

A. REFERRAL INFORMATION

1. Farm No. 964 Name and Address KATE SPARKS 161 BOULDER VIEW RD TRACT NO. BOULDER, CO 80302 2. Telephone Number 3. Contract Id. 4. Practice to Begin 05 92 5. Referral Expires 05 92

6. Practice Location part of sec 25-1n-72

Practice Description 8 Reforestation and Afforestation (Ac) HSP HEAVY SITE PREPARATION & PLANTING AC Extent Requested 9 1.5 Extent Needed 10

7. Needs Statement Area burned in Black Tiger Fire. Reforestation needed and practical.

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

11. Signature Douglas Stevenson Date 3/19/92

B. GENERAL INFORMATION

1. Primary Purpose F 2. Program SIP 3. Program Practice No. SIP2 4. VC/SL N 5. Fund Code 6. Estimated Total Cost \$2520 7. Est. Cost-Share 615

8. Practice Extents Number 1.5 1.5 19. Land Capability Class & Subclass VII-1 10. Soil Loss Tolerance 1.0 11. Land Cover/Use Before 8 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? 1. Problem Type 2. Type of Water Body Treated/Protected 3. Pollution Severity

E. WATER QUALITY

F. WOOD PRODUCTION

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

G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost 2. Cost-Share 3. Date Performed

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



SIP-245  
(11-27-91)U.S. DEPARTMENT OF AGRICULTURE  
REQUEST FOR COST-SHARESST. & CD. & C/D | CONTROL NO. (F/Y & NO.) |  
08 013 6 | 92 0064 |

FARM NO. 964	NAME AND ADDRESS KATE SPARKS 161 BOULDER VIEW RD BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE WOOD PRODUCTION	OTHER IFARMS / / YES /X/NO
TRACT No. 9226	Telephone No. <del>000-000-0000</del> 303-442-1442	CROPLAND				

DESCRIPTION OF PRACTICE OBJECTIVE  
WIND EROSION

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice 05/92
SIP2 HSP	Reforestation and Afforestation (Ac) HEAVY SITE PREPARATION & PLANTING	AC 1.5	1.5	410.00	615.00	
				\$ 615		I plan to complete Practice 07/92

Forest Stewardship Plan by FS  
/X/Yes / /NoPARTNERSHIP / /Yes /X/No  
Joint Venture / /Yes /X/No

## APPLICANTS REQUEST

I request cost-share assistance under the program to meet the forest stewardship objectives described above. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if, before the 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.

SIGNATURE

Date

Estimated \$  
C/S Value

3-11-92

615

APPROVAL ACTION

The State Forester approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE STATE  
FORESTER

Date

Practice Expiration  
Date

Sept 15, 1992

7/93

REMARKS

I certify that I / /do / /do not own more than 1.000 acres of nonindustrial private forestland in the United States or any territory or possession of the U.S.

Acres if more  
than 1.000Date Waiver  
Approved by FS

PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.



SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
(03-04-92) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 013 6 92 0064

FARM NO. NAME AND ADDRESS FARMLAND PROGRAM FUND PRIMARY EXPIRATION NOTICE  
964 KATE SPARKS 3.6 CODE CODE PURPOSE Practice must be  
TRACT No. 161 BOULDER VIEW RD CROPLAND completed and reported  
9226 BOULDER, CO 80302 by 04-01-94  
Telephone No. SIP WOOD PRODUCTION ID 563 82 3829 S

Your request for program cost-sharing to perform the practice shown below is approved for the land identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the State Forester at once. Upon certification of practice completion by the State Forester, payment shall be made within 30 days.

DESCRIPTION OF PRACTICE OBJECTIVE  
WIND EROSION

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
A	B	C	D	E	F	G	H
SIP2	Reforestation and afforestation (Ac)	1.5	1.5	75%	615*		
HSP	HEAVY SITE PREPARATION & PLANTING	1.5	1.5	410.000	615		
	AC						

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
HSP - 75% of cost not to exceed rate in column E.

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below and file with the issuing office by the date noted in EXPIRATION NOTICE. APPROVAL MAILED BY CED DATE  
*Cindy E. Hattel* 10/5/92

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)  
YES ☒ NO ☐  
Total Cost-Shares Earned  
Payment Advance (Partial Payment)  
Setoff  
Debt Assignment  
Net Payment  
Y. During the current fiscal year Oct. 1 - Sep. 30, do you have an interest, direct or indirect, in any entity that is or will be receiving a SIP payment. (If yes, report State County and amount of each).  
YES ☒ NO ☐  
CED Earned Approved By/Date Calc. Verified By/Date

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the State Forester has determined that the practice has been performed. I agree to maintain this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if before the expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed 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 specified lifespan.

