

SUBPART J

Exhibit 512.90(Maine-1)

Conservation Program Request for Waiver

To: State Conservationist
Natural Resources Conservation Service
967 Illinois Avenue, Suite 3
Bangor, ME 04401

This is to request a waiver to commence the installation of conservation practices prior to the approval of the program cost share agreement, because of one of the following meritorious reasons:

- Alleviation of imminent and significant environmental problems.
Prevention of endangerment to life or property
Seasonal weather constraints

Practice description/Reason for request:
[Blank lines for text entry]

NRCS has notified me (us) that I (we) may be ineligible to receive payment if any of the following conditions are not met and I (we) understand the following conditions apply:

- An application for the program must be filed before any practice was initiated.
The practice will be established/installed according to NRCS standards and specifications.
The practice will be included in the conservation plan that is the basis of the program application.
The practice is ineligible for cost share assistance if the program agreement is not approved.
An approved waiver expires the end of the current fiscal year, which is from October 1 thru September 30. If the practice(s) has (have) been implemented/installed and my application is not funded within the current fiscal year, the waiver is non-renewable and no reimbursement payment will be made for the practice implementation/installation.

X [Signature line] Date: [Date line]
Applicant signature

X [Signature line] Date: [Date line]
Co-applicant signature, if needed

I certify that the practice(s) for which this waiver is being requested is included in a conservation plan and that all pertinent reviews (e.g., Cultural Resources, Threatened and Endangered Species, Protected Habitat, etc.) have been completed.
[Signature line], District Conservationist

Application date: [Date line] Location of project: [City or Town and County line]

Name: [Name line]

Address: [Address line]

City/town: [City line] ST: [State line] Zip: [Zip line]

Contact phone #: [Phone line] FAX: [FAX line] E-mail: [Email line]

APPROVED [Signature line] (Approval Expires: 9/30/ [Year line])

NOT APPROVED [Signature line]

[Signature line] Date: [Date line]
NRCS State Conservationist or Designee signature

COMMENTS: [Comments line]