

AD-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CG. & C/O CONTROL NO. (F/Y & NO.)
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 123 3 96 0012

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

FARM NO. 7670 NAME AND ADDRESS COTTONWOOD WATER SKI CLUB LTD KNORM SPEAK
TRACT No. 10715 3382 VIVIAN DR WHEATRIDGE, CO 80033
FARMLAND 37.0 PROGRAM CODE SIP FUND CODE CONTRACT/LTA & ITEM NO. PRIMARY PURPOSE EXPIRATION NOTICE Practice must be completed and reported by 12-30-96
Telephone No. OTHER ASSISTANCE ID 9 0766644 E

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 WILL ESTABLISH HEDGE ROW PROTECTION
EMISE# 30-1-66 JUDY TIETZ 1/3/97

FOR APPROVING OFFICIAL USE

CANCELLED AT REQUEST
LA N D O W N E R ' S
1/3/97

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP#	Agroforestry establishment/renovate (AS)	1.5	1.5		1453*		
MUL	MULCHING - WEED BARRIER FABRIC	1.5	1.5	777,000	1182		
HEP	HEDGEROW PLANTING	1611.0	1611.0	.200	291		

* Total Cost-Shares Approved for Practice. Component figures shown are included in this amount.
MUL - 65% of cost not to exceed rate in column E. HEP - 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 DATE

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 (Achs. Rec. Y / / N / /
Zero?
WSP REASONING

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) Check Number
(For SIP) C/S Earned Approved By/Date (For SIP) Calc. Verif. 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 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 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: DATE:

A. REFERRAL INFORMATION

1. Farm No. 7670	Name and Address COTTONWOOD WATER SKI CLUB LTD 2ND RM SPEAK 3382 VIVIAN DR WHEATRIDGE, CO 80033	2. Telephone Number	3. Contract Id.
Tract No. 10715		4. Practice to Begin 01-01-96	5. Referral Expires
6. Practice Location E2W2SE4 30-1-66 JUDY TIETSORT/303-420-3727		7. Needs Statement <i>Practice is needed & feasible</i>	

Practice Description	Extent Requested	Extent Needed
SIP4 Agroforestry estab/main/renovate (AS)	1.5	1.5
MUL MULCHING - WEED BARRIER FABRIC	1.5	1.5
HEP HEDGEROW PLANTING	1611.0	1611

*MUL \$1163 } \$1453
HEP \$290 }*

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

11. Signature *D. Stover* | Date *2/16/96*

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost \$2300	7. Est. Cost-Share 1,485
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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
1	1.5	7	1	8	8

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 5	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 1.5
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 3	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 1.5
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

Technical Practice	Cost-Shared?	Units Planned/ Applied
a H84	b Y	c 1.5

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	b. Poten. Prod.	2. Stand Condition a. Forest Cover Before	b. Stocking Level Before	3. Site Preparation a. Acres	b. Cost-Share	4. Trees Pr/Ac
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G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

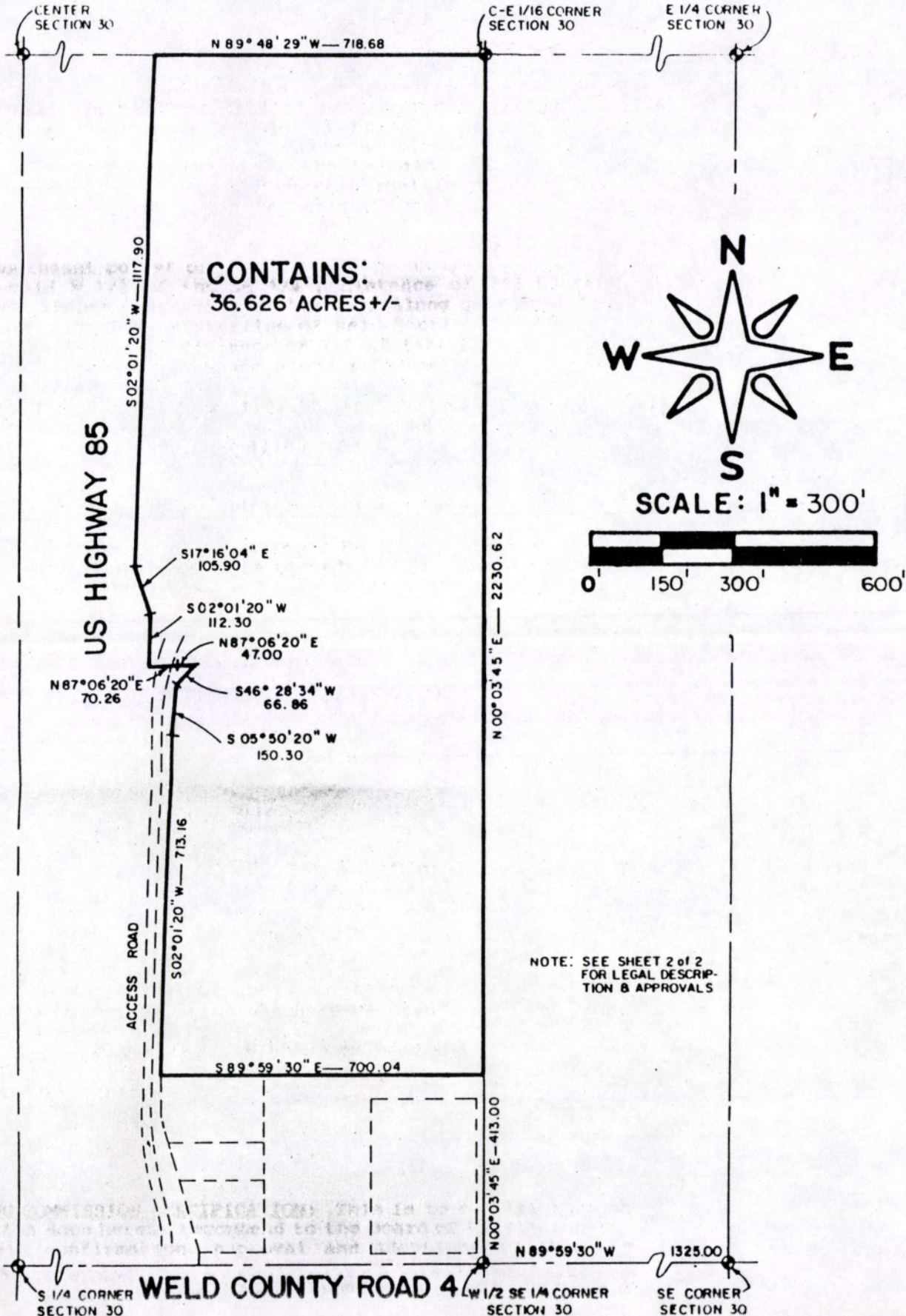
This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I. | Signature | Date

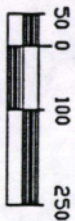
COTTONWOOD WATER SKI CLUB, L.T.D.

ZONE CASE NO. Z-473

"1-3"

DISTRICT TO "A" DISTRICT





? trees between our fence + Highway dept road??

U. S. HIGHWAY 85

OK west of ditch

COTTONWOOD WATERS

ANNUAL REPORT

C&M PI



Banks not complete

complete

Hi now area OK to plant
Highway Road (Dotted Rd.) ? near our fence on their land.
Entry way - - along water line.
Beaver? Do we need to wrap trees.