

EDWARD DAWSON BUILDING CONTRACTOR 444-6100 508 RIM RD.

Signature ____ TOPS FORM 3467 JOB WORK ORDER

LITHO IN U.S.A.

DATE OF ORDER

SOULDER, CO 80302		(1-6.	-47	
CUSTOMER'S ORDER NO. PHONE 444-80	3// MECI	HANIC	HELPER S	TARTING DATE	92
Dong Park	2er		C	RDER TAKEN BY	1
ADDRESS 8695 Sums	hine (anu	on De.	DAY WOF	
Roulder, Co	ZORK	1000		CONTRAC	
JOB NAME AND LOCATION - GOL	0#11				
			JOB PHONE	-8811	
DESCRIPTION OF WORK				1	
chipping	Slas	h			
(Port)					
1	15,		Att.		
1/ Ms. 91	740	2/6/	7		
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ad in bu	N M	1#	1425		
Jan Ju			100	9	
The second secon			E. Jere		
			T. WEST		
the second of the second		Search Co.			
		Т	OTAL MATERIALS		
			TOTAL LABOR	315	
	100		TAX	(
DATE COMPLETED 92 WORK ORDERED BY		1	OTAL AMOUN	\$3/5	
I hereby acknowledge the satisfactory completion of the above described work.	☐ No one hom		tal amount due r above work; or		when

COLORADO BOULDER Report ID: EUA900-R001

U. S. Department of Agriculture Agri. Stab. & Consv. Svc. SIP Disbursements Transmission Report

Prepared: 08/04/92

Page: 1

Transmission Date: 08/04/92 Time: 09:50:15

CONTROL NUMBER	жо. 2EQ.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
92 0047		128 34 5106 S	DOUG PARKER	DOUG PARKER	750.00
92 0050		128 34 5106 5	DOUG PARKER	DOUG PARKER	280.00
			COUNTY CONTROL RECORD		1,030.00

Verification Number: 920804095015 Date of Last Transmission: 072492 Page 1

SIP-245 (11-27-91) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES

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

CONTROL NO. (F/Y & NO.) 92 0050

NAME AND ADDRESS DOUG PARKER FARM NO. PROGRAM FARMLAND FUND PRIMARY 10THER 956 5.0 CODE CODE PURPOSE **IFARMS** BOX 1077 / /YES TRACT No. BOULDER, CO 80306 CROPLAND /X/NO 9218 OTHER ASSISTANCE 00. SIP Telephone No. 000-000-0000

DESCRIPTION OF PRACTICE OBJECTIVE FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to Start the
SIP8 WH2	Wildlife Habitat Enhancement (Ac) WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU	3.0	1.0	280.00	280.00	Practice 04/92
			1,0	4	250	I plan to complete Practice 06/92

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

PARTNERSHIP Joint Venture / /Yes /X/No / /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.

IGNATURE

|Date/

Estimated \$ C/S Value

280 -840

The State Forester approved the extent shown in <u>BLOCK D</u> above and the cost-shares shown in <u>BLOCK F</u> above for APPROVAL ACTION this practice.

FOR THE STATE FORESTER

Practice Expiration | Date

REMARKS

feggible gite exists on property. Mont of Woods rose.

\$423.60 + 0.75 = \$31770 > \$280

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.

lAcres if more than 1,000

|Date Waiver Approved by FS Page 2

FORM APPROVED OMB NO. 0596-0120

SIP-245 (03 - 04 - 92) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/D | CONTROL NO.(F/Y & NO.) 08 013 6 | 92 0050

