

DATE

6/30

19

92

NO.

1010

RECEIVED OF

Doug PARKER

ADDRESS

MOVING SLASH 15 HR @ 8<sup>00</sup> \$ 147<sup>00</sup>

FOR

Culling wood 3 HR @ 9<sup>00</sup>

HOW PAID

BALANCE DUE

8L826 REDIFORM

BY

Tom Colby  
443 2543

EDWARD DAWSON  
BUILDING CONTRACTOR  
444-6100  
508 RIM RD.  
BOULDER, CO 80302

JOB WORK ORDER

DATE OF ORDER

7-6-92

CUSTOMER'S ORDER NO.	PHONE 444-8811	MECHANIC	HELPER	STARTING DATE 7/6/92
BILL TO Doug Parker				ORDER TAKEN BY EP
ADDRESS 8695 Sunshine Canyon Dr.				<input type="checkbox"/> DAY WORK
CITY Boulder, Colorado				<input type="checkbox"/> CONTRACT
JOB NAME AND LOCATION Bighorn-Coco Hill				<input type="checkbox"/> EXTRA
				JOB PHONE 444-8811

DESCRIPTION OF WORK

chipping slash

7 hrs. at \$45/hr.

pd in full ck# 1425

		TOTAL MATERIALS		
		TOTAL LABOR	315	
		TAX		
DATE COMPLETED 7/6/92	WORK ORDERED BY Doug	TOTAL AMOUNT	\$ 315	

I hereby acknowledge the satisfactory completion of the above described work.

☐ No one home

☒ Total amount due for above work; or

☐ Total billing to be mailed when job finished.

Signature

Ed Dawson



COLORADO  
BOULDER

Report ID: EUA900-R001

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

Prepared: 08/04/92

Page: 1

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

CONTROL NUMBER	SEQ. NO.	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 S	DOUG PARKER	DOUG PARKER	280.00
COUNTY CONTROL RECORD					1,030.00

Verification Number: 920804095015

Date of Last Transmission: 072492



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

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

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

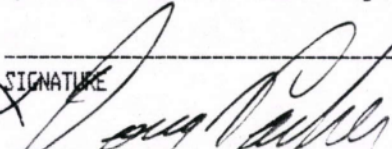
FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to Start the Practice
SIP8 WH2	Wildlife Habitat Enhancement (Ac) WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	3.0	1.0 1.0	280.00	280.00 \$280	04/92 I plan to complete Practice 06/92

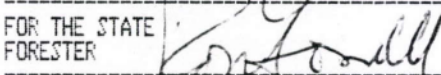
Forest Stewardship Plan by FS /X/Yes / /No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

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 2/14/92	Estimated \$ C/S Value 280 -040
---	-----------------	--

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 Mar 23	Practice Expiration Date 6/92
--	----------------	----------------------------------

REMARKS  
Only one feasible site exists on property.  
Plant w/ Woods rose.  
\$423.60 \* 0.75 = \$317.70 > \$280.00

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.



COPY

SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
(03-04-92) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 013 6 92 0050

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 10-01-93
TRACT No. 9218	80306	CROPLAND			OTHER ASSISTANCE	ID 128-34-5106 S
Telephone No. 000-000-0000						

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 C	Extent Approved D	Rate E	Cost-Shares Approved F	Extent Performed G	Cost-Shares Earned H
SIP8 WH2	Wildlife Habitat Enhancement (Ac) WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU	3.0	1.0	280.00	280* 280		

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
WH2 - 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

DATE

*Cindy E. Dattel*

5-26-92

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

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 determined 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 7/28/92

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 INFORMATION

1. Farm No. 956		Name and Address DOUG PARKER BOX 1077 TRACT NO. BOULDER, CO 80306		2. Telephone Number	3. Contract Id.
9218				4. Practice to Begin 04 92	5. Referral Expires 04 92
6. Practice Location Sec 7-1n-72w				7. Needs Statement <i>Cover plot needed. (Woods rose).</i>	
Practice Description 8 Wildlife Habitat Enhancement (Ac) WH2 WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU				Extent Requested 9 3.0	Extent Needed 10 1.0
The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.					

### B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP8	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 840	7. Est. Cost-Share 840
8. Practice Extents Number Ac. Served/Treated 1 3.0 / 0.1		9. Land Capability Class & Subclass VII <sub>s</sub> - 1	10. Soil Loss Tolerance 1.0	11. Land Cover/Use Before After Bare Shrubs	12. Technical Practices Applied	
				Technical Practice a 645	Cost-Shared? b Yes	Units Planned/ Applied c 1 / 1
C. EROSION CONTROL						
1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.1			
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.1			
3. Other Erosion	a. Problem Type N/A	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected		
4. Range Condition	a. Condition Code Before 2	b. Condition Code After 2	c. Trend Cond. Before 2	d. Trend. Cond. After 2	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	E. WATER QUALITY
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before After	3. Soil Moisture Measures?		
				1. Problem Type 2. Type of Water Body Treated/Protected 3. Pollution Severity	

### F. WOOD PRODUCTION

1. Site Description		2. Stand Condition		3. Site Preparation		4. Purpose
a. Site Index	b. Poten. Prod. (Cu. Ft./Ac./Yr.)	a. Forest Cover Before After	b. Stocking Level Before After	a. Acres	b. Cost-Share Trees /Acre	

### H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed	I. PERFORMANCE REPORT <i>Practice completed as specified.</i>
------------------------	---------------	-------------------	--

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

Signature  
Douglas Stevenson

Date  
7/29/92



To:

Doug Parker  
Box 1077  
Boulder CO 80306

Invoice No.

