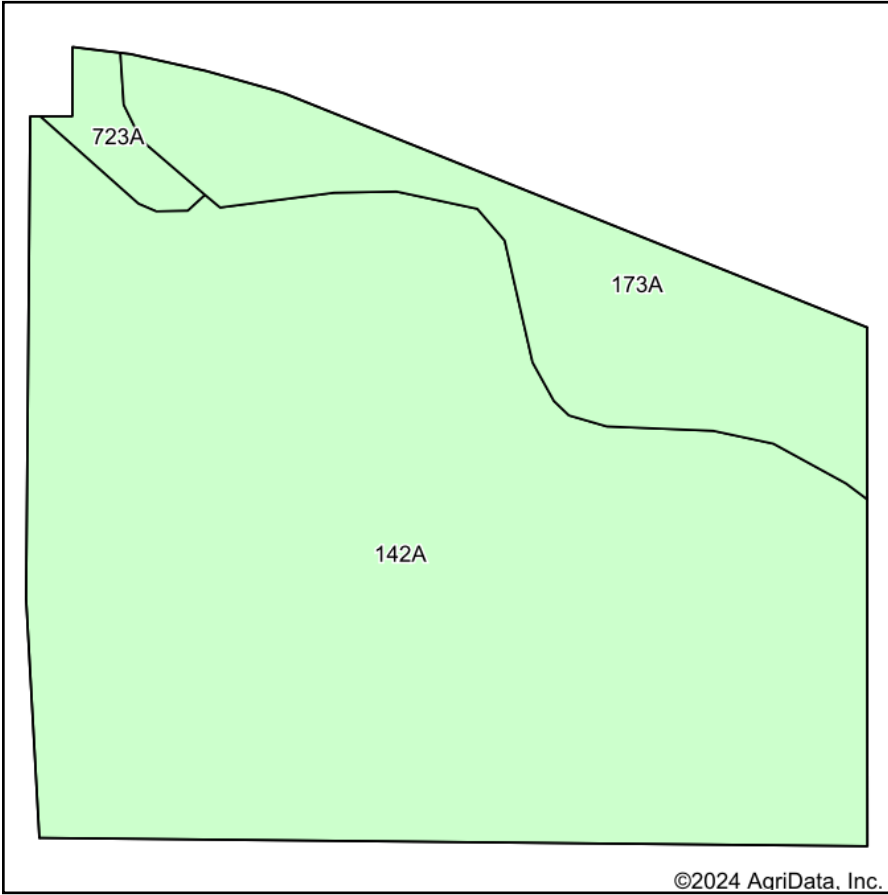
Maps Provided By:



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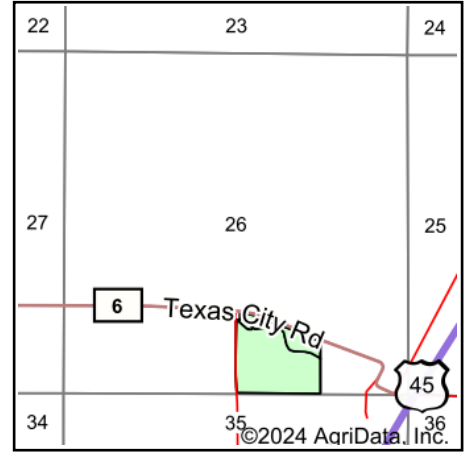
Field borders provided by Farm Service Agency as of 5/21/2008.

Soils Map



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Soils data provided by USDA and NRCS.



State: **Illinois**
 County: **Saline**
 Location: **26-7S-7E**
 Township: **Rector**
 Acres: **32.17**
 Date: **5/26/2024**



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Area Symbol: IL165, Soil Area Version: 18

Code	Soil Description	Acres	Percent of field	Corn Bu/A	Soybeans Bu/A	Wheat Bu/A	Crop productivity index for optimum management	*n NCCPI Soybeans
**142A	Patton silty clay loam, 0 to 2 percent slopes	26.24	81.6%	**178	**58	**68	**132	65
173A	McGary silt loam, 0 to 2 percent slope	5.34	16.6%	132	45	56	100	63
723A	Reesville silt loam, 0 to 2 percent slopes	0.59	1.8%	170	55	66	124	80
Weighted Average				170.2	55.8	66	126.5	*n 64.9

