

A. REFERRAL INFORMATION

1. Farm No. 1143	Name and Address DAVID SIMPSON 4872 SUGARLOAF RD BOULDER, CO 80302	2. Telephone Number	3. Contract Id.
Tract No. 9392		4. Practice to Begin 10-01-96	5. Referral Expires 10-01-96
6. Practice Location SIP		7. Needs Statement <i>The practice is needed and feasible</i>	

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	4.5	10
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.5	4.5

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

11. Signature *D. Stevenson* Date 9/23/96

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 900	7. Est. Cost-Share 900
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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		
4.5/	III-1	1	7	7	Technical Practice a 666	Cost-Shared? b Y	Units Planned/Applied c 4.5/4.6

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 4.6
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 4.6
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 a. Site Index 50	b. Poten. Prod. 1	2. Stand Condition a. Forest Cover Before 131 After 131	b. Stocking Level Before 90 After 60	3. Site Preparation a. Acres -	b. Cost-Share -	4. Trees Pr/Ac 200
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G. OTHER ASSISTANCE

Purpose
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H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost 1400	2. Cost-Share 900	3. Date Performed 6/13/98
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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 Stevenson* Date 6/13/98

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 96 0033

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

FARM NO. 1143	NAME AND ADDRESS DAVID SIMPSON 4872 SUGARLOAF RD BOULDER, CO 80302	FARMLAND 9.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION / CONSERVATION	OTHER FARMS / /YES / /X/No
TRACT No. 9392	Telephone No. 303 - 442 - 2485	CROPLAND					

DESCRIPTION OF PRACTICE OBJECTIVE: MISTLETOE CONTROL / TREE PRESERVATION / FIRE PROTECTION  
PRACTICE LOCATION: 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 10-01-96
SIP3 WIM	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.5 4.5	4.5	200.000	900	I plan to complete the practice 04-01-98

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: David Sims DATE: 7/31/96 Estimated \$ C/S Value 900 C/S Willing to Approve \$ 900

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: 9/23 Practice Expiration Date: 4/1/98

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: [Signature] DATE: 7/31/96 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  
(09-11-95)

U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/D  
08 013 6

CONTROL NO. (F/Y & NO.)  
96 0033

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

FARM NO. 1143	NAME AND ADDRESS DAVID SIMPSON 4872 SUGARLOAF RD BOULDER, CO 80302	FARMLAND 9.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 04-01-98
TRACT No. 9392	Telephone No.	CROPLAND					ID 023 48 2072 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  
MISTLETOE CONTROL

FOR APPROVING OFFICIAL USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	Cost-Shares Approved F	Extent Performed G	Cost-Shares Earned H
		SIP3 WIM	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.5 4.5	4.5 4.5	200.000	900* 900

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
WIM - 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* 10-15-96

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	900
Payment Advance (Partial Payment)	
Is Partic. on FSA Debt Reg.? 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).

YES  NO

Payment Approved (initials) (For SIP) C/S Earned Approved By/Date <i>DA 900 DA 6/13/98 DA DA 6/13/98</i>	ACH/Check Number (For SIP) Calc. Verif. By/Date
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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: *Paul Simpson*

DATE: 5/22/98

June 3, 1998

Jean Turner  
USDA - Farm Service Agency  
9595 Nelson Road  
Longmont, CO 80501

Dear Jean:

Enclosed is the paperwork on David Simpson's cost-sharing. He finished it just barely ahead of the deadline. Everything is pretty straight-forward: no complications on this one.

Dave said he would call you today (Thursday) about having the check sent/wired directly to his place in California, if that's possible.

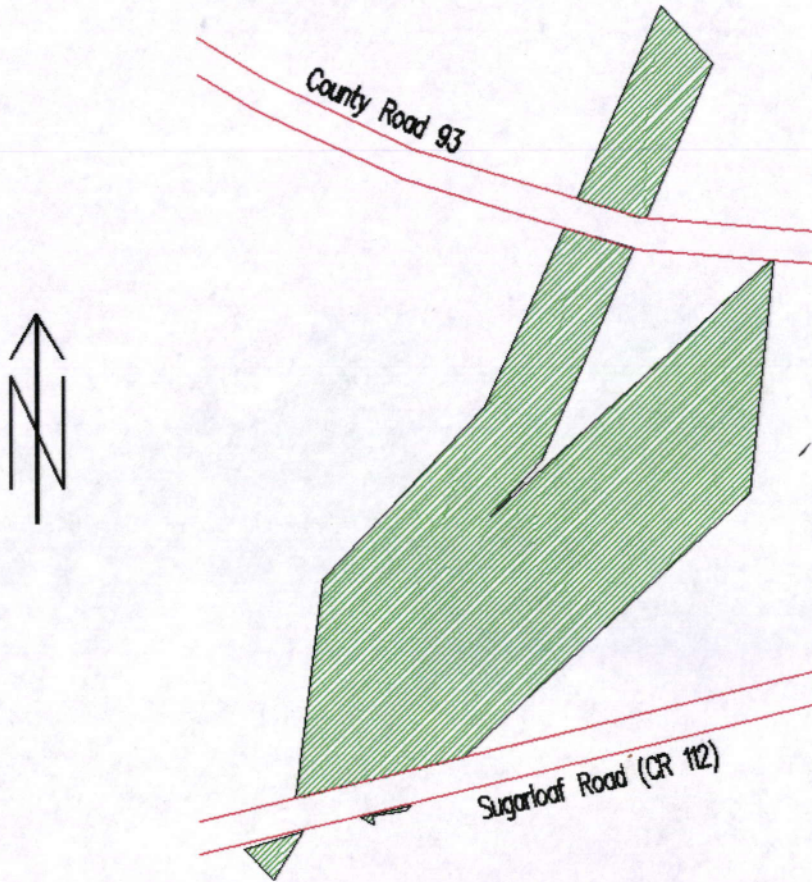
If you have any questions, please call.

Sincerely,

Douglas J. Stevenson



Scale: 1 : 4356; 1 Inch = 363 Feet



## David Simpson

Amdagam Thief and Jackson No. 2 Mineral Surveys  
NW1/4 SE1/4, Section 26, T2N, R71W, S.P.M.

— Property Line  
== Road

▨ Ponderosa Pine

Drawn By: Douglas J. Stevenson

May 27, 1997