



COMPATIBLE USE WORKSHEET

County:	Authorization Number:	Contract Number:
Expiration Date:		Compatible Use:
Purpose:	Person Responsible for Agreed-To Activities: <i>(name, address, phone)</i>	
CRITERIA	SPECIFICATIONS	LAND USE & TREATMENT
Activity:		
Method:		
Frequency:		
Timing:		
Intensity:		
Duration:		Starting in the year _____ and continuing through _____.

** See attached map depicting area for proposed compatible use.

Total Acres Affected: _____ Tract and Field Number: _____

LANDOWNER(s) *(signature)*: _____ Date: _____

DISTRICT CONSERVATIONIST *(signature)*: _____ Date: _____

NRCS BIOLOGIST *(signature)*: _____ Date: _____

PARTNERS *(signature)*: _____ Date: _____

BIOLOGIST/ARC *(signature)*: _____ Date: _____

"NRCS retains the right to modify or cancel this compatible use authorization at any time if the NRCS determines that such activities do not further the protection and enhancement objectives of the easement, or that the landowner has failed to comply with specified terms and conditions. The landowner engages in such activities at his/her own risk. This authorization does not vest any right of any kind in the landowner. This authorization is null and void after the expiration date specified above. By signing this document, the landowner agrees to the terms described above and on any referenced document."