756 RACT No. 9218	DOUG PARKER BOX 1077	FARMLAND 5.0 CROPLAND	PROGRAM CODE	FUND		PRIMARY PURPOSE OTHER	EXPIRATION Practice m completed by 10-01	ust be and reported
	Teleonome No. 000-000-0000		SIP	90		ASSISTANCE	ID 128-3	34-5106 S
not to post once.	uest for program cost-sharing erform this practice, or if you Upon certification of practice ION OF PRACTICE OBJECTIVE MARD, WIND, SOIL EROSION, LACK	cannot complete it by ecompletion by the Stat	the expirat	ion date.	Please Muci	17 THE WITCHING	MIE DUGUE I	you decide prester
	AND STATE FORESTER USE							
l Number	Practice Title		Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Share Earned
TIPB	Wildlife Habitat Enhancement WILDLIFE HABITAT - 1/10 ACRE	(Ac) SHRUB THICKET NU	3.0	1.6	280.00	280* 280	J	
* WH2	- Total Cost-Shares Approved - 75% of cost not to exceed	rate in column E.						DATE
earned o	TIONS TO PARTICIPANT To receive this practice, report perfore elow; date and sign the certific the date noted in EXPIRATION	mance in col. G and comp cation below and file w	lete litms	Y i	ndy c	/	/	5-26-
formi	you bear all the expense (exceping this practice? (If No, repon(s) or agency who bore any pa	ort name(s) and address	(es) of other	er iota	O al Cost-Sha	res Earned		
exter	nt and value of their contribut	ion.)	SO SHOW KIR	Payr	ment Advanc	e (Partial Pay	ment)	-
	NO/ /			Seto	off			
VEC /)/				F-1-	. Assignmen	+		1

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column I 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 PS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

A. REFERRAL INFORMAT	ION	
. Farm No. Name and Address 956 DOUG PARKER	12. Telephone Number	3. Contract Id.
TRACT NO. BOULDER, CO 80306	4. Practice to Begin	5. Referral Expires
9218	94 92	04 92
Practice Location Sec 7-in-72w	7. Needs Statement Cover plat (Woods rose	needed.
Extent Extent Extent Practice Description Requested Needed		-),
Wildlife Habitat Enhancement (Ac) H2 WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU 3.0	 	: A8 with the units shown practical for the farm.
B. GENERAL INFORMATION	Signature	Date 3/19/
Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP8 N		Cost 7. Est. Cost-Share
8. Practice Extents 19. Land Capability 10. Soil Loss 11. Land Capability 110. Soil Loss 110. Land Capability 110. Land Capability	over/Use 112. Technical Pra	ctices Applied
1 3,0/0,1 IIIs-1 1.0 Bare	Technical	Cost- Units Planned/ Chared? Applied
C. EROSION CONTROL	645	Yes 1/1
	es to which e Applies	
	es to which e Applies	
Other a. Problem Type b. Before (Tons/Yr.) c. After(Tons/Yr.) d. Acre		
Range a. Condition Code b. Condition Code c. Trend Cond. d. Tre Condition Before After Before After	nd. Cond. 114. Hydrologic Un	
D. WATER CONSERVATION		E. WATER QUALITY
a. Irrigation b. Water Applied(Acin./Ac.) c. Syste Irrigation		s.11. Problem Type
Conservation		2. Type of Water Body Treated/Protected
. Increased Water Use Before After Storage	Measures?	3. Pollution Severity
F. WOOD PRODUCTION		G. OTHER ASSISTANCE
.Site Description	. Site Preparation -4 res b. Cost-Share Tree: /Acr	5
H. ACTUAL COST AND PERFORMANCE DATA II. PERFORMANCE	REPORT	
III HOTOLE GOOT THE TENT GIVEN DE STITT		as specifi

To: Doug Parker Box 1077 Boulder CO 80306	Invoice No. —	253 State FOREST SERVICE	
Item 1 5 Bundles Woods Rose 2 3.5 # polymer 3		Unit Cost 18 30 10 50	Total 92 50 35 50
4 5 6 7			
Tax Exempt No.	Sales Tax	1	3.80
Denfis Atteverson	СК-З А-МО	Total Amount Paid: Amount Due	131.32
Payment Due By	CK# 2393 RCV'd By MCM	Dated 7	-18-92
Remit to:	Funding 1-93660 (1-93660 (2622 ° 2623 2020	Amount 92.50 35.00 5.10
	Deposit No.	Date	5.60

