FORM APPROVED
OMB NO. 0596-0120

SIP-245
(11-27-91)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	92 0012

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	OTHER FARMS / /YES /X/NO
942	GARY MUELLER 9826 PHILLIPS ROAD	5.0					
TRACT No. 9206	LAFAYETTE, CO 80026	CROPLAND					
			SIP	00		OTHER ASSISTANCE	
	Telephone No. 000-000-0000						

DESCRIPTION OF PRACTICE OBJECTIVE
SOIL 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
SIP1	Landowner Forst Stewardsp Plan Dvlmnt (Ac/No)		5.0				04/92
DP1	STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES	AC	5.0		7.50	56	
							I plan to complete Practice 06/92

Forest Stewardship Plan by FS
/X/Yes / /No

PARTNERSHIP	/ /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
X Gary Mueller	2-13-92	56

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
Ron Sowell	Feb 25	3/92

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 1,000

Date 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.

(11-27-91)

FORM APPROVED
OMB NO. 0596-0120

U.S. DEPARTMENT OF AGRICULTURE

FORM SIP-245 ATTACHMENT
(PRIVACY ACT, PUBLIC BURDEN,
AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

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. The information provided on SIP-245, Request for Cost-Shares/Practice Approval and Payment Application 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 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 (OMB No. 0596-0120), Washington, D.C. 20503.

PENALTY STATEMENT

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (36 C.F.R. Part 230). Any fraudulent claim made hereunder may subject the applicant to Federal criminal and civil penalties as provided in 18 U.S.C. 287,1001; and 31 U.S.C. 231.

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.

FORM APPROVED
OMB NO. 0596-0120

SIP-245
(11-27-91)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	92 0013

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	OTHER FARMS
942	GARY MUELLER 9826 PHILLIPS ROAD	5.0					/ /YES
TRACT No. 9206	LAFAYETTE, CO 80026	CROPLAND					/X/NO
			SIP	00		OTHER ASSISTANCE	
	Telephone No. 000-000-0000						

DESCRIPTION OF PRACTICE OBJECTIVE
SOIL 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
SIP4	Windbreak and Hedgerow Est, Maint &Renovt(AS)						04/92
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.3		450.00	135	
MUL	MULCHING - WEED BARRIER FABRIC	AC	.3		775.00	233	
				1000/A hoeddom.		TF 300	I plan to complete Practice 06/92

Forest Stewardship Plan by FS
/X/Yes / /No

PARTNERSHIP	/ /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
X Gary Mueller	2-13-92	372

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
Ron Sorell		6/92

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 1,000	Date 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.

(11-27-91)

FORM APPROVED
OMB NO. 0596-0120

U.S. DEPARTMENT OF AGRICULTURE

FORM SIP-245 ATTACHMENT
(PRIVACY ACT, PUBLIC BURDEN,
AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

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. The information provided on SIP-245, Request for Cost-Shares/Practice Approval and Payment Application 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 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 (OMB No. 0596-0120), Washington, D.C. 20503.

PENALTY STATEMENT

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (36 C.F.R. Part 230). Any fraudulent claim made hereunder may subject the applicant to Federal criminal and civil penalties as provided in 18 U.S.C. 287,1001; and 31 U.S.C. 231.

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.

OMB No. 0596-0120

SIP-100
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

SIP ELIGIBILITY WORKSHEET

1. COUNTY: Boulder	2. STATE: Co
3. ASCS FARM NO.: 942	4. CONTROL NO. *(from SIP-245)*: 92-0012-13
5. LANDOWNER NAME AND ADDRESS: Gary Muller, 9826 Phillips Rd, Lafayette, Co 80026	

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:	YES	NO
6. The applicant actually owns the land.	✓	
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) Gary Muller — **Date** 2-10-92

17. Signature (CED or designee) Cindy E. Stottel — **Date** 2-10-92

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:	YES	NO
18. The practice requested was determined to be **needed** and **practical** (from AD-862).	✓	
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". _____ (Enter numbers). *(Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)*

21. Signature (Service Forester) [signature] — **Date** Feb. 10th, 92

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.

★U.S.GPO:1991-0-655-443

OMB No. 0596-0120

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW

County: Boulder
State: Co

PROGRAM YEAR 19 92

NOTE

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 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 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	2. Entity Identification Number	3. Date Entity Formed
Gary Mueller 826 Phillips Lafayette, Co 80026	375-44-6293	

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.

Stockholder's, Member's, Heir's, or Beneficiary's Name	Social Security/ Employer ID Number(s)	% Share
Executor's or Grantor's Name		

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	DATE
Gary Mueller	2-10-92

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.

Name: Mueller, Gary
Address: 9826 Phillips Rd.
City: Lafayette State: CO Zip: 80026

Order No: 21

Bare Root:

Shrubs:

Caragana.....:
Cotoneaster.....:
Chokecherry.....:
Lilac.....:
Native Plum.....:
Sumac.....:
Sand Cherry.....:
Nanking Cherry.....:
European Sage.....:
Woods Rose.....:
Buffaloberry.....:

Trees:

Ash.....:

Siberian Elm.....:
Hybrid Cottonwood.....:
Narrow Leaf Ctnwood...:
Golden Willow.....:
Hackberry.....:
Honeylocust.....:
Russian Olive.....:
Lombardy Poplar.....:
Lacebark Elm.....:
Bur Oak.....: 50

Evergreens:

Austrian Pine.....: 50
Colo. Blue Spruce.....:
Eastern Red Cedar.....:
Ponderosa Pine.....:
Rocky Mtn. Juniper....: 50
Scotch Pine.....:

Due Longmont SCD.....: .03
Refund:.....:

Potted (Large):

Aspen.....:
Austrian Pine.....:
Colo. Blue Spruce.....:
Douglas-fir.....:
Engelmann Spruce.....:

Lodgepole Pine.....:
Pinon Pine.....: 1
Ponderosa Pine.....:
Rocky Mtn. Juniper.....:
Scotch Pine.....:
White Fir.....:
Bristlecone Pine.....:

Potted (Small):

