



Document 2009 3257

Book 2009 Page 3257 Type 06 032 Pages 1  
Date 10/30/2009 Time 11:03 AM  
Rec Amt \$9.00

INDX ✓  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

Prepared by David L. Dorff, Ass't Att'y Gen., Iowa Dep't of Justice, State Capitol Complex, Des Moines, Iowa 50319,  
515-281-5351; Return to Madison County SWCD PO Box 267 Winterset IA 50273

**IOWA FINANCIAL INCENTIVE PROGRAM FOR SOIL EROSION CONTROL** Form IP-4 (Rev 10/06)  
**MAINTENANCE/PERFORMANCE AGREEMENT**

Iowa Department of Agriculture & Land Stewardship **FARMS Agreement No #10763**  
Division of Soil Conservation

MADISON SWCD County Soil and Water Conservation District PO Box 267 Winterset IA 50273.  
This AGREEMENT is made and entered into this day of 10/27/2009, by and between the MADISON SWCD County Soil  
and Water Conservation District, herein called DISTRICT, and MATTHEW HECKMAN, herein called RECIPIENT.

**WITNESSETH:**

DISTRICT and RECIPIENT hereby agree that this covenant is executed to satisfy the requirements of Iowa Code  
Section 161A.7(16) and should be interpreted in a manner that promotes the policies of Chapter 161A of the Iowa  
Code. Section 161A.7(16) requires this covenant as a condition for receiving DISTRICT financial incentive assistance  
and provides that the owner, present or future, of the property herein described is personally liable through this  
AGREEMENT if the soil and water conservation practice herein named is not maintained or is removed, altered or  
modified while this AGREEMENT is effective.

The RECIPIENT hereby acknowledges the receipt of FARMS Agreement No. #10763 in the amount of \$4,829.64 as  
reimbursement for partially or completely financing the herein named soil and water conservation practice on Qtr.  
SW1/4SE1/4NE1/4ANDSW1/4SE1/4SE1/4NE1/4 SECTION 17 Township JEFFERSON Tier T77N Range  
R27W County Madison, in the State of Iowa.

RECIPIENT hereby agrees that no action shall be taken by the RECIPIENT or his/her agents or successors to remove,  
alter or modify any soil and water conservation practice herein named for 10 years from the date of the AGREEMENT  
unless prior written authorization is obtained from the District and incorporated into this AGREEMENT.

RECIPIENT hereby agrees that if any unauthorized removal, alteration or modification of the soil and water  
conservation practices herein named occurs during the term of this AGREEMENT, RECIPIENT will repair or  
reconstruct the practices to their original as-built design specifications at RECIPIENT'S own expense. In lieu of  
repairing or reconstructing the practices, DISTRICT, at the sole discretion, may allow RECIPIENT or RECIPIENT'S  
successors to refund to the Iowa Division of Soil Conservation the entire amount of the financial incentive payment  
received by RECIPIENT.

DISTRICT and RECIPIENT hereby agree that if RECIPIENT makes a refund of all money received under this  
AGREEMENT to the DIVISION that the AGREEMENT is cancelled and that no costs of cancellation shall be charged to  
either party.

RECIPIENT hereby agrees to notify any prospective purchaser of the property herein described of the landowner's  
obligations created by this AGREEMENT and Section 161A.7(16) of the Iowa Code and Section 27-10.31 of the Iowa  
Administrative Code before legal or equitable title to any portion of this property is transferred.

**COVERAGE OF THIS AGREEMENT:**

DISTRICT and RECIPIENT agree that the soil and water conservation practice(s) detailed in the following  
description and on the attached sketch (hereby made part of this AGREEMENT) were partially or completely installed  
with DISTRICT funds and is covered by this AGREEMENT.

RECIPIENT hereby agrees the maintenance agreement will begin on October 27, 2009  
Practice Grassed Waterway Amount Installed 1 Acre(s)

*David L. Dorff*  
Signature of SWCD Chairperson

*Matthew Heckman*  
Signature of Owner, agent or POA  
Signature of Recipient, MATTHEW HECKMAN

State of Iowa  
County of Madison

This instrument was acknowledged before me on 10-30-09 by Matthew Heckman  
(date) (name(s) of person(s))

*Diane Fitch* (signature of notarial officer)

State Secretary \_\_\_\_\_ Title (and Rank)

(Stamp or Seal)