SIP WORK LOG -- Doug Parker

Wildlife Thicket

May 12 4 hours

May 14 2.5 hours

Total: 6.5 hours @ \$6/hr. = \$39.00

Defensible Space

Chainsaw work

April 19 3 hours

April 23 2.5 hours

April 24 4.5 hours

April 28 4 hours

May 17 4 hours

Total: 18 hours @ \$8/hr. = \$144.00

Move slash and chipping

April 25 5.5 hours

April 27 5.5 hours

April 30 3.5 hours

May 20 3.5 hours

May 31 3.5 hours

July 11 11 hours

Total: 53.5 hours at \$6/hr. = \$321.00

SIP Work Log--Zia Parker

Wildlife Thicket (250 rosebushes)

May 12- 8 hrs

May 14- 8 hrs

May 16- 8 hrs

May 18- 8 hrs

May 20- 10 hrs

Total 42 hrs $x^{*}6 = {}^{*}252$

Forest Management- Thinning, Hauling Slash, Chipping

April 14- 6 hrs

April 16- 3 hrs

April 19- 6 hrs

April 21- 2.5 hrs

April 23- 2.5 hrs

May 21- 8 hrs

May 23- 3 hrs

July 11- 11 hrs

Total 41 hrs $\frac{1}{16} = \frac{1}{246}$

FORM APPROVED OMB NO. 0596-0120

Page 1

(11-27-91)

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

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

CONTROL NO.(F/Y & NO.) 92 0047

FARM NO. 956	NAME AND ADDRESS DOUG PARKER		PRIMARY IOTHER PURPOSE IFARMS 1/ /YES
TRACT No. 9218	BOX 1077 BOULDER, CO 80306	CROPLAND	WOOD I/X/NO
	Telephone No. 000-000-0000	ZIP 00 P	RODUCTION

DESCRIPTION OF PRACTICE OBJECTIVE FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Number	Practice Title		Extent Requested	Extent Approved	Rate	C/S Approved	I plan to Start the Practice
SES DES	Forest and Agroforest Improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	NU .	1.0	1.0 1.0	750.00	750	I plan to complete

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

PARTNERSHIP Joint Venture

/Yes /X/No /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

Estimated \$ enfeV 2\0

750

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

Mate -

Practice Expiration Date

REMARKS

\$ 117300 + 0.75 = \$87975 > \$750

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.

lAcres if more than 1,000

|Date Waiver Approved by FS



FORM APPROVED OMB NO. 0596-0120

-245 3-04-92)

SIGNATURE 4

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

ST. & CO. & C/D | CONTROL NO.(F/Y & NO.) 92 0047

FARM NO. 956 TRACT No	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO 80306	FARMLAND 5.0 CROPLAND	PROGRAM CODE	FUND CODE		PRIMARY PURPOSE	EXPIRATION Practice m completed by 10-01	end reported
9218			SIP	99		PRODUCTION	ID 128-3	4-5106 S
	Telephone No. 000-000-0000	- the profits	shown helow	is approve	d for the	land identifie	d above. If	you decide
Your req not to p at once.	quest for program cost-sharing to perfo perform this practice, or if you cannot . Upon certification of practice comple	complete it by	the expirat te Forester,	ion date, p payment sh	lease noti all be mad	fy in writing e within 30 da	iys.	
	TION OF PRACTICE OBJECTIVE ZARD, WIND, SOIL EROSION, LACK OF WILDL							
FOR CED	AND STATE FORESTER USE					Cost-Shares	Extent	Cost-Shares
	1		Extent Requested	Extent Approved	Rate	Approved	Performed	Earned
Number SIP3	Practice Title	c) UE) NU	1.0	1.0	750.00	750* 750		
* DES	CTIONS TO PARTICIPANT To receive payme	ent or credit fo	or any cost-	hares APPI	ROVAL MAILE	D BY CED	/	DATE
and Y I	by the date noted in EXPIRATION NOTIC	Ε		10	indy E	Total		5-26-9
X. Did	you bear all the expense (except for ming this practice? (If No, report na	program cost—sna me(s) and addres	ss(es) of ot	her Tot		ares Earned		
	ming this practice? (IT NO, report Na son(s) or agency who bore any part of tent and value of their contribution.)	the expenses.	AISO SNOW KI	Pay	ment Advan	ce (Partial Pa	yment)	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			_Set	off			-
YES /)/ NO//	70 4- 4-	haun any	<u>_Det</u>	t Assignme	mt		
in	uring the current fiscal year Oct. 1 - nterest, direct, or indirect, in any e SIP payment. (If yes, report State a	nd County and an	count of Paci	(1)		roved By/Date		
CERTI G sno apply maint	FICATION BY PARTICIPANT I certify the was that the practice was performed in for payment to the extent that the Stain this practice for at least 10 yearshare assistance paid to me as determined, I (a) destroy the practice installed the has been established and the new concerns.	at the above in accordance with ate Forester has sollowing the led by the State	formation is the practic determined year the pr Forester, i	true and ce specificathat the pactice is of before the	ompleted. e expirati	I agree to re	fund all or tice lifespe	part of the in specified installed