SIGNATURE DATE

PARTICIPATION IN FC PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.



SIP-245  
(11-27-91)U.S. DEPARTMENT OF AGRICULTURE  
REQUEST FOR COST-SHARESST. & CO. & C/D  
08 013 6CONTROL NO. (F/Y & NO.)  
92 0063

FARM NO. 964	NAME AND ADDRESS KATE SPARKS 161 BOULDER VIEW RD BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS / / YES /X/NO
TRACT No. 9226		CROPLAND				
Telephone No. 000-000-0000						

DESCRIPTION OF PRACTICE OBJECTIVE  
WIND EROSION

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice G
SIP4	Windbreak and Hedgerow Est, Maint & Renovt(AS)	AC	1.0	450.00	225.00	05/92
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	1.0	775.00	387.50	
MUL	MULCHING - WEED BARRIER FABRIC	AC	1.0		612.50	
			51000/AC		500.00	I plan to complete Practice 07/92
					\$ 500.00	

Forest Stewardship Plan by FS  
/X/Yes / /NoPARTNERSHIP / /Yes /X/No  
Joint Venture / /Yes /X/No

## APPLICANTS REQUEST

I request cost-share assistance under the program to meet the forest stewardship objectives described above. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if, before the 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.

SIGNATURE

Date

Estimated \$  
C/S Value

500

1,000

APPROVAL ACTION

The State Forester approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE STATE  
FORESTER

Date

Practice Expiration  
Date

8/15

7/93

REMARKS

I certify that I / /do / /do not own more than 1,000 acres of nonindustrial private forestland in the United States or any territory or possession of the U.S.

Acres if more  
than 1,000Date Waiver  
Approved by FS

PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.



## A. REFERRAL INFORMATION

1. Farm No. 964	Name and Address KATE SPARKS 161 BOULDER VIEW RD TRACT NO. BOULDER, CO 80302	2. Telephone Number	3. Contract Id.
9226		4. Practice to Begin 05 92	5. Referral Expires 05 92
6. Practice Location part of sec 25-1n-72		7. Needs Statement <i>A windbreak is needed and feasible on this property</i>	
Practice Description 8 Windbreak and Hedgerow Est, Maint & Renovt(AS) FFW FARMSTEAD & FEEDLOT WINDBREAK MUL MULCHING - WEED BARRIER FABRIC		Extent Requested 9 1.0 1.0	Extent Needed 10 0.5 0.5
		The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.	
		11. Signature <i>Douglas Stevenson</i>	Date 3/19/92

## 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 \$1725	7. Est. Cost-Share 1,000
8. Practice Extents Number 0.5 / 0.5	9. Land Capability Class & Subclass VII-1	10. Soil Loss Tolerance 1.0	11. Land Cover/Use Before Forts	12. Land Cover/Use After Trees	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	2. Stand Condition	3. Site Preparation	4. Purpose
a. Site Index	b. Pot. Prod. (Cu. Ft./Ac./Yr.)	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 Signature meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item 1.

Date



SIP-245  
(03-04-92)U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D  
08 013 6CONTROL NO. (F/Y & NO.)  
92 0063

FARM NO. 964	NAME AND ADDRESS KATE SPARKS 161 BOULDER VIEW RD BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 04-01-94
TRACT No. 9226		CROPLAND			OTHER ASSISTANCE	ID 563 82 3829 S
Telephone No.						

Your request for program cost-sharing to perform the practice shown below is approved for the land identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the State Forester at once. Upon certification of practice completion by the State Forester, payment shall be made within 30 days.

DESCRIPTION OF PRACTICE OBJECTIVE  
WIND EROSION

## FOR CED AND STATE FORESTER USE

Number	Practice Title		Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
			C	I	E	F	G	H
SIP4	Windbreak/hedge estab, maint, renovate (AS)		1.0	1.0	75%	500*		
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	1.0	1.0	450.000	112		
MUL	MULCHING - WEED BARRIER FABRIC	AC	1.0	1.0	775.000	388		

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount

FFW - 75% of cost not to exceed rate in column E.

