

Transmission Date: 01/08/1998
Time: 14:58:41

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
1998 0008		563 58 5675 S	LILY GELB	LILY GELB	397.00
			COUNTY CONTROL RECORD		397.00

Verification Number: 19990108145841

Date of Last Transmission: 06221998

A. REFERRAL INFORMATION

1. Farm No. 1214	Name and Address LILY GELB 223 S PEAK RD BOULDER, CO 80302	2. Telephone Number 303-444-5990	3. Contract Id.
Tract No. 9466		4. Practice to Begin 09-01-1998	5. Referral Expires 09-01-1998

6. Practice Location
LOT 9 SWISS PEAKS SUBDIVISION SIP

7. Needs Statement
Practice is needed & feasible.

Practice Description	Extent Requested	Extent Needed
8 SIP3 Forest improvement (Ac) WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	2.5 2.5	10 <i>2.5</i>

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

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 455
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11. Signature *D. Stevenson* Date *8/25/98*

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
<i>2.5</i> 1	<i>VI S 1</i>	<i>1</i>	<i>7</i>	<i>7</i>	Technical Practice <i>666</i> Cost-Shared? <i>Y</i> Units Planned/Applied <i>2.5/2.0</i>

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) <i>1</i>	b. After (Tons/Ac./Yr.) <i>1</i>	c. Acres to which Rate Applies <i>2.5</i>
2. Wind Erosion	<i>—</i>	<i>—</i>	<i>—</i>
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

D. WATER CONSERVATION

E. WATER QUALITY

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before	b. Water Applied (Ac.-in./Ac.) After	c. System Efficiency(%) Before	c. System Efficiency(%) After	d. Water Cons. Acres	1. Problem Type
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before	b. Capacity (Acre-Inches) 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. Purpose
a. Site Index <i>40</i>	b. Potent. Prod. <i>1</i>	a. Acres <i>—</i>	b. Cost-Share <i>—</i>
	a. Forest Cover Before <i>131</i>	b. Stocking Level Before <i>40</i>	Trees Pr/Ac <i>100</i>
	After <i>131</i>	After <i>30</i>	

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost <i>610</i>	2. Cost-Share <i>397</i>	3. Date Performed <i>12/30/98</i>	Practice completed as spec. A. ed.
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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 *D. Stevenson* Date *12/30/98*

AD-245
(09-11-95)

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

ST. & CO. & C/D | CONTROL NO.(F/Y & NO.) |
08 013 6 | 1998 0008 |

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

FARM NO. 1214	NAME AND ADDRESS LILY GELB 223 S PEAK RD BOULDER, CO 80302	FARMLAND 2.5	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES / / X/No
TRACT No. 9466		CROPLAND	SIP			WOOD PRODUCTION	
Telephone No. 303-444-5990							

DESCRIPTION OF PRACTICE OBJECTIVE
WOODLAND IMPROVEMENT
PRACTICE LOCATION LOT 9 SWISS PEAKS SUBDIVISION SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
-- A --	B	C	D	E	F	
SIP3	Forest improvement (Ac)	2.5	2.5	200.000	300 455	09-01-1998
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	AC				I plan to complete the practice 03-01-2000

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: *Lily Gelb* DATE: 8.3.98 Estimated \$ C/S Value 455 C/S Willing \$ to Approve \$455

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 Russell* DATE: Sept 21, 1998 Practice Expiration Date 3/1/2000

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: *Lily Gelb* DATE: 8.3.98 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.