PARTICIPATION IN 55 PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

C. EROSION CONTROL	12. Telephone Number 3. 4. Practice to Begin 5. 04 92 7. Needs Statement Five Harring Leads 7 The practices shown in item A In item A10 are needed and property 11 Signature 12. Technical Practices After Technical Cover/Use 12. Technical Cover/Use 12. Technical Cover/Use 14. Technical Cover/Use 15. Technical Cover/Use 16. Technical Cover/Use 17. Technical Technical Technical Technical Technical Technical Technical Technical Technical Technic	8 with the units shown actical for the farm. Date 3/18/ Cost 7. Est. Cost - Share 750 Cices Applied Cost - I Units Planned 1
Practice Description Forest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) Primary Purpose F 8. Practice Extents Umber IAC. Served/Treated F C. EROSION CONTROL PAGE 1677 80306 9218 Extent Extent Requested Needed	2. Telephone Number 3. 4. Practice to Begin 5. 04 92 7. Needs Statement	Referral Expires 04 92 X 15 45 C 60 Perfuced 8 with the units shown actical for the farm. IDate Cost17. Est. Cost-Share 750 Cices Applied Dices Applied Dices Applied
Practice Location Sec 7-in-72w Practice Description Prorest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) Primary Purpose F 8. Practice Extents SIP 8. Practice Ext	4. Practice to Begin 5. 04 92 7. Needs Statement Fire Hagard E The practices shown in item A in item A10 are needed and property 11 Signature Fund Code 6. Estimated Total C Cover/Use 12. Technical Practices After Technical Code C	Referral Expires 04 92 X 15 45 C 60 Perfuced 8 with the units shown actical for the farm. IDate Cost17. Est. Cost-Share 750 Cices Applied Dices Applied Dices Applied
RACT NO. BOULDER, CO 80306 9218 Practice Location Sec 7-in-72w Practice Description Forest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP3 8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/eee. C. EROSION CONTROL	7. Needs Statement Tive Haravd L Haravd Needs 7. The practices shown in item A in item A10 are needed and pr 11 Signature Fund Code 12. Technical Fract After Technical 10	8 with the units shown actical for the farm. 1Date 3/18/- Cost 17. Est. Cost-Share 750 Lices Applied Dost- Units Planned/
Practice Location Sec 7-in-72w Practice Description Forest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP SIP No. SIP No. SIP No. No	The practices shown in item A in item A10 are needed and process of the state of th	8 with the units shown actical for the farm. Date 3/18/- Cost 7. Est. Cost Share 750 Dices Applied Cost Units Planned/
Practice Location Sec 7-in-72w Practice Description Forest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) Primary Purpose F SIP B. GENERAL INFORMAT F SIP SIP SIP Class & Subclass Class & Subclass C. EROSION CONTROL	The practices shown in item A in item A10 are needed and property of the process	8 with the units shown actical for the farm. Date 3/18/ Cost 7. Est. Cost - Share 750 Cices Applied Cost - I Units Planned 1
Practice Description Forest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU B. GENERAL INFORMAT: Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 15. SIP SIP3 N 8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before	The practices shown in item A in item A10 are needed and property of the practices shown in item A in item A10 are needed and property of the practice of the	8 with the units shown actical for the farm. Date 3/18/ Cost 7. Est. Cost - Share 750 Cices Applied Cost - I Units Planned 1
Practice Description Forest and Agroforest Improvement (Ac) S DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) B. GENERAL INFORMAT: Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP3 N 8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/22 C. EROSION CONTROL	The practices shown in item A in item A10 are needed and print Signature ION Fund Code 16. Estimated Total Cover/Use 112. Technical Practice After Technical Cover/Use 16.	8 with the units shown actical for the farm. Date 3/18/ Cost17. Est. Cost-Share 750 Dices Applied 25-1 Units Planned/
B. GENERAL INFORMAT: Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP SIP3 N 8. Practice Extents 19. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/22 C. EROSION CONTROL	in item A10 are needed and property of the pro	IDate IDate 3/18/- Cost 750 Cost Units Planned 10 IDate 10
Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP3 N 8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/e2. C. EROSION CONTROL	Fund Code 16. Estimated Total Cover/Use 12. Technical Pract	Date 3/18/ Cost17. Est. Cost-Share 750 cices Applied cost- Units Planned/
Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP3 N 8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/e2. C. EROSION CONTROL	Fund Code 6. Estimated Total Cover/Use 12. Technical Pract	cices Applied
Primary Purpose 2. Program 3. Program Practice No. 4. VC/SL 5. SIP3 N 8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/e2. C. EROSION CONTROL	Fund Code 6. Estimated Total Cover/Use 112. Technical Pract	cices Applied
8. Practice Extents 9. Land Capability 10. Soil Loss 11. Land umber Ac. Served/Treated Class & Subclass Tolerance Before 1. C 1/42 C. EROSION CONTROL	After Technical Co	ost- Units Planned/
umber Ac. Served/Treated Class & Subclass Tolerance Before . O O, S O, S III 5	Arter Technical Co	
C. EROSION CONTROL		ared? Applied
	660A/666	Keg 1/1
I. Defero (IONE/OF /IT.) IB. HILE! \IUND/NEI/ II.	res to which	
Sheet & Rill	ate Applies	
	cres to which	
. Wind	0.8	
Other a. Problem Type b. Before (Tons/Yr.) c. After(Tons/Yr.) d. A		ecies
Range la. Condition Code lb. Condition Codelc. Trend Cond.ld. T	rend. Cond. 114. Hydrologic Un	
D HATER CONSERVATION		E. WATER QUALITY
	stem Efficiency(%) d. Water Cons	.ii. Problem Type
. Irrigation Situation Before After Be	fore After Acres	12. Type of Water Body
Conservation	I3 Soil Moisture	- Treated/Protected
la. Primary	er Measures?	3. Pollution Severity
F. WOOD PRODUCTION		G. OTHER ASSISTANCE
	3. Site Preparation -4	- Purpose
a.Site Index b. Poten. Prod. a. Forest Cover b. Stocking Level a.Site Index b. Poten. Prod. a. Forest Cover Before After Before After	Acres b. Cost-Share Tree	re
H. ACTUAL COST AND PERFORMANCE DATA II. PERFORMA	NCE REPORT	I am ment
	nce report	IDate /
This practice has been performed to the extent shown in Item Bi2c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.	Signature Afr.	Date /

