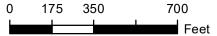
# **Meeker County, Minnesota**

# Farm 1858 Tract 203

# 2025 Program Year

Map Created May 13, 2025



Unless otherwise noted:

Shares are 100% operator

Crops are non-irrigated Corn = yellow for grain Soybeans = common soybeans for grain Wheat = HRS, HRW = Grain Sunflower = Oil, Non-Oil = Grain Oats and Barley = Spring for grain Rye = for grain Peas = process Alfalfa, Mixed Forage AGM, GMA, IGS = for forage Beans = Dry Edible NAG = for GZ Canola = Spring for seed

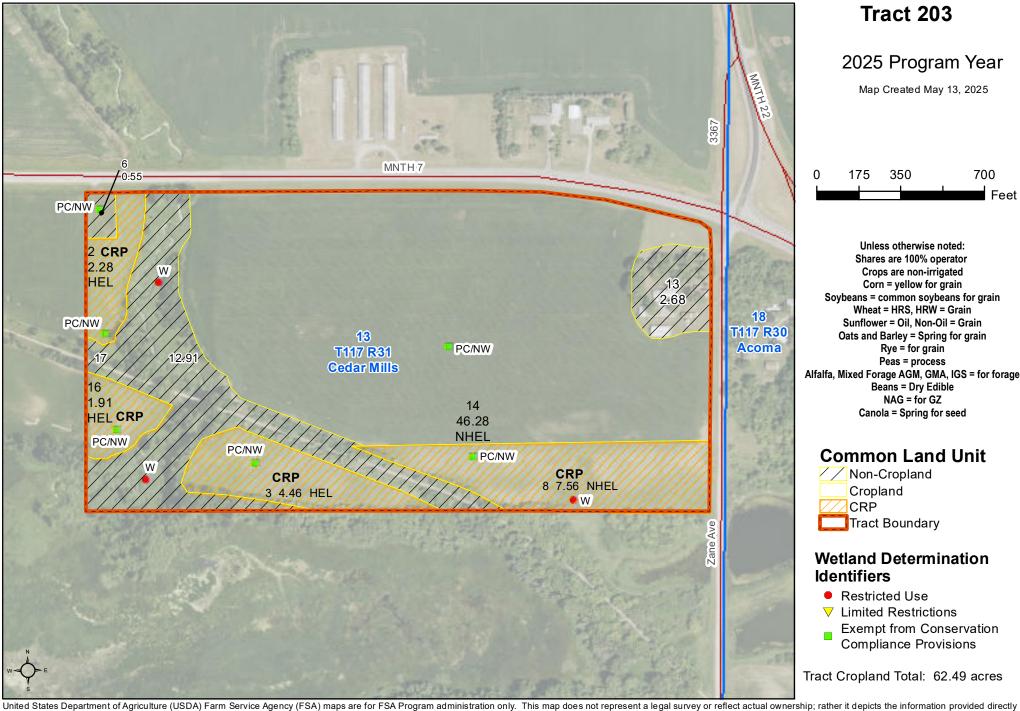
### **Common Land Unit**



#### **Wetland Determination Identifiers**

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

Tract Cropland Total: 62.49 acres



from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS). This map displays the 2023 NAIP imagery.

**MINNESOTA MEEKER** 

Form: FSA-156EZ

**United States Department of Agriculture** Farm Service Agency

**Abbreviated 156 Farm Record** 

**FARM**: 1858

Prepared: 6/24/25 8:36 AM CST

Crop Year: 2025

See Page 2 for non-discriminatory Statements.