Austrian Pine.....:
Colo. Blue Spruce.....:
Douglas-fir.....:
Englemann Spruce.....:
Lodgepole Pine.....:
Ponderosa Pine.....:
Scotch Pine.....:
White Fir.....:

Extras:

Tree Guards.....: 200
Fertilizer: :
5 g. 30/pkg.....:
5 g. 50/pkg.....: 4
10 g. 30/pkg.....:
10 g. 50/pkg.....:
Polymer: 1/2 lb.....:
1 lb.....: 1
Fabric Mulch.....:
Staples 50/pkg.....:

21 & 157

Name: Mueller, Gary
Address: 9826 Phillips Rd
City: Lafayette State: CO Zip: 80026

Order No: 157

Bare Root:

Shrubs:

Caragana.....:
Cotoneaster.....:
Chokecherry.....: 50
Lilac.....:
Native Plum.....: 50
Sumac.....:
Sand Cherry.....:
Nanking Cherry.....:
European Sage.....:
Woods Rose.....:
Buffaloberry.....:

Trees:

Ash.....:

Siberian Elm.....:
Hybrid Cottonwood.....:
Narrow Leaf Ctnwood...:
Golden Willow.....:
Hackberry.....:
Honeylocust.....:
Russian Olive.....:
Lombardy Poplar.....:
Lacebark Elm.....:
Bur Oak.....:

Evergreens:

Austrian Pine.....:
Colo. Blue Spruce.....:
Eastern Red Cedar.....:
Ponderosa Pine.....:
Rocky Mtn. Juniper....:
Scotch Pine.....:

Due Longmont SCD.....:
Refund:.....:

Potted (Large):

Aspen.....:
Austrian Pine.....:
Colo. Blue Spruce.....:
Douglas-fir.....:
Engelmann Spruce.....:

Lodgepole Pine.....:
Pinon Pine.....:
Ponderosa Pine.....:
Rocky Mtn. Juniper.....:
Scotch Pine.....:
White Fir.....:
Bristlecone Pine.....:

Potted (Small):

Austrian Pine.....:
Colo. Blue Spruce.....:
Douglas-fir.....:
Englemann Spruce.....:
Lodgepole Pine.....:
Ponderosa Pine.....:
Scotch Pine.....:
White Fir.....:

Extras:

Tree Guards.....:
Fertilizer: :
5 g. 30/pkg.....:
5 g. 50/pkg.....:
10 g. 30/pkg.....:
10 g. 50/pkg.....:
Polymer: 1/2 lb.....:
1 lb.....:
Fabric Mulch.....:
Staples 50/pkg.....:

157

Colorado State
FOREST
SERVICE

Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

August 4, 1992

Gary Mueller
9826 Phillips Rd.
Lafayette, CO 80026

Dear Gary:

Sorry this bill is late getting to you. I've hardly had time to sit at my desk to do paperwork.

An itemized statement is attached to show what drip system materials you were billed for. I used a lump sum total, so no tax was added.

Please call if you have any questions regarding the bill. I look forward to working with you on future projects.

Sincerely,

Craig Jones
District Forester

/mm

Enclosures

UNITED STATES DEPARTMENT OF AGRICULTURE
Boulder-Jefferson-Clear Creek-Gilpin County CFSA Office
9595 Nelson Road, Box A
Longmont, CO. 80501
(303)776-1242

Jan Domleski
9826 Phillips Rd
Lafayette, CO 80026-9734

Stewardship Incentive Program
Date: March 21, 1995

Dear Landowner,

Your request for cost sharing on practice number SIP 4 from the U. S. Forest Service Stewardship Incentive Program has been approved by the Colorado State Forester's local office. The attached SIP-245, page 2 lists the program practice(s), practice components, and the extent of the components for which you were approved.

Please note the practice expiration date as set by the State Foresters local office on the form(s). To be eligible for cost sharing you must (1) **COMPLETE THE PRACTICE**, (2) fill in the blocks X and Y, (3) sign and date this form (Note: Block G. will be completed by the State Forester's local office after a site review for practice certification), and (4) return this completed form(s) and copies of all practice cost documents such as receipts, invoices, cancelled checks, and labor reports to the **STATE FORESTER'S** local office by the expiration date. **Do not return this form or cost documents to ASCS.**

In addition to the steps listed above, landowners who implement SIP practices with contributions or help provided by contributors other than originally approved, must list the contributors, their taxpayer ID numbers, and the proportion of the total cost of the contribution represents.

The State Forester's local office address and telephone number are:

Craig Jones, Colorado State Forester
936 Left Hand Canyon Drive
Boulder, CO 80302
(303) 442-0428

If you decide not to implement this practice(s), please notify the State Forester's local office as soon as possible.

If you decide to implement the practice(s), make sure that you are following the practice requirements as outlined in a Landowner Forest Stewardship Plan. Contact your State Forester's local office for details about the implementation requirements for your practice(s).

Payments for landowners who are approved for more than 1 practice who seek cost-share payments for both practices during the same fiscal year will be limited by the $10,000 per landowner per fiscal year payment limitation.

Jean Turner
On behalf of the State Forester

Jean Turner
ASCS County Executive Director

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

FORM APPROVED
OMB NO. 0596-0120

SIP-245
(07-20-93)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	95 0028

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	EXPIRATION NOTICE
942	JAN DOMLESKI 9826 PHILLIPS RD	5.0					Practice must be completed and reported by 06-30-95
TRACT No. 9206	LAFAYETTE, CO 80026-9734	CROPLAND					
			SIP			OTHER ASSISTANCE	
	Telephone No. 303-441-3571						ID 300 44 3192 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
REPLANT FARMSTEAD WINDBREAK

FOR CED AND STATE FORESTER 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 --
SIP4	Agroforestry Estab/Main/Renovate (AS)		.2	.2		100*		
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.2	.2	450.000	100		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
FFW - 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 MAILED BY CED: Jean Turner

DATE: 3-21-95

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 /_/

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any other entity that is or will be receiving a SIP payment. (If yes, report State, County and amount of each). YES /_/ NO /_/