SIP Work Log--Zia Parker

Wildlife Thicket (250 rosebushes)

May 12- 8 hrs

May 14- 8 hrs

May 16- 8 hrs

May 18- 8 hrs

May 20- 10 hrs

Total 42 hrs $x^{*}6 = {}^{*}252$

Forest Management- Thinning, Hauling Slash, Chipping

April 14- 6 hrs

April 16- 3 hrs

April 19- 6 hrs

April 21- 2.5 hrs

April 23- 2.5 hrs

May 21- 8 hrs

May 23- 3 hrs

July 11- 11 hrs

Total 41 hrs $\frac{1}{16} = \frac{1}{12} = \frac{1}{12$

SIP WORK LOG -- Doug Parker

Wildlife Thicket

May 12 4 hours May 14 2.5 hours

Total: 6.5 hours @ \$6/hr. = \$39.00

Defensible Space

Chainsaw work

April 19 3 hours
April 23 2.5 hours
April 24 4.5 hours
April 28 4 hours
May 17 4 hours

Total: 18 hours @ \$8/hr. = \$144.00

Move slash and chipping

April 25 5.5 hours
April 27 5.5 hours
April 30 3.5 hours
May 20 3.5 hours
May 31 3.5 hours
July 11 11 hours

Total: 53.5 hours at \$6/hr. = \$321.00

EDWARD DAWSON SUILDING CONTRACTOR 444-6100 508 RIM RD.

