



Natural Resources Conservation Service

SAMPLE EARLY IMPLEMENTATION WAIVER

VIA CERTIFIED MAIL: RETURN RECEIPT REQUESTED

[Insert date]

[Insert name and address of applicant]

Dear [Insert applicant's name]:

This notice provides the waiver to begin the following practice: _____ as you requested on [Insert the date of the request]. This approval is based on your desire to complete this practice in a timely manner to [alleviate significant environmental problems/prevent damage to life or property/work around seasonal weather constraints]. The acknowledgement statement provided with this letter must be signed and returned to [Insert address] for the waiver to be authorized.

This waiver is contingent upon our understanding that you have not started this practice before you applied to the Wetlands Reserve Program (WRP) or the date this waiver was approved. Also, you are advised that you will be ineligible to receive any WRP payments if any of the following occur:

1. The easement is closed or 30-year contract is not executed.
2. The [easement restoration agreement/restoration cost-share agreement] is not signed by both parties.
3. Work is not applied according to NRCS-approved standards and designs.
4. Work is not completed in accordance with an approved Wetlands Reserve Plan of Operations.

This waiver will expire on [insert date, maximum of 12 months].

Contact your local NRCS office to verify approved design or other information before starting the conservation practice. This waiver is applicable only to the starting date for the practice and does not constitute approval of either the WRP contract for which you have applied or the conservation practice. All other practice requirements must be met.

If you disagree with the terms and conditions of this waiver, you may request a review of appealability from the applicable National Appeals Division regional office.

[The following addresses are provided for NRCS use. Select the one applicable to your State to provide in the letter]:

Eastern Region of NAD	Southern Region of NAD	Western Region of NAD
Duane Sinclair Assistance Director P.O. Box 68806 Indianapolis, IN 46268-0806	Mark Kooker Assistant Director P.O. Box 1508 Cordova, TN 38088	Patricia Leslie Assistant Director 755 Parfet Street, Suite 494 Lakewood, CO 80215-5506



If you have any questions, please continue to work with _____, designated conservationist, in the _____ field office.

Sincerely,

[Insert State Conservationist's name]
State Conservationist

cc:
DC
ASTC for Field Operations

Helping People Help the Land

An Equal Opportunity Provider and Employer



**WAIVER ACKNOWLEDGEMENT TO COMMENCE A
FINANCIALLY ASSISTED PRACTICE PRIOR TO WRP
[EASEMENT RECORDING/CONTRACT EXECUTION/WRPO APPROVAL]**

LANDOWNER NAME: _____

WRP CONTRACT NUMBER: _____

We acknowledge that the implementation of wetland restoration practices on the land enrolled in WRP is at [my or our] own risk and that [my or our] ability to receive WRP cost-share assistance is contingent upon NRCS and the landowner entering into an easement restoration agreement and the NRCS determining that the practice or practices are established according to NRCS specifications. [I or we] further understand that we are responsible for obtaining all necessary Federal, State, and local authorizations and permits needed to implement such wetland restoration activities.

[I or we] acknowledge that no cost-share payments will be provided until and unless the [easement is recorded/contract is executed/restoration cost-share agreement is signed by the NRCS State Conservationist]. Furthermore, [I or we] acknowledge that cost-share payments will only be provided by NRCS for practices or components applied in accordance with NRCS standards and specifications, as determined by NRCS.

This waiver expires on [Insert date].

Landowner signatures:

_____ Date

_____ Date

NRCS Approval:

_____ Date

_____ Date