**Operator Name** : PAUL RUNKE **CRP Contract Number(s)** : 10047B, 1885B

Recon ID : None **Transferred From** : None ARCPLC G/I/F Eligibility : Eligible

			F	arm Land D	ata				
Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
78.63	62.49	62.49	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP	Cropland	Double (	Cropped	CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	46.28	8	0.4	00	16.21	0.00	0.00	0.00

	Crop Election Choice	
ARC Individual	ARC County	Price Loss Coverage
None	SOYBN	WHEAT, CORN

		DCP Crop Data		
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	4.00	0.00	37	
Corn	28.90	0.00	137	
Soybeans	12.90	16.20	37	0

**TOTAL** 45.80 16.20

#### **NOTES**

**Tract Number** : 203

: G-16/N2SE4/13/CM Description **FSA Physical Location** : MINNESOTA/MEEKER : MINNESOTA/MEEKER **ANSI Physical Location** 

**BIA Unit Range Number** 

**HEL Status** : HEL field on tract. Conservation system being actively applied

**Wetland Status** : Tract contains a wetland or farmed wetland

**WL Violations** 

WILLARD W WENDORFF, RENEE E WENDORFF Owners

: VERLYCE RUNKE FRENCH **Other Producers** 

: None Recon ID

			Tract Land Data	ı			
Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
78.63	62.49	62.49	0.00	0.00	0.00	0.00	0.0

MINNESOTA MEEKER

Form: FSA-156EZ

USDA United States Department of Agriculture Farm Service Agency

Abbreviated 156 Farm Record

FARM: 1858

Prepared: 6/24/25 8:36 AM CST

Crop Year: 2025

#### Tract 203 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	46.28	0.00	16.21	0.00	0.00	0.00

	DCP Cr	op Data	
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Wheat	4.00	0.00	37
Corn	28.90	0.00	137
Soybeans	12.90	16.20	37

TOTAL 45.80 16.20

#### NOTES

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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 <a href="How to File a Program Discrimination Complaint">How to File a Program Discrimination Complaint</a> 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.