Total Cost-Shares Earned	
Payment Advance (Partial Payment)	
Setoff	
Debt Assignment	
Net Payment	
C/S 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 detemined 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 FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

04-91)

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

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

Control No. (FY & No.): 95 0028

A. REFERRAL INFORMATION

1. Farm No. 942
Tract No. 9206

Name and Address
JAN DOMLESKI
9826 PHILLIPS RD
LAFAYETTE, CO 80026

2. Telephone Number: 303-441-3571

3. Contract Id.:

4. Practice to Begin: 04-01-95

5. Referral Expires: 04-01-95

6. Practice Location: SIP

7. Needs Statement: The practice is needed + feasible

Practice Description (8)		Extent Requested (9)	Extent Needed (10)
SIP4 Agroforestry Estab/Main/Renovate (AS)		.2	
FFW FARMSTEAD & FEEDLOT WINDBREAK	AC	.2	0.3

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

11. Signature: Douglas Stevens

Date: 2/1/95

B. GENERAL INFORMATION

1. Primary Purpose	2. Program	3. Program Practice No.	4. VC/SL	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share
G	SIP	SIP4	N		$150	100

8. Practice Extents Number	Ac. Served/Treated	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	After
1	0.31	4	1	5	8

12. Technical Practices Applied

Technical Practice (a)	Cost-Shared? (b)	Units Planned/Applied (c)
380	Y	0.31

C. EROSION CONTROL

	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
1. Sheet & Rill Erosion	1	0	0.3
2. Wind Erosion	1	0	0.3

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

	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before	After	c. System Efficiency (%) Before	After	d. Water Cons. Acres
1. Irrigation Water Conservation						

	a. Primary Use	b. Capacity (Acre-Inches) Before	After	3. Soil Moisture Measures?
2. Increased Water Storage				

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

G. OTHER ASSISTANCE

Purpose

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

To: Gary Mueller
9826 Phillips Rd
Lafayette, Co.
80026

Invoice No. 25367

Colorado State FOREST SERVICE

Date: April 2 '92

Item	Unit Cost	Total
1 Stewardship Plan		75.00
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____ Sales Tax		
	Total	75.00
	CK-CA-MO Amount Paid:	75.00
	Amount Due	Ø

CSFS Originator

Payment Due By

Ck#	2763	Dated	4/2/92
Rcv'd By	CJ	F.Y.	92

Funding		Amount
1-93660	0604	75.00

Deposit No. Date

Remit to:

COLORADO STATE FOREST SERVICE
BOULDER DISTRICT
936 LEFTHAND CANYON DRIVE
BOULDER CO 80302

White-Customer copy; Yellow-State Office copy; Pink-Project copy

To:
Gary Mueller
9826 Phillips Rd
Lafayette, Co.,
80026

Invoice No. 25370

Colorado State FOREST SERVICE

Date: 4/2/92

Item	Unit Cost	Total
1 First payment for TTC project		300.00
2 as per agreement		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____ Sales Tax		

Total	300.00
CK-CA-MO Amount Paid:	300.00
Amount Due	Ø

CSFS Originator

Payment Due By

Ck#	2764	Dated	4/2/92
Rcv'd By	CJ	F.Y.	92

Funding		Amount
1-93660	0604	$300.00

Deposit No. Date

Remit to:

COLORADO STATE FOREST SERVICE
BOULDER DISTRICT
936 LEFTHAND CANYON DRIVE
BOULDER CO 80302

White-Customer copy; Yellow-State Office copy; Pink-Project copy

Costs

1. Materials
   A. Planting stock (ordered by owner)

1 box Douglas-fir (potted)	$ 30.00
1 box Colo. Blue Spruce (potted)	$ 30.00
1 bundle Am. Plum (bare root)	$ 20.00
1 bundle Honeylocust (bare root)	$ 20.00
2 bundles N. Cherry (bare root)	$ 40.00
	$140.00

B. Fabric Mulch 4 rolls @ $110/roll	$440.00
C. Misc. (polymer, stakes, etc.)	$ 50.00
Subtotal	$630.00

2. Labor

A. Site preparation (Includes ripping and roto-tilling entire planting area - strips and thickets)	$200.00
B. Planting 260 @ $.40/tree	$110.00
C. Mulch installation 1160 ft. @ $.10/ft.	$116.00
Subtotal	$426.00
Total	$1056.00

Note: The costs shown above are all allowable costs under SIP.

Additional cost: Watering - $70.00 if done by CSFS on day of planting. Optional if done by owner.

STEWARDSHIP PROJECT PLAN
PLANTING

Mueller Property

1993

Stewardship Acres:	5 acres
Project Acres:	.8 acres
Hedgerow length:	660 feet (.5 acres)
Shrub thickets:	2 (.3 acres)

General

This project is being implemented to meet landowner objectives outline in the Mueller Forest Stewardship Plan (1992). The planting will tie into the 1992 planting and will provide a shelterbelt/hedgerow to meet the wildlife objectives of the property. Within the shelterbelt planting will be two shrub thickets.

Planting Design

The hedgerow will consist of a single row of Nanking Cherry running along the East and North property boundaries. A short row of Honeylocust will extend up the driveway. (See planting plan map for details).

Two shrub thickets will be located within this perimeter planting and will be located in the northeast and northwest corner of the hedgerow planting. (See planting plan map for details).

Maintenance

Fabric mulch will be used along the entire length of the planting. This will provide a weed free zone around each plant and help conserve moisture. The landowner will conduct minor maintenance (spot weeding, I&D inspection and control) and water as prescribed. As one thicket consists primarily of conifers, wind protection may be needed beginning in the fall/winter of 1993. Damage by rabbits, voles, etc. should be monitored and controlled as needed.

