

AD-245 U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
99-11-95) 08 013 6 97 0001

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

ARM NO. 1153	NAME AND ADDRESS MARGARET HASCALL 13687 W VIRGINIA DR LAKEWOOD, CO 80228	FARMLAND 8.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS // YES /X/No
TRACT No. 9406		CROPLAND					
Telephone No. 970-356-6362							

DESCRIPTION OF PRACTICE OBJECTIVE  
WILDFIRE CONTROL  
PRACTICE LOCATION Pt 12-1S-72 W and 7-1S-71W (8 acres) SIP

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 11-01-96
IP3 ES	Forest improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0 1.0	1	750.000		
					\$ 750	I plan to complete the practice 05-01-98

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: Neal Amphlett  
Conservator FBO Margaret Hascall DATE: 10/15/96 Estimated \$ C/S Value 750 C/S Willing to Approve \$ 750

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 Ron Lomell DATE: 2/19/97 Practice Expiration Date 5/1/98

REMARKS

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: Neal Amphlett DATE: 10/15/96 Acres if more than 1,000 Date Waiver Approved

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

AD-245 U.S. DEPARTMENT OF AGRICULTURE  
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION

& CO. & C/D CONTROL NO.(F/Y & NO.)  
08 013 6 97 0001

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

FARM NO. 1153	NAME AND ADDRESS MARGARET HASCALL 13687 W VIRGINIA DR LAKEWOOD, CO 80228	FARMLAND 8.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 05-01-98
TRACT No. 9406	Telephone No. 970-356-6362	CROPLAND	SIP			WOOD PRODUCTION	ID 522 07 9770 S

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE  
WILDFIRE CONTROL

FOR APPROVING OFFICIAL 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
SIP3	Forest improvement (Ac)	1.0	1.0		750*	1	
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1.0	750.000	750	1	750.00

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
DES - 65% 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 ISSUED BY APPROVING OFFICIAL  
(FOR SIP) APPROVAL MAILED BY CED  
*Jean Turner, CED* 3-5-97

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)	
Is Partic. on FSA Debt Req.? Y / / N / /	
Setoff	
Debt Assignment	
Net Payment	

YES  NO

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245?  
(If yes, report State, County, and amount by farm).

Payment Approved (initials) | ACH/Check Number  
(For SIP) C/S Earned Approved By/Date | (For SIP) Calc. Verif. By/Date  
*DP 750 DP 2/2/98*

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 Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain and use 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 Approving Official, if before 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. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: *Jean Humbert* For Margaret Hascall | DATE: 2-2-98

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A. REFERRAL INFORMATION

1. Farm No. 1153  
Name and Address MARGARET HASCALL  
13687 W VIRGINIA DR  
LAKWOOD, CO 80228  
Tract No. 9406  
Practice Location Pt 12-1S-72 W and 7-1S-71W (8 acres) SIP

2. Telephone Number 970-356-6362  
3. Contract Id.  
4. Practice to Begin 11-01-96  
5. Referral Expires 11-01-96  
7. Needs Statement

*The practice is needed and feasible.*

Practice Description	Extent Requested	Extent Needed
8 Forest improvement (Ac)	1.0	1.0
ES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1

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

11. Signature *D. Stewman* Date 2/28/97

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 \$1200  
7. Est. Cost-Share 750

8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	11. Land Cover/Use After
1	VIIIS-1	2	7	7

12. Technical Practices Applied		
Technical Practice	Cost-Shared?	Units Planned/ Applied
660A166	Y	1/1

C. EROSION CONTROL

Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
	1	1	0.8
Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
	0	0	0.8
Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
	NA		
Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before

13. Endangered Species  
14. Hydrologic Unit Code

D. WATER CONSERVATION

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

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
Site Index	a. Forest Cover	a. Acres	Trees Pr/Ac
b. Poten. Prod.	Before After	b. Cost-Share	
80	122 122	—	290
2	105 90	—	

G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

Total Install. Cost	2. Cost-Share	3. Date Performed
1880	750	2/2/98

I. PERFORMANCE REPORT

*Practice completed as specified*

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 *Douglas Stewman* Date 2/2/98



Colorado Safescape  
1117 Sherman St.  
Longmont, CO 80501  
(303) 772-3136

DATE	INVOICE NO.
06/18/97	1103

CUSTOMER INFORMATION
Ken Armfield 3551 Smuggler's Way Boulder, CO 80303

ITEM	DESCRIPTION	AMOUNT
Wildfire mit.	All material below cabin pulled up to landing, small material chipped and srayed, larger material left on site.	1,200.00
Limb Branches	Limbing up of trees around cabin.	120.00
Removal	3 trees behind cabin dropped and limbed.	200.00
Wildfire mit.	Removal of all marked trees.	360.00
<i>6/19 paid w/ chk 0957 John W. [Signature]</i>		
Thank you for your business Ken and we welcome referrals.		<b>Total</b> \$1,880.00