MUL - 75% of cost not to exceed rate in column E.

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below and file with the issuing office by the date noted in EXPIRATION NOTICE.

APPROVAL MAILED BY CEI

DATE

*Cindy E. Fether*

10/5/92

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

Total Cost-Shares Earned

Payment Advance (Partial Payment)

Setoff

Debt Assignment

Net Payment

C/S Earned Approved By/Date Date Verified By/Date

YES / / NO / /

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any entity that is or will be receiving a SIP payment. (If yes, report State, County and amount of each).

YES / / NO / /

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the State Forester has determined that the practice has been performed. I agree to maintain this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if before the expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed 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 specified lifespan.

SIGNATURE

DATE

PARTICIPATION IN FC PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.



SIP-100  
(10-01-91)U.S. DEPARTMENT OF AGRICULTURE  
Stewardship Incentive Program

## SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>Boulder</i>	2. STATE <i>Co</i>
3. ASCS FARM NO. <i>F 964 T 9226</i>	4. CONTROL NO. (from SIP-245) <i>92-0062; 0063;</i>
5. LANDOWNER NAME AND ADDRESS <i>Kate Sparks</i> <i>0064;</i>	

NOTE: This worksheet should be attached to the SIP-245 and remain attached throughout the cost-share process.

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The Food, Agriculture, Conservation, and Trade Act of 1990 authorizes the collection of the following data (36 CFR Part 230). The information is necessary to determine eligibility to participate in the Stewardship Incentive Program (SIP). Furnishing this data is voluntary; however, without it participation in the program may be denied. Any fraudulent claim made hereunder may subject the applicant to Federal, criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 231. The data may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal.

Public reporting burden for this collection of information is estimated to average 15 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. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0596-0120), Washington, D.C. 20503.

## PART 1 - ELIGIBILITY CHECKLIST - TO BE COMPLETED BY ASCS

Check "Yes" or "No" for each:

6. The applicant actually owns the land.

YES NO

7. The landowner is not a Federal, State, or local government agency or other governmental organization.

8. The landowner, if a corporation, is not a publicly traded corporation.

9. The landowner is not principally engaged in the production of wood products.

10. The landowner does not own more than 1,000 acres of NIPF (Non-Industrial Private Forestland), or not more than 5,000 acres of NIPF with an eligibility waiver signed by the State Forester.

11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.

12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.

13. The practice was not started prior to submission of the application to ASCS.

14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.

15. Other (explain)

The eligibility information above is provided by ASCS for use by the Service Forester for making eligibility determinations. This information is provided only as a recommendation, and is only based on information made available at the time of application.

16. Signature (Landowner)

Date

17. Signature (CED or designee)

Date

Supporting statements or documents, if any, are attached by ASCS.

## PART 2 - ELIGIBILITY DETERMINATION - TO BE COMPLETED BY THE SERVICE FORESTER

Check "Yes" or "No" for each:

18. The practice requested was determined to be **needed** and **practical** (from AD-862).

YES NO

19. The application meets all explicit eligibility criteria and is eligible for cost-sharing at this time because it is higher priority and ample funds are available. ("No" should be checked when eligible applications are not approved because of priorities, or ample funds are not available.)

20. Other (explain)

ELIGIBLE ☒INELIGIBLE ☐

An INELIGIBLE determination is based on the following from item(s) 6-15 or 18-20 that are checked "No". (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

(Enter numbers)

21. Signature (Service Forester)

Date

Supporting statements or documents, if any, are attached by the Service Forester.

NOTE to Service Foresters: The original signed copy of this form must be returned to the county ASCS office with each SIP-245 so that ASCS can properly notify the applicant of their application approval/disapproval.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.



**STEWARDSHIP INCENTIVE PROGRAM  
PAYMENT LIMITATION REVIEW**

County Boulder  
State Colorado

PROGRAM YEAR	
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19 92

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in the Stewardship Incentive Program (SIP). This program is authorized by the Food, Agriculture, Conservation, and Trade Act of 1990 which will be used in applying statutory payment limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments unless this report is completed and filed as required by existing law and regulations (36 CFR Part 230). Any fraudulent claim made hereunder may subject the applicant to Federal, criminal and civil penalties as provided in 18 USC 267, 1001; and 31 USC 231. The data may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal.

**E** Public reporting burden for this collection of information is estimated to average 25 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. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0596-0120), Washington, D.C. 20503.

