

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D 08 001 1 CONTROL NO. (F/Y & NO.) 96 0005

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 496 NAME AND ADDRESS SCOTT DAY 14651 HAYSMOUNT MILE RS BRIGHTON, CO 80601 FARMLAND 499.0 CROPLAND 488.7 PROGRAM CODE SIP FUND CODE CONTRACT/LTA & ITEM NO. PRIMARY PURPOSE OTHER ASSISTANCE OTHER FARMS /X/YES / /No

DESCRIPTION OF PRACTICE OBJECTIVE NEEDED FOR SOIL EROSION PRACTICE LOCATION K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2

FOR USE BY THE APPROVING OFFICIAL

Table with columns: Number, Practice Title, Extent Requested, Extent Approved, Rate, C/S Approved, I plan to start the practice, I plan to complete the practice. Includes handwritten 'CANCELLED' and 'CANCELED' across the table.

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: [Signature] DATE: 1-25-96 Estimated \$ C/S Value 280 C/S Willing \$ to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date

REMARKS [Handwritten signature and date 2/26/96]

RECEIVED
JAN 29 1996
Adams County FSA

For SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. SIGNATURE: DATE: Acres if more than 1,000 Date Waiver Approved

A. REFERRAL INFORMATION

1. Farm No. 496 Name and Address SCOTT DAY 14651 HAYSMOUNT MILE RS Tract No. BRIGHTON, CO 80601 496		2. Telephone Number	3. Contract Id.
6. Practice Location K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2		4. Practice to Begin 04-01-96	5. Referral Expires 03-30-96
Practice Description 8 SIP8 Wildlife habitat enhancement (Ac) W12 WILDLIFE HABITAT 1/10 ACRE SHRUB THICKET NU		7. Needs Statement	
Extent Requested 9		Extent Needed 10	
The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.		11. Signature	
		Date	

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP8	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 280	7. Est. Cost-Share 280
8. Practice Extents Number Ac. Served/Treated	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before After	12. Technical Practices Applied		
				Technical Practice a	Cost-Shared? b	Units Planned/ Applied c

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
			d. Trend. Cond. After
13. Endangered Species			
14. Hydrologic Unit Code			

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before After		3. Soil Moisture Measures?

E. WATER QUALITY

1. Problem Type
2. Type of Water Body Treated/Protected
3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description		2. Stand Condition		3. Site Preparation		4. Purpose
a. Site Index	b. Poten. Prod.	a. Forest Cover Before After	b. Stocking Level Before After	a. Acres	b. Cost-Share	Trees Pr/Ac

G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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This practice has been performed to the extent shown in item B12c and I. Signature _____ Date _____
meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D 08 001 1 CONTROL NO. (F/Y & NO.) 96 0006

(AD-245 replaces ACP-245 and SIP-245)

Table with 7 columns: FARM NO., NAME AND ADDRESS, FARMLAND, CROPLAND, PROGRAM CODE, FUND CODE, CONTRACT/LTA & ITEM NO., PRIMARY PURPOSE, OTHER FARMS, OTHER ASSISTANCE. Includes farm details for Scott Day in Brighton, CO.

DESCRIPTION OF PRACTICE OBJECTIVE CONTROL EROSION PRACTICE LOCATION K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2

FOR USE BY THE APPROVING OFFICIAL

Table with 7 columns: Number, Practice Title, Extent Requested, Extent Approved, Rate, C/S Approved, I plan to start/complete the practice. Includes handwritten 'CANCELLED' and 'AT'.

CONSERVATION PLAN: Farm Plan By NRCS, Forest Plan By FS, Other Plan, PARTNERSHIP, Joint Venture

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form 'CONTINUATION FOR AD-245' is by reference incorporated herein.