JOB WORK ORDER

ADDRESS 8 695 Sun Strang Congress SITY Full Congress JOB NAME AND LOCATION BISTON DESCRIPTION OF WORK TILLS ALIAN Sull Shift 19	ORC	DER TAKEN BY DER TAKEN BY CONTRACT EXTRA
DESCRIPTION OF WORK DESCRIPTION OF WORK AND LOCATION DESCRIPTION OF WORK MILE AND LOCATION JOINTALLAND JOINTALLAND	n Do	DAY WORK CONTRACT
SUPS Sun Shane (anish Branch CE CONTINE DE NAME AND LOCATION DESCRIPTION OF WORK TOTAL TOTAL		CONTRACT
DE NAME AND LOCATION, BISNOTH— (FIG.) DESCRIPTION OF WORK 1115. 9t 75/111 Palin full elk # 10	PHONE -	
BISATUM - TOTAL JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	3 PHONE	-22/1
palin bull ch # 10	PHONE -	-28//
Mins at 145/m		
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	125	
Т		
	AL MATERIALS	
	AL MATERIALS OTAL LABOR	3/5
ATE COMPLETED WORK ORDERED BY		3/5
nereby acknowledge the satisfactory completion the above described work, Insture	OTAL LABOR	

DATE.	6/30 1092 1010
MOUNUS SCAS	4 15 4K @ 800; 14700 x4 3 4K @ 900
FOR COLLING BALANCE DUE	1 1
8L826 REDIFORM	443 2543

COLORADO BOULDER Report ID: EUA900-R001 U. S. Department of Agriculture Agri. Stab. & Consv. Svc. SIP Disbursements Transmission Report

Prepared: 05/06/92

Page:

1

30.00

Transmission Date: 05/06/92 Time: 10:38:39

CONTROL SEQ. LANDOWNER NAME PAYEE NAME DISBURSED

92 0046 128 34 5106 S DOUG PARKER DOUG PARKER 30.00

COUNTY CONTROL RECORD

Verification Number: 920506103839 Date of Last Transmission: 042792

FORM APPROVED
OMB NO. 0596-0120

SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) (11-27-91)REQUEST FOR COST-SHARES 92 0046 NAME AND ADDRESS DOUG PARKER FARM NO. FARMLAND PROGRAM FUND PRIMARY TOTHER 956 5.0 CODE CODE PURPOSE I FARMS BOX 1077 / /YES TRACT No. BOULDER, CO 80306 /X/NO CROPLAND 9218 OTHER SIP 00 ASSISTANCE Telephone No. 000-000-0000 DESCRIPTION OF PRACTICE OBJECTIVE FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER FOR CED AND STATE FORESTER USE Extent Extent C/S I plan to Number Practice Title Requested Start the Approved Rate Approved Practice 04792 SIP Landowner Forst Stewardsp Plan Dvlmnt (Ac/No) DP1 STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC 5.0 # 29 7.50 I plan to complete Practice 06/92 Forest Stewardship Plan by FS PARTNERSHIP /Yes /X/No /X/Yes / /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 29 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 Practice Expiration FORESTER Date REMARKS I certify that I / /do / /do not own more than 1,000 acres of nonindustrial private

PARTICIPATION IN ES PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

forestland in the United States or any territory or possession of the U.S.

lAcres if more

Ithan 1.000

|Date Waiver

Approved by FS

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SIP-245 (11-27-91) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION ST. & CO. & C/D 08 013 6 CONTROL NO.(F/Y & NO.) 92 0046

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1977	FARMLAND 5.0	PROGRAM CODE	FUND CODE	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported
TRACT No. 9218		CROPLAND			OTHER	by 06-01-92
7210			SIP	99	ASSISTANCE	
	Telephone No. 000-000-0000	1			1100201111102	ID 128-34-5106 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 FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP1	Landowner Forst Stewardsp Plan Dvlmnt (Ac/No) STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC	5.0	5.0	7.50	29* 29		

Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
 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 moted in EXPIRATION NOTICE.	Cindy E Tolly	3-2-92
X. Did you bear all the expense (except for program cost-sharing) for per- forming 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)	
YES UN NO//	Setoff Path Assignment	
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).	Debt Assignment Net Payment IC/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 5 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 rew owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of the specified lifespan.