### 1. Entity's Name and Address

Barry + Kate Sparks  
161 Boulder View Rd  
Boulder, Colo

## 2. Entity Identification Number

563-82-3829

**3. Date Entity Formed**

**4. Type of Entity (Check One)**

- A. Individual ☒ C. Revocable Trust ☐ E. Limited Partnership ☐ G. Joint Venture ☐ I. Other (Specify) ☐  
B. Irrevocable Trust ☐ D. Corporation ☐ F. General Partnership ☐ H. Estate ☐ \_\_\_\_\_

**5. Member -** List all stockholders, members, heirs, or beneficiaries having an interest in the entity.

[illegible]

## 6. Entity Certification

*I certify that all information provided on this form is true and correct to the best of my knowledge and belief.*

ENTITY'S SIGNATURE

TTT'S SIGNATURE  
Karl Sparks

DATE \_\_\_\_\_

3-11-92



### A. REFERRAL INFORMATION

1. Farm No. 964 Name and Address KATE SPARKS 161 BOULDER VIEW RD TRACT NO. BOULDER, CO 80302 9226		2. Telephone Number	3. Contract Id.
6. Practice Location part of sec 25-1n-72		4. Practice to Begin 05 92	5. Referral Expires 05 92
Practice Description 8 Wildlife Habitat Enhancement (Ac) WH2 WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU		7. Needs Statement <i>A shrub Thicket is needed and feasible for this property.</i>	
Extent Requested 9 1.0		Extent Needed 10 1.0	
		The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.	
		11. Signature <i>Douglas Stevenson</i>	Date 3/19/92

### 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 \$1456	7. Est. Cost-Share 280
8. Practice Extents Number 3.0/0.1	9. Land Capability Class & Subclass III <sub>2</sub> -1	10. Soil Loss Tolerance 1.0	11. Land Cover/Use Before Bare	12. Land Cover/Use After Shrubs	12. Technical Practices Applied Technical Practice a	Cost-Share? b Units Planned/ Applied c

### C. EROSION CONTROL

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

### D. WATER CONSERVATION

1. Irrigation Water Conservation	1a. Irrigation Situation	1b. Water Applied (Ac.-in./Ac.) Before After	1c. System Efficiency (%) Before After	1d. Water Cons. Acres
2. Increased Water Storage	2a. Primary Use	2b. 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		2. Stand Condition a. Forest Cover Before After		3. Site Preparation a. Acres b. Cost-Share		4. Purpose Trees/Acre
b. Poten. Prod. (Cu. Ft./Ac./Yr.)		b. Stocking Level Before After				

### G. OTHER ASSISTANCE

### 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 Signature meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.

*Practice withdrawn at landowner's request Douglas Stevenson 10/15/92*

Date



Page 1

FORM APPROVED  
OMB NO. 0596-0120

SIP-245 (11-27-91)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 013 6	CONTROL NO. (F/Y & NO.) 92 0062
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FARM NO. 964	NAME AND ADDRESS KATE SPARKS 161 BOULDER VIEW RD BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE	FUND CODE	PRIMARY PURPOSE	OTHER FARMS / / YES /X/NO
TRACT No. 9226		CROPLAND	SIP	00	OTHER ASSISTANCE	
Telephone No. 000-000-0000						

DESCRIPTION OF PRACTICE OBJECTIVE  
WIND EROSION

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice 05/92
SIP8 WH2	Wildlife Habitat Enhancement (Ac) WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	NU	1.0	1.0	280.00	280.00
					\$ 280	I plan to complete Practice 07/92

Forest Stewardship Plan by FS  
/X/Yes / /NoPARTNERSHIP / /Yes /X/No  
Joint Venture / /Yes /X/No

## APPLICANTS REQUEST

I request cost-share assistance under the program to meet the forest stewardship objectives described above. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if, before the 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.

SIGNATURE <i>Kate Sparks</i>	Date 3-11-92	Estimated \$ C/S Value 280
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APPROVAL ACTION The State Forester approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE STATE FORESTER <i>Douglas Stevenson</i>	Date Sept 15, 1992	Practice Expiration Date 7/93
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REMARKS

*Practice withdrawn at landowner's request.*  
*Douglas Stevenson 10/15/92*

I certify that I / /do / /do not own more than 1.000 acres of nonindustrial private forestland in the United States or any territory or possession of the U.S.	Acres if more than 1.000	Date Waiver Approved by FS
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PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.