SIGNATURE: [Signature] DATE: 1-25-96 Estimated \$ C/S Value 280 C/S Willing to Approve \$

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL [Signature] DATE: 1/20/96 Practice Expiration Date

REMARKS [Signature] 2/26/96 RECEIVED JAN 29 1996 Adams County FSA

For SIP and FIP Only: I certify that I / do / do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. SIGNATURE: DATE: Acres if more than 1,000 Date Waiver Approved

A. REFERRAL INFORMATION

1. Farm No. 496	Name and Address SCOTT DAY 14651 HAYSMOUNT MILE RS BRIGHTON, CO 80601	2. Telephone Number	3. Contract Id.
Tract No. 496		4. Practice to Begin 04-01-96	5. Referral Expires 03-30-96
6. Practice Location K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2		7. Needs Statement	

Practice Description	Extent Requested	Extent Needed
8 SIP8 Wildlife habitat enhancement (Ac)	9 .1	10 10
W12 WILDLIFE HABITAT 1/10 ACRE SHRUB THICKET NU	.1	

The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

11. Signature	Date
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B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP8	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 200
8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	After	12. Technical Practices Applied	
					Technical Practice a	Cost-Shared? b
						Units Planned/ Applied c

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
			d. Acres Affected
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
			d. Trend. Cond. After
			13. Endangered Species
			14. Hydrologic Unit Code

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before	After	c. System Efficiency (%) Before	After	d. Water Cons. Acres
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before		After	3. Soil Moisture Measures?	

E. WATER QUALITY

1. Problem Type
2. Type of Water Body Treated/Protected
3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description a. Site Index	b. Poten. Prod.	2. Stand Condition a. Forest Cover Before		After	b. Stocking Level Before	After	3. Site Preparation a. Acres	b. Cost-Share	4. Trees Pr/Ac
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G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.	Signature	Date
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AD-245
(09-11-95)

U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARES

ST. & CO. & C/D
08 001 1

CONTROL NO. (F/Y & NO.)
96 0004

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 496	NAME AND ADDRESS SCOTT DAY 14651 HAYSMOUNT MILE RS BRIGHTON, CO 80601	FARMLAND 499.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS //YES /X/No
TRACT No. 496		CROPLAND 488.7					
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE
NEEDED TO EROSION CONTROL
PRACTICE LOCATION K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2

FOR USE BY THE APPROVING OFFICIAL

Number -- A --	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice 84-01-96
SIP3	Forest improvement (Ac)	.2				
HEP	HEDGEROW PLANTING	467.0		.200		
MUL	MULCHING-WEED BARRIER/FABRIC	.2		775.000		
						I plan to complete the practice 85-01-96

CONSERVATION PLAN: Farm Plan By NRCs / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No

PARTNERSHIP / /Yes /X/No
Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *[Signature]* DATE: *1-25-96* Estimated \$ C/S Value 240 C/S Willing \$ to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL: *[Signature]* DATE: *2/27/96* Practice Expiration Date

REMARKS *[Handwritten notes]*

RECEIVED
JAN 29 1996
Adams County FSA

For SIP and FIP Only: I certify that I //do //do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.
SIGNATURE: DATE: Acres if more than 1,000 Date Waiver Approved

AD-862
(11-21-94)

U.S. DEPARTMENT OF AGRICULTURE
CONSERVATION REPORTING AND EVALUATION SYSTEM

ST. & CO. Code & C/D
08 001 1

Control No. (FY & No.)
96 0004

A. REFERRAL INFORMATION

1. Farm No. 496	Name and Address SCOTT DAY 14651 HAYSMOUNT MILE RS BRIGHTON, CO 80601	2. Telephone Number	3. Contract Id.
Tract No. 496		4. Practice to Begin 04-01-96	5. Referral Expires 03-30-96
6. Practice Location K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2		7. Needs Statement	

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	9	10
HEP HEDGEROW PLANTING	LF .2	
MUL MULCHING-WEED BARRIER FABRIC	AC 467.0	
		.2

The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

11. Signature _____ | Date _____

B. GENERAL INFORMATION

1. Primary Purpose F	2. Program SIP	3. Program Practice No. SIP3	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 240
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8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	11. Land Cover/Use After	12. Technical Practices Applied		
Ac. Served/Treated					Technical Practice a	Cost-Shared? b	Units Planned/ Applied c

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
			d. Acres Affected
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
			d. Trend Cond. After
			13. Endangered Species
			14. Hydrologic Unit Code

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before After		3. Soil Moisture Measures?

