

NRCS-CPA-38 Request for Certified Wetland Determination or Delineation

Request for Certified Wetland Determination or Delineation

(For use only when the USDA program participant request a certified wetland determination or delineation)

1. OWNER NAME and ADDRESS:

2. AGENT- (OPERATOR) NAME and ADDRESS:

1a. Phone Number:

2a. Phone Number:

3. Have you previously received a wetland determination or delineation on this tract from the Natural Resources Conservation Service (formerly Soil Conservation Service), or the Corps of Engineers:

YES

NO

4. Location of Property (description):

4c. Farm No.: _____ 4d. Tract No.: _____

4e. Field No.: _____

4a. County or Parish: _____

4f. Acres in Tract: _____

4g. Map or aerial photograph with the tract or acres outlined:

4b. State: _____

5. Purpose of Request for Determination or Delineation (list all USDA programs that apply):

I certify that I am the owner or agent of the owner for the property previously described.

I grant the Natural Resources Conservation Service (or their designated agent) the right to enter the property previously described to ascertain the extent of wetlands on said property.

I understand that the certified wetland determination/delineation will be recorded on USDA base maps and utilized in any of the USDA agencies data bases or published on official USDA wetland maps.

6a. Signature of Owner: _____

6a. Date: _____

6b. Signature of Agent: _____

(As authorized by the owner)

6b. Date: _____

18 U.S.C Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of The United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme or devises a material fact or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

7. For Official Use Only:

7a. Tracking Received Date:

7b. Conducted Date:

7c. Product to Client Date:

7d. Appealed **YES** **NO**

7e. Remarks:

**Notes: Purpose of request is to establish a workload priority
Proof of ownership required, such as property tax receipt
If accepting the agent of owner request, a written designation is required**

OMB DISCLOSURE STATEMENT

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 0578-0013. The time required to complete this information collection is estimated to average 0.83 hour 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.

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