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Rec Amt \$7.00

INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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Prepared by David L. Dorff, Ass't Att'y Gen., <u>Iowa Dep't of Justice</u>, <u>State Capitol Complex</u>, <u>Des Moines</u>, <u>Iowa 50319</u>, <u>515-281-5351:Return to:</u> <u>MADISON SWCDPO BOX 267 WINTERSET IA 50273</u>.

10WA FINANCIAL INCENTIVE PROGRAM FOR SOIL EROSION CONTROL

Form IP-4(Rev 10/06)

MAINTENANCE/PERFORMANCE AGREEMENT Iowa Department of Agriculture & Land Stewardship

lowa Department of Agriculture & Land Stewardship Division of Soil Conservation

FARMS Agreement No #31312

MADISON SWCD County Soil and Water Conservation District
This AGREEMENT is made and entered into this day of <u>December 16, 2014</u>, by and between the MADISON SWCD County Soil and Water Conservation District, herein called DISTRICT, and **LEON PHILLIPS**, 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. #31312 in connection with an application for partially or completely financing the herein named soil and water conservation practice on Otr. NE1/4 SE1/4 Sec. 8 Township Ohio Tier T74N Range R26W 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 20 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 upon certification of the practice by the certifying

technician. The equipmention date is available at	the local Soil and water conservation District office
Practice Terraces	Amount Installed 750 Feet
Truduct W. Maters Signature of SWCD Chairperson	Signature of Owner, agent or POA
	Leon H Phillips
	Signature of Recipient, LEON PHILLIPS
State of <u>IOWA</u>	
County of <u>MADISON</u>	
This instrument was acknowledged before me o	n December 16, 2014 by Leon Phillips
O John L	(date) (name(s) of person(s)
where ruch (signature of n	otarial officer)
	(Stamp or Seal)
State Secretary/Notary_Title (and Rank)	FIANE FITCH

Commission Number 728590
My Commission Expires
5-21-16