REPRODUCE LOCALLY. Include form number and date	DDUCE LOCALLY. Include form number and date on all reproductions.				Form Approved - OMB No. 0560-0004				
AD-1069 UNITED STATES DEPARTMEN	1.	1. STATE AND COUNTY NAME							
(08-06-96) GOOD FAITH DETERMINATION									
NOTE: The following statement is made in accordance with the F the following information is the Food Security Act of 198 eligibility for program benefits and other financial assista the correct, complete information may result in a determin information may be provided to other agencies, IRS, De administrative tribunal. The provisions of criminal and of to the information provided. Federal Agencies may not conduct or sponsor, and a pe Public reporting burden for this collection of information sources, gathering and maintaining the data needed, an aspect of this collection of information, including suggesti Washington, D.C. 20250-7630. RETURN THIS COMPL	5 as amended and regulations promulgations administered by USDA agencies. Fination of ineligibility for certain program bipartment of Justice, or other State and Ficivil fraud statutes, including 18 USC 28 erson is not required to respond to, a collete sestimated to average 5 minutes per read completing and reviewing the collection ons for reducing this burden, to Departme	ted under the Act (7 'urnishing the requi enefits and other fin Federal Law enforc 6, 287, 371, 651, 10 ection of informatio sponse, including t o of information. Se nt of Agriculture, Clu	CFR Part 12 ested informa nancial assis ement agenc 001; 15 USC n unless it dia he time for re and comment	2). The information wation is voluntary. Ho tance administered by ises, and in response 714m; and 31 USC 3 splays a currently valeviewing instructions, s regarding this burdet.	rill be used to wever, failurd y USDA ager to a court ma 3729, may be id OMB contr searching ex en estimate o	determine e to furnish ncies. This agistrate or applicable rol number. kisting data r any other			
PART A - PRODUCER'S REQUEST									
2. NAME AND ADDRESS			CATION NO. 5. FARM NO. WITH WETLAND ACTIVITY			TIVITY			
	6. CROP YEAR OF DETERMINATION		7. DATE F	REFERRED TO NRC	NRCS				
Note to producer: If a good faith request is approved by the Conservation provisions unless an agreement is signed and p determination does not preclude the opportunity to exercise ap SIGNATURE OR PRODUCER PART B - NRCS INFORMATION 9. Describe any pertinent facts relating to the case that NRC	performed to mitigate wetland values oppeal rights according to notice given	according to NRC with regard to th	CS requirem	nents. Application	n for a good				
10. Wee the producer informed of the wetter didatant's dist	mode by NDCC through a second to	ntoot?			YES	NO			
 Was the producer informed of the wetland determination Does NRCS have knowledge that the producer was invol 			ation issue?						
 Does NRCS have knowledge that the producer was invol Did NRCS have discussion at any time with the producer situation. 									
13. SIGNATURE OF NRCS EMPLOYEE	DATE		14. DATE	E RETURNED TO	FSA				

PART C - GOOD FAITH DETERMINATION										
15. Does FSA have knowledge that the producer was involved in a previous National, State, or local wetland violation?						NO				
16. The COC determined that the producer acted in good faith without intent to violate										
17.	Reasons for COC determination:									
18.	SIGNATURE OF COC	DATE								
			I							
19.	Producer was notified									
	DATE									
	ART D - MITIGATION PLAN	1								
20.	Referred to NRCS because the COC determined good faith.	21. Am	1. A mitigation plan was agreed upon by the producer and signed on:							
	DATE	DATE	ATE							
22.	Signature of NRCS Employee	<u> </u>	DATE	23. DATE RE	TURNED T	O FSA				
PART E - MULTI-COUNTY INFORMATION										
24.	CONTROL COF:		25. DATE MAILED TO CONTROL COU	JNTY						
	STATE COUNTY									

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.