Colorado State FOREST SERVICE

Boulder District
936 Lefthand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

May 16, 1996

Jean Turner
USDA - FSA
9595 Nelson Road
Longmont, CO 80501

Dear Jean:

Enclosed is the paperwork for Jan Domlesky (finally). Her actual expenses were:

Seedlings & materials:	$ 51.91
Hired labor ($94.10 out of $170.10 was to move a row of bur oaks and was not eligible for cost-sharing.):	76.00
Seven hours @ $6.78 per hour:	47.46
Total qualifying expenses:	$175.37

The expenses she reported to me were:

Hired labor:	$170.10
Seven hours @ $6.78 per hour:	47.46
	$217.56

65% of $175.37 is $113.99. $100.00 was approved, so either way, she gets the $100.00.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson

Douglas J. Stevenson

FORM APPROVED
OMB NO. 0596-0129

TIP-245
(07-29-93)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	95 0028

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	OTHER FARMS
942	JAN DOMLESKY 9826 PHILLIPS RD	5.0					/ /YES /X/No
TRACT No. 9206	LAFAYETTE, CO 80026	CROPLAND				OTHER ASSISTANCE	
	Telephone No. 303-441-3571		SIP				

DESCRIPTION OF PRACTICE OBJECTIVE
REPLANT FARMSTEAD WINDBREAK

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
SIP4	Agroforestry Estab/Main/Renovate (AS)		.2				~~04-01-95~~
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.2	0.2	450.000	$100.00	
							I plan to complete the Practice ~~06-30-95~~

LFS 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 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
X Janine F. Domlesky	X 5/5/96	100

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
[signature]	5/13/95	6/30/95

REMARKS This is to fill in a gap in an existing planting. Area is 0.3 acres, but only $100 is needed to accomplish this.

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.
SIGNATURE: X Janine F. Domlesky

Acres if more than 1,000	Date 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.

AD-862
(03-04-91)

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

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

Control No. (FY & No.): 95 0028

A. REFERRAL INFORMATION

1. Farm No. 942
Tract No. 9206
Name and Address: JAN DOMLESKI, 9826 PHILLIPS RD, LAFAYETTE, CO 80026

2. Telephone Number: 303-441-3571

3. Contract Id.:

4. Practice to Begin: 04-01-95

5. Referral Expires: 04-01-95

6. Practice Location: SIP

7. Needs Statement: The practice is needed & feasible

Practice Description (8)		Extent Requested (9)	Extent Needed (10)
SIP4 Agroforestry Estab/Main/Renovate (AS)		.2	
FFW FARMSTEAD & FEEDLOT WINDBREAK	AC	.2	0.3

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

11. Signature: Douglas J Stevens

Date: 2/1/95

B. GENERAL INFORMATION

1. Primary Purpose	2. Program	3. Program Practice No.	4. VC/SL	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share
G	SIP	SIP4	N		$150	100

8. Practice Extents Number	Ac. Served/Treated	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	After
1	0.31	4	1	5	8

12. Technical Practices Applied

Technical Practice (a)	Cost-Shared? (b)	Units Planned/Applied (c)
380	Y	0.3/0.3

C. EROSION CONTROL

	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
1. Sheet & Rill Erosion	1	0	0.3
2. Wind Erosion	1	0	0.3

3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected
		N/A		

4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After
		N/A		

13. Endangered Species

14. Hydrologic Unit Code

D. WATER CONSERVATION

	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before	After	c. System Efficiency (%) Before	After	d. Water Cons. Acres
1. Irrigation Water Conservation		N/A				

2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before	After	3. Soil Moisture Measures?
		N/A		

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
40	1	13	130	0	0	—	—	325

G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
$175.37	$100	5/16/96

I. PERFORMANCE REPORT

The practice was 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 J Stevens

Date: 5/16/96

OMB No. 0596-0120

SIP-100
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

SIP ELIGIBILITY WORKSHEET

1. COUNTY: Boulder	2. STATE: Colorado
3. ASCS FARM NO.: 942	4. CONTROL NO. *(from SIP-245)*: 95-0028
5. LANDOWNER NAME AND ADDRESS: Jean Domleske, 9326 Phillips Rd Lafayette	

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:	YES	NO
6. The applicant actually owns the land.	X	
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)** X Jeanne F. Domleskey — **Date** X 5/5/96

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:	YES	NO
18. The practice requested was determined to be **needed** and **practical** (from AD-862).	X	
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.)*	X	
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". _____ (Enter numbers). *(Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)*

21. **Signature (Service Forester)** Douglas K Stevens — **Date** 2/1/95

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.

★U.S.GPO:1991-0-655-443

OMB No. 0596-0120

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW

County Boulder
State Colorado

PROGRAM YEAR 19 95

NOTE 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 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 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	2. Entity Identification Number	3. Date Entity Formed
Jane Bemliska 9536 Phillips Rd Lafayette, CO 80026	300-44-3192	

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.

Stockholder's, Member's, Heir's, or Beneficiary's Name	Social Security/ Employer ID Number(s)	% Share
Executor's or Grantor's Name		

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	DATE
X Janine F. Pomeesky	X 5/5/96

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.

FORM APPROVED
OMB NO. 0596-0120

SIP-245
(11-27-91)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	92 0013

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	EXPIRATION NOTICE
942	GARY MUELLER 9826 PHILLIPS ROAD	5.0					Practice must be completed and reported by 06-01-92
TRACT No. 9206	LAFAYETTE, CO 80026	CROPLAND					
			SIP	00		OTHER ASSISTANCE	
	Telephone No. ~~000-000-0000~~						ID 375-44-6293 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
SOIL EROSION

FOR CED AND STATE FORESTER 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
SIP4	Windbreak and Hedgerow Est, Maint &Renovt(AS)					300*		
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.3	.3	450.00	135	.3	135
MUL	MULCHING - WEED BARRIER FABRIC	AC	.3	.3	775.00	165	.3	165

* - 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 CED: Cindy E Holtel — DATE: 2-28-92

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/ /

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 and County and amount of each)
YES / / NO /✓

Total Cost-Shares Earned	300
Payment Advance (Partial Payment)	–
Setoff	–
Debt Assignment	–
Net Payment	$300
C/S 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 detemined 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: X Gary Mueller — DATE: X 6-1-92

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.

specifications or if additional [illegible] practice does not meet practice [illegible]

862
(10-11-91)