25357

**Colorado  
State**  
FOREST  
SERVICE

Date:

3/25/92

Item	Unit Cost	Total
1 5 Bundles Woods Rose	18 <sup>50</sup>	92 <sup>50</sup>
2 3.5 # polymer	10 <sup>00</sup>	35 <sup>00</sup>
3		
4		
5		
6		
7		
8		
9		3.82
Tax Exempt No. _____	Sales Tax	<del>5.10</del>

Total

132.50

CK-CA-MO Amount Paid:

131.32

Amount Due

CSFS Originator

Payment Due By

Ck# 2393

Dated 3-18-92

Rcv'd By MLM

F.Y. 91-92

Remit to:

Funding

Amount

1-93660 0622 92.50

1-93660 0623 35.00

0-24200 2020 5.10

3.82

Deposit No.

Date

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

## 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  $\times 6 = \$252$

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  $\times 6 = \$246$

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 0047

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO 80306	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / / YES / / X/NO
TRACT No. 9218		CROPLAND				
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 Practice
A	B	C	D	E	F	G
SIP3 DES	Forest and Agroforest Improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	NU 1.0	1.0	750.00	750	04792
			1.0		\$ 750	I plan to complete Practice 06792

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 *[Signature]* Date 2/14/92 Estimated \$ C/S Value 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 *[Signature]* Date 2/23/92 Practice Expiration Date 7/92

REMARKS

$\$ 1173.00 \times 0.75 = \$ 879.75 > \$ 750.00$

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.



COPY

FORM APPROVED  
OMB NO. 0596-0120U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D  
08 013 6CONTROL NO. (F/Y & NO.)  
92 0047-245  
3-04-92)

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 10-01-93
TRACT No. 9218	80306	CROPLAND				ID 128-34-5106 S
Telephone No. 000-000-0000						

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
A	B	C	D	E	F	G	H
SIP3 DES	Forest and Agroforest Improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	NU 1.0	1.0	750.00	750* 750		

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
DES - 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

DATE

Cindy E. Hotley

5-26-92

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.)

Total Cost-Shares Earned

Payment Advance (Partial Payment)

Setoff

Debt Assignment

Net Payment

C/S Earned Approved By/Date Calc. Verified By/Date

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 //

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 determined 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 7/28/92

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.



U.S. DEPARTMENT OF AGRICULTURE  
CONSERVATION REPORTING AND EVALUATION SYSTEMST. & CO. Code & C/D  
08 013 6Control No. (FY & No.)  
92 47

## A. REFERRAL INFORMATION

1. Farm No. 956  
Name and Address DOUG PARKER  
BOX 1077  
TRACT NO. BOULDER, CO 80306  
9218

2. Telephone Number 3. Contract Id.

4. Practice to Begin 04 92  
5. Referral Expires 04 926. Practice Location  
Sec 7-1n-72w

7. Needs Statement

Fire Hazard Exists  
Hazard Needs to be reduced.

Practice Description

8  
Forest and Agroforest Improvement (Ac)  
DES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)

NU

Extent  
Requested  
9

1.0

Extent  
Needed  
10

1.0

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

11. Signature

Date

## B. GENERAL INFORMATION

Douglas Stevenson 3/18/92

1. Primary Purpose F 2. Program SIP 3. Program Practice No. SIP3 4. VC/SL N 5. Fund Code 6. Estimated Total Cost \$1000 7. Est. Cost-Share 750

8. Practice Extents  
Number Ac. Served/Treated

1.0 0.8 0.8

9. Land Capability  
Class & Subclass

VII s - 1

10. Soil Loss  
Tolerance

1.0

11. Land Cover/Use  
Before After

Trees Trees

12. Technical Practices Applied

Technical  
PracticeCost-  
Shared?Units Planned/  
Applied

660A/666

Yes

1/1

## C. EROSION CONTROL

1. Sheet & Rill  
Erosion

a. Before (Tons/Ac./Yr.)

b. After (Tons/Ac./Yr.)

c. Acres to which  
Rate Applies

0.8

2. Wind  
Erosion

a. Before (Tons/Ac./Yr.)

b. After (Tons/Ac./Yr.)

c. Acres to which  
Rate Applies

0.8

3. Other  
Erosion

a. Problem Type

b. Before (Tons/Yr.)

c. After (Tons/Yr.)

d. Acres Affected

4. Range  
Conditiona. Condition Code  
Before 2b. Condition Code  
After 2c. Trend Cond.  
Before 2d. Trend Cond.  
After 213. Endangered Species  
14. Hydrologic Unit Code

## D. WATER CONSERVATION

1. Irrigation  
Water  
Conservationa. Irrigation  
Situationb. Water Applied (Ac.-in./Ac.)  
Before Afterc. System Efficiency (%)  
Before Afterd. Water Cons.  
Acres2. Increased Water  
Storagea. Primary  
Useb. Capacity (Acre-Inches)  
Before After3. 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 Afterb. Stocking Level  
Before After

3. