



**SITE SUITABILITY CHECKLIST - AMERICAN CRYSTAL SUGAR COMPANY
American Crystal Sugarbeet Growers Only**

Grower of site (field): _____ Shareholder Number: _____

Grower Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ E-mail: _____

FSA Farm ID: _____ FSA Track ID: _____ FSA Field ID: _____

Site Owner (if different from above): _____

Site Owner Phone Number: _____ Site Owner E-mail: _____

Site Information

Is this a beet field: _____ Has the site had lime within 3 years (if yes field is ineligible): _____

State: _____ County: _____ Township Name: _____

Township: _____ Range: _____ Section: _____ Quarter: _____

OR

GPS point from center of field. Lat: _____ Long: _____ Format: 46.00000, -96.00000

Planned Application Acres: _____ Planned Application Rate (tons/acre max of 10): _____

Soil Test Data for MN and ND fields

Soil Test Date: _____ Nitrate: _____ Phosphate (Olsen): _____ K: _____

OM(%): _____ pH: _____ Soluble Salts: _____

I agree to the Terms and Conditions in the Lime Removal Agreement: _____

VersaLime Hauled by: _____

Signature of Site Grower: _____ Date: _____

Signature of Site Owner (if different): _____ Date: _____

Number of hauler cards requested: _____

Note: A site suitability checklist is required for each site. Please make sure all fields are completed.

To be filled in by ASCS Representative

Review by (ACSC or Ultieg Engineering representative): _____

Approved Acres: _____ Approved Tons: _____ Approved Loads (25tons/load): _____

This form satisfies the Asset Removal Form requirement under the Company's Asset Disposal policy.