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

ST. & CO. Code & C/D	Control No. (FY & No.)
08 013 6	92 13

A. REFERRAL INFORMATION

1. Farm No. 942
Name and Address
GARY MUELLER
9826 PHILLIPS ROAD
TRACT NO. LAFAYETTE, CO 80026
9206

2. Telephone Number
3. Contract Id.
4. Practice to Begin: 04 92
5. Referral Expires: 04 92

6. Practice Location
D6 - SW1/4 SEC. 9-1-69

7. Needs Statement
Plant and Mulch to protect field & future homesite.

Practice Description (8)		Extent Requested (9)	Extent Needed (10)
Windbreak and Hedgerow Est, Maint &Renovt(AS)			
FFW FARMSTEAD & FEEDLOT WINDBREAK	AC	.3	
MUL MULCHING - WEED BARRIER FABRIC	AC	.3	

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

11. Signature [signature] Date 2/14/92

B. GENERAL INFORMATION

1. Primary Purpose	2. Program	3. Program Practice No.	4. VC/SL	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share
G	SIP	SIP4	N			372

8. Practice Extents Number	Ac. Served/Treated	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	After
	.3		5	5	7

12. Technical Practices Applied

Technical Practice (a)	Cost-Shared? (b)	Units Planned/Applied (c)
484	Y	.3
380	Y	.3

C. EROSION CONTROL

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

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

	a. Irrigation Situation	b. Water Applied(Ac.-in./Ac.) Before	After	c. System Efficiency(%) Before	After	d. Water Cons. Acres
1. Irrigation Water Conservation						

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. (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	4. Trees /Acre

G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
$610.00	$300	5/6/92

I. PERFORMANCE REPORT

Practice completed as prescribed to specifications

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 [signature] Date 6/25/92

FORM APPROVED
OMB NO. 0596-0120

SIP-245
(07-20-93)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	95 0028

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	OTHER FARMS
942	JAN DOMLESKI 9826 PHILLIPS RD	5.0					/ /YES
TRACT No. 9206	LAFAYETTE, CO 80026	CROPLAND					/X/No
			SIP			OTHER ASSISTANCE	
	Telephone No. 303-441-3571						

DESCRIPTION OF PRACTICE OBJECTIVE
REPLANT FARMSTEAD WINDBREAK

FOR CED AND STATE FORESTER USE

Number A	Practice Title B		Extent Requested C	Extent Approved D	Rate E	C/S Approved F	
SIP4	Agroforestry Estab/Main/Renovate (AS)		.2				I plan to Start the Practice ~~04-01-95~~
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.2	0.2	450.000	$100.00	
							I plan to complete the Practice ~~06-30-95~~

LFS 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 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
X	X	100

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
[signature]	2/3/95	6/30/95

REMARKS
This is to fill in a gap in an existing planting. Area is 0.3 acres, but only $100 is needed to accomplish this.

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.
SIGNATURE: X

Acres if more than 1,000	Date 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.

FORM APPROVED
OMB NO. 0596-0120

SIP-245
(07-20-93)

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

ST. & CO. & C/D	CONTROL NO.(F/Y & NO.)
08 013 6	95 0028

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	EXPIRATION NOTICE
942	JAN DOMLESKI 9826 PHILLIPS RD	5.0					Practice must be completed and reported by 06-30-95
TRACT No. 9206	LAFAYETTE, CO 80026-9734	CROPLAND	SIP			OTHER ASSISTANCE	
	Telephone No. 303-441-3571						ID 300 44 3192 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
REPLANT FARMSTEAD WINDBREAK

FOR CED AND STATE FORESTER 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 --
SIP4	Agroforestry Estab/Main/Renovate (AS)		.2	.2		100*		
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.2	.2	450.000	100		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
FFW - 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 MAILED BY CED: Jean Turner

DATE: 3-21-95

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 /X/ NO /_/

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any other entity that is or will be receiving a SIP payment. (If yes, report State, County and amount of each). YES /_/ NO /X/

Total Cost-Shares Earned	
Payment Advance (Partial Payment)	
Setoff	
Debt Assignment	
Net Payment	
C/S 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 detemined 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.

