

FSA - 578 (09-13-16)

REPORT OF COMMODITIES FARM AND TRACT DETAIL LISTING

DATE: 01/05/2023

Farm Number: 11289

PAGE: 1

Operator Name and Address

JAMES BRANDON MASON
1313 STATE ROUTE 301
MAYFIELD, KY 42066-7544

Original: AKT
Revision: _____
Cropland: 35.38
Farmland: 77.18

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date	
55945	1A	SOYBN	COM	GR		N	C	N	I	A	30.00		Yes		N	06/03/2022	01		
Producer JAMES BRANDON MASON					Share 100.00 FSA Physical Location Graves, Kentucky							NAP Unit 320		Signature Date 06/29/2022					
	1B	IDLE				N	C	N	IV	A	5.38		Yes		N		01		
Producer JAMES BRANDON MASON					Share 100.00 FSA Physical Location Graves, Kentucky							NAP Unit 320		Signature Date 06/29/2022					
<u>Tract 55945 Summary</u>																			
<u>PP Cr/Co</u>	<u>Var/Type</u>	<u>Int Use</u>	<u>Irr Pr</u>	<u>Rpt Unit</u>	<u>Rpt Qty</u>	<u>PP Cr/Co</u>	<u>Var/Type</u>	<u>Int Use</u>	<u>Irr Pr</u>	<u>Rpt Unit</u>	<u>Rpt Qty</u>	<u>PP Cr/Co</u>	<u>Var/Type</u>	<u>Int Use</u>	<u>Irr Pr</u>	<u>Rpt Unit</u>	<u>Rpt Qty</u>	<u>Rpt Qty</u>	
01 SOYBN	COM	GR	N	A	30.00	01 IDLE			N	A	5.38								
Photo Number/Legal Description: F7R/1A 1 1/2 MI S HWY 80 ON DAVE MILLER RD																			
Cropland: 35.38					Reported on Cropland: 35.38					Difference: 0.00					Reported on Non-Cropland: 0.00				

JAMES BRANDON MASON
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MAYFIELD, KY 42066-7544

REPORT OF COMMODITIES

FARM SUMMARY

Original: AKT
Revision: _____
Cropland: 35.38
Farmland: 77.18

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 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
JAMES BRANDON MASON	IDLE		100.00	SOYBN	COM	100.00						

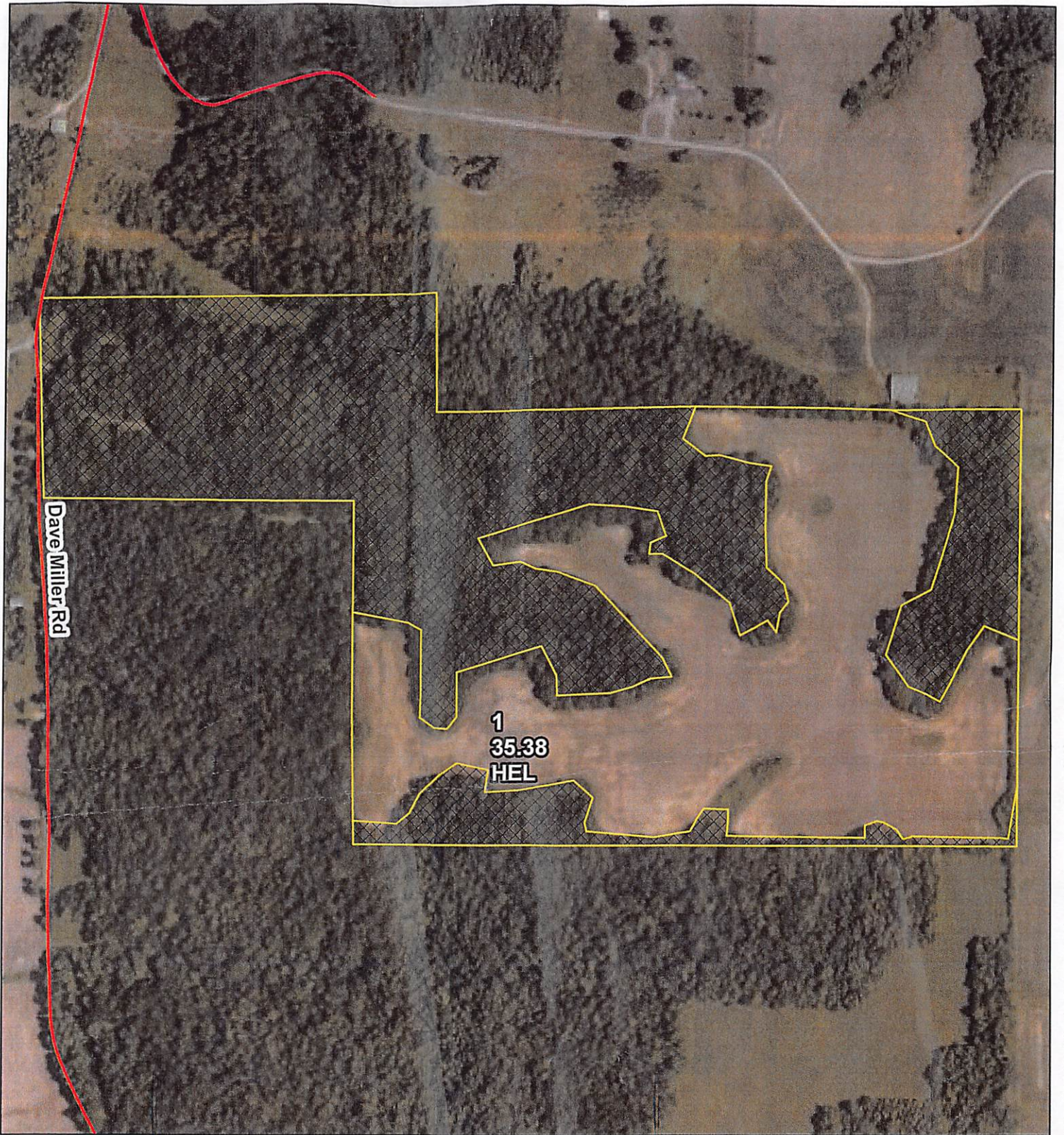
Planting Period	Crop/ Commodity	Variety/ Type	Int Use	Irr Prac	Reporting Unit	Rpt Failed	Det Failed	Rpt Exp	Det Exp	Rpt Pvt	Det Pvt	Rpt Vol	Det Vol	Rpt NA	Det NA
01	IDLE			N	A							5.38			

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	SOYBN	COM	GR	N	A	30.00									

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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United States Department of Agriculture
Farm Service Agency



June 29, 2022

Farm: 11289
Tract: 55945

Graves County, KY

1:4,914

Legend

National_Wetland.SDE.wetlands
Wetland Determination Identifiers

- Restricted Use
- ▼ Limited Restrictions
- Exempt from Conservation Compliance Provisi

street100k_1_ky083
cropland_indicator_3CM, sap_crp

- CRP
- Non-Cropland
- Cropland

Disclaimer: 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 wetland boundaries and determinations, or contact NRCS. This map is for FSA program purposes only.