

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

FARM AND TRACT DETAIL LISTING

DATE: 07/09/2021

PAGE: 1

Farm Number: 1964

Original: NMM

Revision: _____

Cropland: 3.73

Farmland: 5.56

Operator Name and Address

ALAN DIPIETRO
201 MAPLE ST
STOW, MA 01775-1220

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
2541	1A	HEMP		CB		N	C	N	I	A	0.014		Yes		N	5/17/2021	01	
				Producer ALAN DIPIETRO				Share 100.00 FSA Physical Location Middlesex, Massachusetts				NAP Unit 1125		Signature Date				
	2A	HEMP		CB		N	C	N	I	A	0.011		Yes		N	5/17/2021	01	
				Producer ALAN DIPIETRO				Share 100.00 FSA Physical Location Middlesex, Massachusetts				NAP Unit 1125		Signature Date				
	3A	HEMP		CB		N	C	N	I	A	0.014		Yes		N	5/17/2021	01	
				Producer ALAN DIPIETRO				Share 100.00 FSA Physical Location Middlesex, Massachusetts				NAP Unit 1125		Signature Date				

Tract 2541 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	
01	HEMP		CB	N	A	0.039															

Photo Number/Legal Description:

Cropland: 3.73

Reported on Cropland: 0.039

Difference: -3.691

Reported on Non-Cropland: 0.00

Note: All cropland has not been reported.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

DATE: 07/09/2021

Farm Number: 1964

FARM SUMMARY

PAGE: 2

Operator Name and Address

ALAN DIPIETRO
201 MAPLE ST
STOW, MA 01775-1220

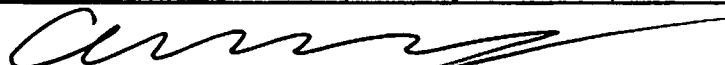
Original: NMM
Revision: _____
Cropland: 3.73
Farmland: 5.56

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 minutes 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

ALAN DIPIETRO														
Crop/Commodity	Variety/Type	Share	Crop/Commodity	Variety/Type	Share	Crop/Commodity	Variety/Type	Share	Crop/Commodity	Variety/Type	Share	Crop/Commodity	Variety/Type	Share
HEMP		100.00												

Planting Period	Crop/Commodity	Variety/Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/Commodity	Variety/Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	HEMP		CB	N	A	0.039									

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)  Date 7-9-2021

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

REPORT OF COMMODITIES

Farm Number: 4104

FARM SUMMARY

DATE: 07/09/2021

PAGE: 2

Operator Name and Address

ALAN DIPIETRO
201 MAPLE ST
STOW, MA 01775-1220

Original: NMM

Revision: _____

Cropland: 13.68

Farmland: 23.59

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 minutes 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

Planting Period	Crop/Commodity	Variety/Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/Commodity	Variety/Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
	ALAN DIPIETRO	HEMP				100.00									
01	HEMP		CB	N	A	0.294									

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)



Date

7-9-2021

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