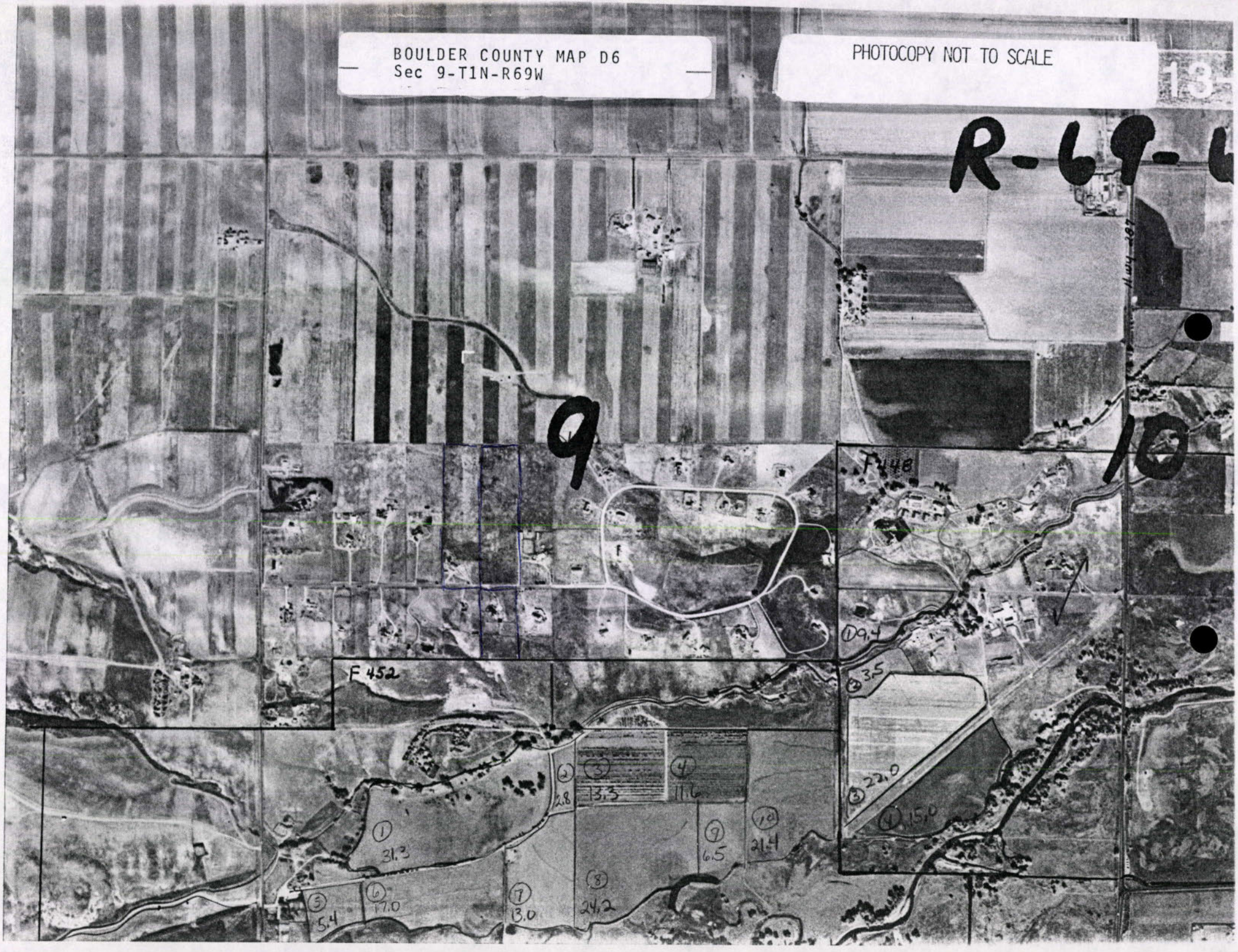
SIGNATURE: Janice L. Domleski

DATE: 3/31/95

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.

BOULDER COUNTY MAP D6
Sec 9-T1N-R69W

PHOTOCOPY NOT TO SCALE



STEWARDSHIP INCENTIVE PROGRAM

COST-SHARE CALCULATION WORKSHEET

I. Landowner Information

Stewardship Acres: 5

Name Gary Mueller

Address 9826 Phillips Rd
LaFayette, CO., 80026

Phone

Location:

Legal

County Boulder

II. SIP Information

SIP Practice 4

Technical Code 380 farmstead

Unit Involved (Ac. LF, #, etc.) Acres

# of Units .3

Max C/S allowed .3 × 450 = $135.00

75% x actual cost = 183.86 × .75 = 139.90 (Potential C/S to owner)

Actual C/S to owner = $135.00

III. Calculations (Show all work)

Costs:

Site Prep.	100
Stock,	47.06
planting	36.80
	183.86

183.86 × .75 = 139.90

Stock

46	shrubs	26.60
24	B. Oak	
22	RMS/PS	20.46
	" "	
92		47.06

Planting

92 × .40/tree = 36.80

Mulch

.3 × 775 = 232.50 max qty

3 rolls @ 110
330
90
420 × .75
$315

Joint

Bye / Muller - 75.00 → 75% reimb.
75.00 → 75%

Mueller

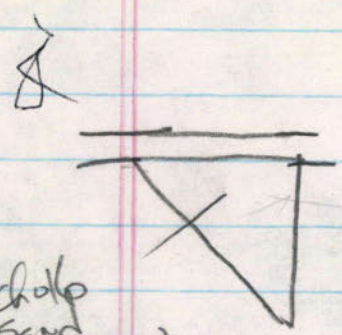
Pheasants Forever DOW

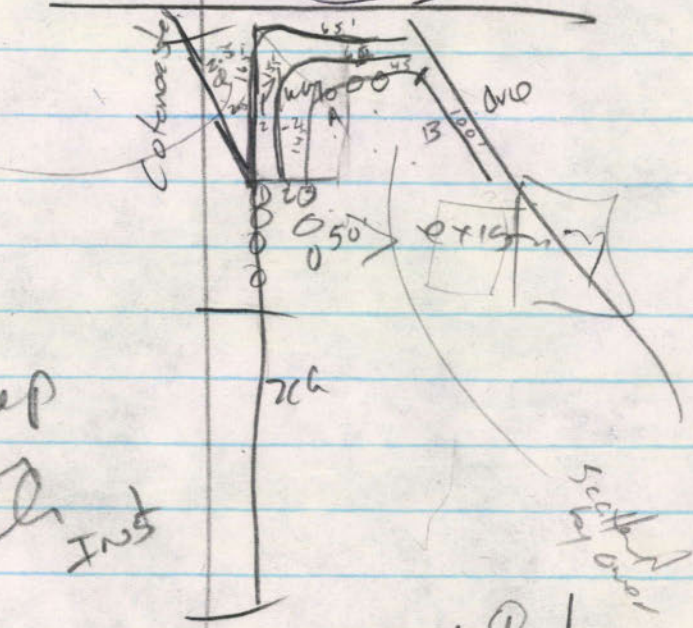
call Gary

Bye	Mueller
See request sheet	erosion control - native grasses * (sweet grass?) - Xmas trees * - 93/94
Xmas trees ?? c/s	- wildlife hab - pheasants, upland birds
holdy bank along draw	

Ag status
- how?

