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<b>AD-1069</b> (02-06-12)	<b>U. S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency Natural Resources Conservation Service	1A. State Name	1B. County Name
		<b>REQUEST FOR GOOD FAITH RELIEF          WETLAND CONSERVATION (WC) VIOLATION</b>	

**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 7 CFR Part 12 and the Food, Security Act of 1985 as amended. The information will be used to determine eligibility for program benefits. 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 for program benefits.

This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of The Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246) Title II, Subtitle J – Miscellaneous Conservation Provisions. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **COMPLETE PART A AND RETURN THIS FORM TO YOUR LOCAL FSA OFFICE.**

**PART A - PRODUCER'S REQUEST**

2. Name and Address of Producer (Including Zip Code):	3. Telephone No. (Including Area Code)	4. Tax Identification No. (last 4 digits)
	5. Farm No. With WC Violation	6. Crop Year of Determination

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 WC provisions and not as a scheme or device to avoid compliance.)

8A. Signature of Producer (By)	8B. Title/Relationship of the Individual Signing in the Representative Capacity	8C. Date (MM-DD-YYYY)	<b>FSA COMPLETES</b>

**NOTE TO PRODUCER:** Application for a good faith determination does not preclude the opportunity to exercise appeal rights according to notice given with regard to the WC determination. If a good faith relief request is approved by the county committee with concurrence of the State Executive Director and NRCS, eligibility will not be restored until a mitigation agreement according to NRCS requirements is signed. The wetland must then be mitigated within the period required by NRCS.

**PART B - NRCS INFORMATION**

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

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

14A. Signature of NRCS Employee	14B. Date (MM-DD-YYYY)	15. Date Returned to FSA (MM-DD-YYYY)
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**PART C - DETERMINATION BY COC AND CONCURRENCES**

16. Based on information available, the COC determined that a good faith effort to comply without intent to violate:  Was made by the producer.  Was not made by the producer.

17. Reasons for the COC determination (Attach an additional sheet, if necessary.)

18A. Signature of COC	18B. Date Signed (MM-DD-YYYY)	19A. Signature of SED/DD for Concurrence <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	19B. Date Signed (MM-DD-YYYY)
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20. If SED/DD Does Not Concur, Provide Reasons:

21A. Signature of NRCS State/Area Conservationist For Technical Concurrence <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	21B. Date Signed (MM-DD-YYYY)
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**PART D - MITIGATION PLAN**

A Good Faith determination resulting in the reinstatement of USDA program benefits shall become effective after all required signatures in Part C are obtained and the producer signs the required mitigation plan.

22. Date mitigation plan was signed by the producer (MM-DD-YYYY):

23A. Signature of NRCS Employee	23B. Date Signed (MM-DD-YYYY)
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