SIGNATURE GIAMA MILLION

DATE 4/23/92

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** Forester's Note: Applicant has applied for SIP-3
and SIP-8 and will protectly received payments from These later
in the year

(10-11-91)	CONSERVATION REPORTING AND EV			-	& CO. Code & C 08 013 6		72 46	
		A. REFERRAL	. INFORMATI	ON .				
956 DOUG P	77			2. Teleph	one Number	3. Cont	ract Id.	
9218					5. Refe	5. Referral Expires		
				04 92		04 92		
. Practice Locatio Sec 7-in-72w	n			17. Needs	Statement	serelshi	r Man	
Practice Des	ription	Extent Requested	Extent Needed	. nee	led for	pre	perty.	
Landowner Fors	t Stewardsp Plan Dvlmnt (Ac/No) VELOPMENT PLAN - 2-120 ACRES (A		5,0					
	TEN E 120 HOLES P	3.0		The practices shown in item A8 with the units shown in item Af0 are needed and practical for the farm.				
				11. Signature Date				
		B. GENERAL			gile 1	Terro	3/18/	
Primary Purpose G	2. Program 3. Program Prac	1 !	N		6. Estimated To	tal Cost!7	. Est. Cost-Share 29	
8. Practice Extendumber Ac. Served.	nts 19. Land Capability 16 Treated Class & Subclass	0. Soil Loss 1	1. Land Co Before	ver/Use i After	12. Technical	Practices	Applied	
1 5,0 /t	7/15-1	1.0		1	Technical Practice	Cost- Shared?	Units Planned/ Applied	
	C. EROSION CONTROL				SIM-1	Y	5.015.0	
Sheet & Rill Erosion	defore (Tons/Ac./Yr.) lb. After	(Tons/Ac./Yr.)	Rate	Applies		-		
Wind Erosion	Refore (Tons/Ac./Yr.) b. After	(Tons/Ac./Yr.)	Rate	to which				
Other a. Probl Erosion	em Typelb. Before (Tons/Yr.) c.	After (Tons/Yr.			13. Endangered		4 < 4 ii	
Range la. Co Condition Befor	ndition Code b. Condition Cod e	elc. Trend Cond Before +	d.id. Trend IAfter	d. Cond.	114. Hydrologic	Unit Code	NIA	
	D. WATER CONSERVATIO	N				Į E.	WATER QUALITY	
Irrigation Water	a. Irrigation b. Water Applied Situation Before 	(Acin./Ac.) After	c. System Before	Efficiency After			oblem Type	
Conservation Increased Water	a. Primary b. Capacity(Acre-Inches) 13. Soil Moisture				_ / /	2. Type of Water Body Treated/Protected		
Storage	Defore		After		Measures?	[3. Po]	lution Severity	
	F. WOOD PROD	UCTION				G.	OTHER ASSISTANCE	
ofte index! of Lot		ndition Stocking Level efore After	la. Acre	Site Preparent lb.	Cost-Share!Tre	es Purpos	se	
H. ACTUAL	COST AND PERFORMANCE DATA	II. PERF	ORMANCE RE	PORT				
Total Install, Co	sti2. Cost-Share 13. Date Pe	rformed /	7	100	pleted	022 -	sperific	

To: Doug Parker Box 1077 Boulder CO 80306 Date: 3/13/92	Invoice No	253 State FOREST SERVICE	
Item		Unit Cost	Total
· Stewardship Plan		100	4000
2		-	-10
3			
4			
5			
6			
7			
8			
9			
Tax Exempt No.	Sales Tax		
	6× da va	Total	NO -
Dondes Stevenson		Amount Paid: Amount Due	40-
SFS Originator	Ck# 1399	Dated 7	none
Payment Due By	Rcv'd By	- //	11/92
	Funding		Amount
emit to:		640	1000
	Deposit No.	Date	