1000
750

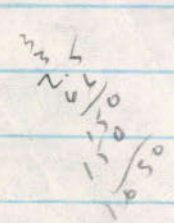




1 - Plum
2 - PJ/RMS
3 A Aus Pre/B.Oak
3 B Bur

chokecherry
Sand Plum
scalped Bur

Site Prep
Plant
Mulch
Inst



Windbreak

.3 ac

.25 × 450 = 133.50
max c/s

46 shrubs
$20.46 — 22 " Pos/Pines
24 B. oak
92

$26.60

61%

Site Prep	$100.00
Stock	47.06
Planting	36.80
	183.86 × .75 = 139.90

Ite Jerome 130' .04 ac

130 × .18 = 23.40
max c/s

52%

Stock	9.88
Site Prep	25.00
Planting	10.40
	45.28 × .75 = 33.96

Mulch .3 ac

3 rolls × 110 = 330
install 90
$420 × .75 = $315

55%

.3 × 775 = 232.50
max c/s

Project Costs

60%

183.86	— 139.90
45.28	— 23.40
420.00	— 232.50
649.14	390.90

Colorado State FOREST SERVICE

Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

May 28, 1992

Gary Mueller
9826 Phillips Road
Lafayette, CO 80026

Dear Gary:

Enclosed is your final bill for the Stewardship Planting Project. Also enclosed is a page 2 - 245 SIP form. To initiate payment you need to send me the following items:

1. Both bills for the planting (I've enclosed a copy of initial bill if you've misplaced your original).

2. Page 2 - 245 (signed with both questions answered).

NOTE: Mail these to: Colorado State Forest Service
936 Lefthand Canyon Drive
Boulder, CO 80302

I've enclosed a stamped/addressed envelope for your convenience.

As soon as I receive these items, I will submit them to the ASCS. If you wish direct deposit, complete the green form (in full) and return with the items mentioned above. If you have any questions, please feel free to call me.

You should receive payment in three to five weeks.

I look forward to visiting with you this summer/fall to continue implementing your Stewardship Plan. Thanks for your cooperation in helping us be good stewards of our natural resources.

Sincerely,

Craig Jones
District Forester

/mm

Enclosures: Page 2 - 245
Second bill
Direct Deposit Form
Stamped/Addressed Envelope

MEMORANDUM

DATE: March 17, 1992

TO: Mueller Case File

FROM: Craig Jones, CSFS Boulder Dist.

RE: Site Visit with Colorado DOW Officer - Tom Howard

A site visit was conducted at the Mueller Property on February 13, 1992. Conducting the visit was Craig Jones (CSFS) and Tom Howard (DOW). The landowner visited with us to discuss his goals, objectives, and concerns. Items discussed are outlined below.

1. Wildlife objectives:

Pheasant, upland game and non-game birds, raptors and their required prey.

2. Basic wildlife habitat management principles:

   A. Food, shelter (various types) water, other.
   B. Diversity (vertical, horizontal), edge affect, design, size requirements, arrangement.
   C. Limitations

3. The nuisance factor.

4. Raising birds for fun and/or profit:

   A. Outlets (where to purchase).
   B. Markets.
   C. Licenses, etc.

5. Follow-up items:

   A. Information to owner on starting a commercial operation.
   B. Mark Cottonwoods along pond bank to be retained.
   C. Pheasant habitat requirements.
   D. Follow-up visit with Herm Ball.

SERVICE AGREEMENT
TOTAL TREE CARE

THIS AGREEMENT, made this 7th day of March 1992, by and between Gary Mueller, who resides at 9826 Phillips Road, Lafayette, CO 80026, hereinafter referred to as the LANDOWNER, and the State Board of Agriculture, in behalf of the Colorado State Forest Service, Boulder District, 936 Lefthand Canyon Drive, Boulder, CO 80302 (442-0428), hereinafter referred to as the FOREST SERVICE; and

WHEREAS, the FOREST SERVICE has the expertise to provide forest practice services; and

WHEREAS, the LANDOWNER desires to implement forest practices described in this Agreement.

NOW, THEREFORE, it is hereby agreed that:

1. LANDOWNER warrants that he/she is the owner of the property described as follows, or has obtained authority from the owner of said property to grant all rights to the FOREST SERVICE provided for in this Agreement. The property is described as follows: The property at 9826 Phillips Road in Lafayette, in a portion of the SW 1/4, Sec. 9, T1N, R69W of the 6th PM in Boulder County.

2. LANDOWNER grants to FOREST SERVICE the right of access to the above described property for the following purposes: To implement the Total Tree Care planting project described and shown in Appendix A.

3. FOREST SERVICE agrees to provide the services specified in Paragraph 2 of this Agreement in consideration for: A total lump sum cost of $609.80. $300 due upon signing of the agreement. Final payment of $309.80 due upon full completion of project. Any additional activities required or requested to be implemented only after negotiation of reasonable compensation.

4. It is understood between the LANDOWNER and the FOREST SERVICE that this Agreement shall begin on the date first above written, and shall remain in force until June 30, 1992.

5. This Agreement may be terminated by either party ten (10) days following written notice to the other party.

6. FOREST SERVICE may assign the rights provided for in this Agreement to a subcontractor of its choice without obtaining the approval of the LANDOWNER.

7. The Colorado State Forest Service shall maintain during the life of this Agreement such liability insurance as is required by Colorado law.

8. This Agreement shall be extended due to inability of the FOREST SERVICE to perform the work due to circumstances

beyond its control or as mutually agreed to by the LANDOWNER and FOREST SERVICE. All extensions will be written and become a part of this Agreement.

9. Financial obligations of FOREST SERVICE payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted and otherwise made available.

10. The FOREST SERVICE agrees as part of this Agreement that it will comply with all applicable laws regarding discrimination on the basis of race, creed, color, sex, or handicap including but not limited to Executive Order 11246 as amended or as may be further amended hereafter.

11. The laws of the state of Colorado and rules and regulations issued pursuant thereto shall be applied in the interpretation, execution and enforcement of this Agreement.

12. The signatories hereto aver that they are familiar with 18-8-301, et. seq., (Bribery and Corrupt Influences) and 18-8-401, et. seq., (Abuse of Public Office), C.R.S. 1973, as amended, and that no violation of such provision is present.

13. The signatories aver that to their knowledge no FOREST SERVICE employee has any personal or beneficial interest whatsoever in the services or property described herein.