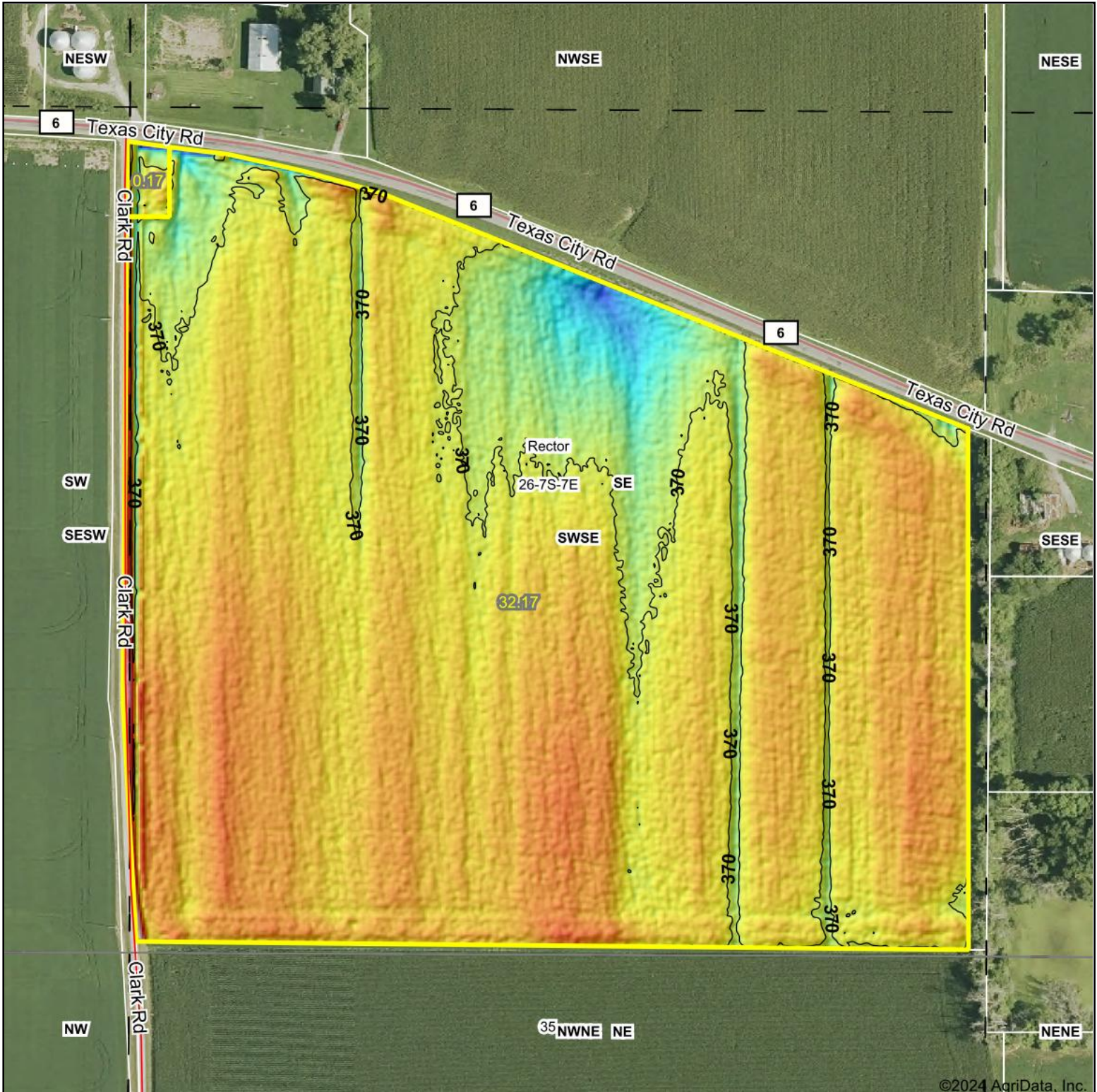
Table: Optimum Crop Productivity Ratings for Illinois Soil EFOTG are sourced from Bulletin 811 calculated Map Unit Base Yield Indices, and adjusted (Adj) for slope, erosion, flooding, and surface texture. Publication Date: 02-08-2023

Crop yields and productivity (B811 EFOTG) are maintained at the following USDA web site: 2023 Illinois Soil Productivity and Yield Indices: <https://efotg.sc.egov.usda.gov/#/state/IL/documents/section=2&folder=52809>

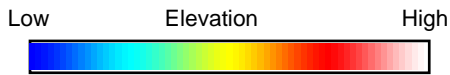
** Base indexes from Bulletin 811 adjusted for slope, erosion, flooding, and surface texture according to the Il. Soils EFOTG

*n: The aggregation method is "Weighted Average using all components"

Topography Hillshade



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Source: USGS 1 meter dem
 Interval(ft): 2
 Min: 368.7
 Max: 371.5
 Range: 2.8
 Average: 370.2
 Standard Deviation: 0.23 ft



26-7S-7E
Saline County
Illinois

Boundary Center: 37° 52' 48.33, -88° 24' 0.25



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Field borders provided by Farm Service Agency as of 5/21/2008.

CRP-1 (01-08-24) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & ADMIN. LOCATION 17 165	2. SIGN-UP NUMBER 47
	3. CONTRACT NUMBER 11048D	4. ACRES FOR ENROLLMENT 0.60

5A. COUNTY FSA OFFICE ADDRESS <i>(Include Zip Code)</i> SALINE COUNTY FARM SERVICE AGENCY 912 SOUTH COMMERCIAL ST. HARRISBURG, IL62946-2639	6. TRACT NUMBER 9920	7. CONTRACT PERIOD	
		FROM: (MM-DD-YYYY) 10-01-2015	TO: (MM-DD-YYYY) 09-30-2025
5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (618) 252-8621 x2	8. SIGNUP TYPE: Continuous		

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. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 133.27	10. Identification of CRP Land <i>(See Page 2 for additional space)</i>				
9B. Annual Contract Payment	\$ 80.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	9920	4	CP33	0.60	\$ 72.00
<i>(Item 9C is applicable only when the first year payment is prorated.)</i>						

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

A(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
C(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE <i>(MM-DD-YYYY)</i>
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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), 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.*

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.

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
E(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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J(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
K(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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M(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
N(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
O(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)



Legend

- Tract Boundary
- Non-Cropland
- Cropland
- CRP

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

2024 Program Year
Map Created January 08, 2024

Farm 7187
Tract 9920

Tract Cropland Total: 77.46 acres

IL165_T9920

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