This form is available electronically.  CRP-1 (10-22-15)  COMPARTMENT OF AGRICULTURE (10-22-15)  COMMODITY COMMODITY (10-22-15)  CONSERVATION RESERVE PROGRAM CONTRACT  TA. COUNTY OFFICE ADDRESS (include Zip Code) MEEKER COUNTY FARM SERVICE AGENCY  9.16  E SAINT PAUL ST LITCHFIELD, MN 55355-5324  LITCHFIELD, MN 55355-5324  SEP 0 3 2011  S. OFFER (Select one) GENERAL GENERA
CONSERVATION RESERVE PROGRAM CONTRACT  3. CONTRACT NUMBER 100479 3. CONTRACT NUMBER 100479 4. ACRES FOR ENROLLMENT 8.66  TA. COUNTY OFFICE ADDRESS (Include Zip Code) MEEKER COUNTY FARM SERVICE AGENCY 916 E SAINT PAUL ST LITCHFIELD, MN 55355-5324  LITCHFIELD, MN 55355-5324  SEP 0 3 201 8. OFFER (Select one) GENERAL FROM SERVICE AGENCY 11-01-2010 99. CONTRACT PERIOD FROM: 100-0797) 11-01-2010 99. CONTRACT PERIOD FROM: 170: 170: 170: 170: 170: 170: 170: 170
7.A. COUNTY OFFICE ADDRESS (Include Zip Code) MEEKER COUNTY FARM SERVICE AGENCY 9.16 E SAINT PAUL ST LITCHFIELD, MN 55355-5324  SEP 0 3 2018  8. OFFER (Select one) GENERAL GENERAL GENERAL GENERAL GENERAL GENERAL GENERAL FOR Participant agrees to place the designated acreage into the Conservation Reserve Program (7RP) 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 into the Contract including the Appendix to the Appendix to KRP-1, Conservation Reserve Program (7RP) 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 also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and 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 also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and approved by the CCC and the Participant acreage and a
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TA COUNTY OFFICE ADDRESS (Include Zip Code)  MEEKER COUNTY FARM SERVICE AGENCY  916 E SAINT PAUL ST  LITCHFIELD, MN 55355-5324  SEP 0 3 201  8. OFFER (Select one)  GENERAL  GENERAL  GENERAL  JOHN RODLYMY  10-1-2010  JOHN RODLYMY  11-01-2010  JOHN RODLYMY  10-1-2010  JOHN
MEEKER COUNTY FARM SERVICE AGENCY 916 E SAINT PAUL ST LITCHFIELD, MN 55355-5324  SEP 0 3 2018 8. OFFER (Select one) GENERAL FRON: (MM-DD-YYYY)  7B. TELEPHONE NUMBER (Include Area Code): (320) 693 MEDIAER O.  TO: (MM-DD-YYYY)  7B. TELEPHONE NUMBER (Include Area Code): (320) 693 MEDIAER O.  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 out designated acreage the Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "stipulated contract contract and approved by the CCC and the Participant also agrees to implement out designated acreage the Contract, including the Appendix to this Contract, entitled Appendix to the Southeast period in the Appendix to this Contract, entitled Appendix to the CRP-1, Conservation Reserve Program Contract (referred to as "Appendix") By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix fithe Participant withortways prior to CCC acceptance rejection. The terms and conditions of this contract are contained in this Form CRP-1 appendix and any addendum thereto. By SiGNING This Contract Payment Signing and in the CRP-1 Appendix and any addendum thereto. By SiGNING This Contract Payment Signing and the CRP-1 Appendix and any addendum thereto. By SiGNING This Contract Payment Signing Appendix Decir
916 E SAINT PAUL ST LITCHFIELD, MN 55355-5324  SEP 0 3 2010 8. OFFER (Select one) GENERAL GENERAL TO: MM-DD-YYY) 11-01-2010 9-30-2025 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 agrees to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to this Contract, including the Appendix to the Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provide to such person. Such person also agrees to pay such liquidate damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto. By SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-2 (Appendix and any addendum thereto, CRP-2; CRP-2; CRP-2; CR-2;
B. OFFER (Select one)  Seneral
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TB. TELEPHONE NUMBER (Include Area Code): (320) 693-M32-M32-M32-M32-M32-M32-M32-M32-M32-M3
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 the Participant acknowledges that a copy of the Appendix for the applicable sign—up eriod has been provided to such person. Such person also agrees to pay such liquidated admags in an amount specified in the Appendix for the applicable sign—up eriod has been provided to such person. Such person also agrees to pay such liquidated contract acress the participant acknowledges that a copy of the Appendix for the applicable sign—up eriod has been provided to such person. Such person also agrees to pay such liquidated contract person also agrees to pay such liquidated contract person also agrees to pay such liquidated contract person also agrees to pay such liquidated to such person. Such person also agrees to pay such liquidated to such person. Such person also agrees to pay such liquidated to such person. Such person also agrees to pay such liquidated to such person. Such person also agrees to pay such liquidated to such person. Such person also agrees to pay such liquidated contract person also agrees to pay such liquidated to such person. Such person also agrees to pay such liquidated contract person. The terms and conditions of this contract person also agrees to pay such liquidated contract person. The te
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10C. First Year Payment \$ 1,055  A. Tract No. B. Field No. C. Practice No. D. Acres Cost-Share  10C. First Year Payment \$ 203 16 CP38E-25 1.91 \$ 191  (Item 10C applicable only to continuous signup when the first year payment is prorated.)  203 2 CP38E-25 2.28 \$ 228  203 3 CP38E-25 4.46 \$ 445  12. PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE  (4) DATE (MM-DD-YYYY)  100.00%  B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY)
(Item 10C applicable only to continuous signup when the first year payment is prorated.)  203 2 CP38E-25 2.28 \$ 228 the first year payment is prorated.)  12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)  A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):  (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY)  100.00%  B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY)
the first year payment is prorated.)  203  3 CP38E-25  4.46  \$ 445  12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)  A(1) PARTICIPANT'S NAME AND ADDRESS (Zin Code):  (2) SHARE  (3) SIGNATURE  (4) DATE (MM-DD-YYYY)  (4) DATE (MM-DD-YYYY)  (5) SHARE  (6) DATE (MM-DD-YYYY)
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0.00%
09-03-2019
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY)
13. CCC USE ONLY  A. SIGNATURE OF CCC BEPRESENTATIVE
Vlan 1 Had 9,19.2019
NOTE: The following statement is made if 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 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.  This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOU COUNTY FSA OFFICE.
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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.
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