E. WATER QUALITY

1. Problem Type
2. Type of Water Body Treated/Protected
3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description a. Site Index	b. Poten. Prod.	2. Stand Condition a. Forest Cover Before After		b. Stocking Level Before After	3. Site Preparation a. Acres b. Cost-Share		4. Trees Pr/Ac
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G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice

Signature _____ | Date _____

AD-245 U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
(09-11-95) 06 001 1 96 0003

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 496 NAME AND ADDRESS SCOTT DAY 14651 HAYSMOUNT MILE RS BRIGHTON, CO 80601
TRACT No. 496
Telephone No.
FARMLAND 499.0 CROPLAND 488.7 PROGRAM CODE SIP FUND CODE CONTRACT/LTA & ITEM NO. PRIMARY PURPOSE OTHER FARMS / /YES /X/No OTHER ASSISTANCE

DESCRIPTION OF PRACTICE OBJECTIVE PRACTICE NEEDED TO CONTROL EROSION PRACTICE LOCATION K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2

FOR USE BY THE APPROVING OFFICIAL

Table with columns: Number (A), Practice Title (B), Extent Requested (C), Extent Approved (D), Rate (E), C/S Approved (F), I plan to start the practice (G), I plan to complete the practice (H). Includes handwritten entries for Agroforestry, Farmstead, and Mulching practices with associated costs and acreages.

CONSERVATION PLAN: Farm Plan By NRCS / Yes /X/No Forest Plan By FS / Yes /X/No Other Plan / Yes /X/No PARTNERSHIP / Yes /X/No Joint Venture / Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: [Signature] DATE: 11-25-96 Estimated \$ C/S Value 400 C/S Willing \$ to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL [Signature] DATE: 1/20/96 Practice Expiration Date

REMARKS [Signature] 2/26/96

RECEIVED
JAN 29 1996
Adams County FSA

For SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. SIGNATURE: DATE: Acres if more than 1,000 Date Waiver Approved

A. REFERRAL INFORMATION

1. Farm No. 496 Name and Address SCOTT DAY 14651 HAYSMOUNT MILE RS BRIGHTON, CO 80601		2. Telephone Number		3. Contract Id.	
Tract No. 496		4. Practice to Begin 04-01-96		5. Referral Expires 03-01-96	
6. Practice Location K3\ ALL 22-1-65 EX 141 AC IN S1/2 S1/2		7. Needs Statement			
Practice Description		Extent Requested	Extent Needed		
8		9	10		
SIP4	Agroforestry estab/main/renovate (AS)	.4			
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.4			
MUL	MULCHING-WEED BARRIER FABRIC	.4			
		The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.			
11. Signature				Date	

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 400
8. Practice Extents Number	9. Land Capability Ac. Served/Treated	10. Soil Loss Class & Subclass	11. Land Cover/Use Tolerance	11. Land Cover/Use Before	12. Technical Practices Applied	12. Technical Practices Applied
					Technical Practice a	Cost-Shared? b
C. EROSION CONTROL						Units Planned/ Applied c
1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies			
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies			
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected		
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After	13. Endangered Species	14. Hydrologic Unit Code

D. WATER CONSERVATION

E. WATER QUALITY

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before	c. System Efficiency (%) Before	d. Water Cons. After	d. Water Cons. Acres	1. Problem Type
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before		After	3. Soil Moisture Measures?	2. Type of Water Body Treated/Protected
						3. Pollution Severity

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description		2. Stand Condition		3. Site Preparation		4. Trees Pr/AC	Purpose
a. Site Index	b. Poten. Prod.	a. Forest Cover Before	b. Stocking Level After	a. Acres	b. Cost-Share		

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I. Signature _____ Date _____