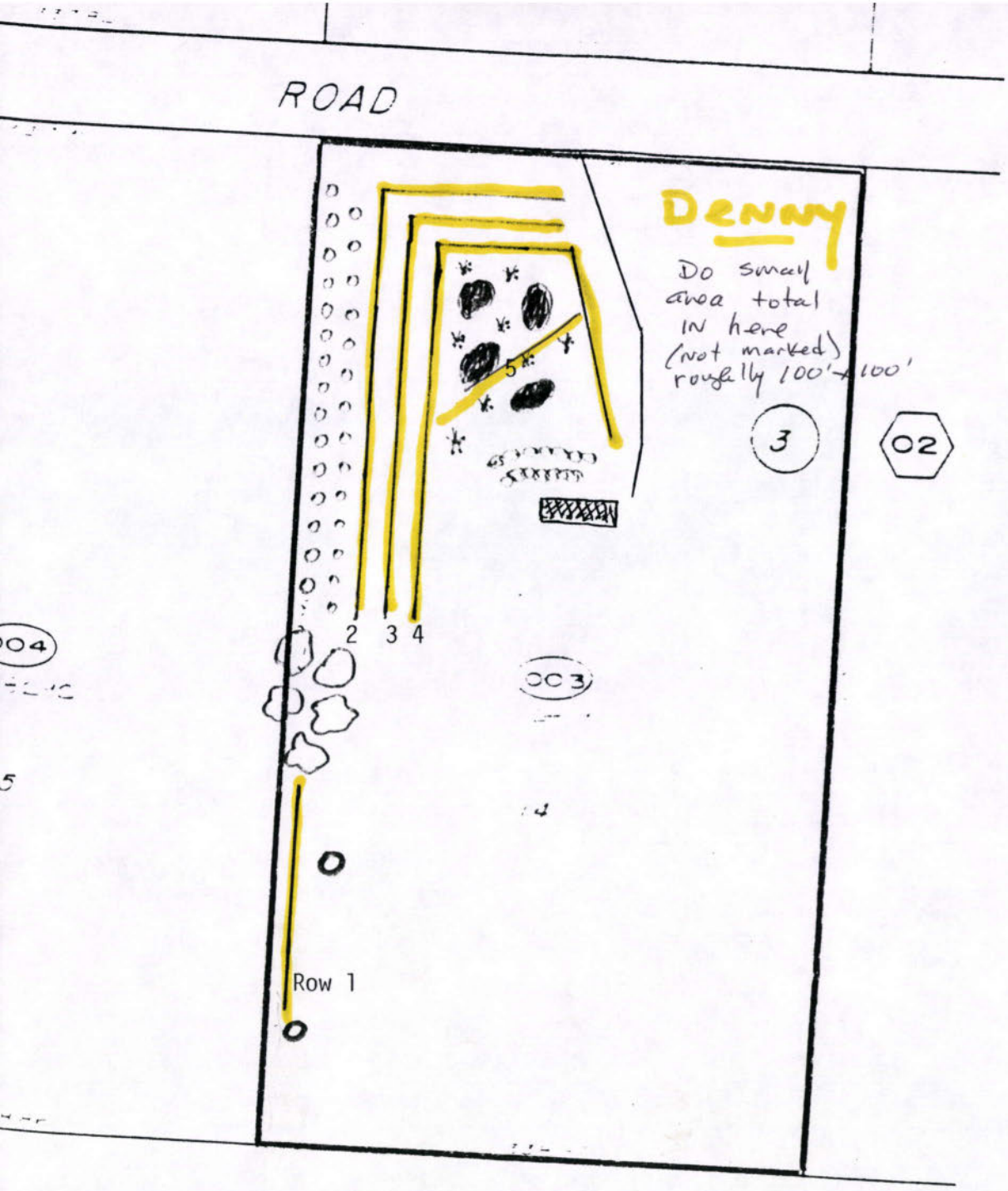
IN WITNESS WHEREOF the parties hereto have executed this Agreement on the day first above written.

Gary Muell
LANDOWNER

4-2-92
DATE

FORESTER
COLORADO STATE FOREST SERVICE

4/2/92
DATE



MUELLER PROPERTY

STEWARDSHIP PROJECT PLAN

Planting Plan

1992

NORTH

LEGEND

Property Boundary —— Hydrant ○

Driveway/House ——

Existing Vegitation

Planting Plan Items

Row 1	Native Plum	130 ft.	5 ft spacing
Row 2	Native Plum	230 ft.	5 ft spacing
Row 3	RMJ/Pinon Pine	220 ft.	10 ft spc.
Row 4	Bur Oak	290 ft.	12 ft spacing
5	Plum/Chokecherry thickets with scattered Bur Oak		

COST BREAKDOWN

FOR

TOTAL TREE CARE AGREEMENT

Mueller Property

1992

PRACTICE	ACTIVITY	COST	OTHER/COMMENT
1. windbreak	Site Prep	100	
	Planting	36 80	
	Trees	ϕ	pd. to SCD
2.			
3.			
4. other	Mulch	330	
	Mulch Instl.	90	
	Watering	25	optional if done by owner on day of planting
	Trees	28	for RMJ purchased directly from Craig because SCD was out.
	TOTAL LUMP SUM COST:	$ 609 80	

Colorado State FOREST SERVICE

Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

March 3, 1992

Dear Gary:

Sorry for the delay in getting word out about your SIP request(s). Although approvals were made on February 20th, a problem with the computers used by the ASCS and questions regarding one of the rules required some time to "straighten things out."

Officially, a landowner can not apply for a SIP practice until he/she has a Stewardship Plan. Because of the time (new program, etc.) we were allowed to let landowners apply for both the plan and other practices at the same time.

So...the form you received in the last day or so shows approval FOR THE PLAN ONLY. But...you have been approved for your other practice(s).

Another rule I was unaware of, is an overall maximum cost-share rate of $1,000/acre. This is over and above the individual practice maximums (i.e. $750/acre for fabric mulch). For this reason, you were approved for $ 300 for the planting/mulch, etc. This amount is lower/equal to the amount originally requested. (.3 acres x $1,000 acre = 300 + maximum cost share).

Let me know if this is a problem. Sorry for the confusion.

Thanks for your patience and interest in the Forest Stewardship Program. Please call if you have any questions.

Sincerely,

Craig Jones
District Forester

/mm

Original Request: SIP 4 $368.00