

FSA/NRCS CONSULTATION FORM



2620 Airport Drive, P.O. Box 210
Ord, Nebraska 68862
Phone (308) 728-3221 FAX (308) 728-5669
www.llnrd.org

Landowner

Name: _____ Phone: _____

Address _____

City _____ NE Zip Code _____

Legal Description of Field:

____ 1/4 of the ____ 1/4 of Section(s) _____, Township ____ North, Range ____ East/West,
____ County

Prior to completion of a transfer of irrigated acres, Lower Loup NRD regulations require consultation with the FSA & NRCS.

FSA Consultation occurred on _____:
(date)

USDA FORM AD-1026 FILED (if needed): yes no If yes, attach copy of AD-1026

Signature of FSA official: _____

NRCS Consultation occurred on _____:

Copy of Landowner's Conservation Plan Attached (if needed): yes no

Signature of NRCS official: _____

Signatures:

Landowner _____

Lower Loup NRD Representative _____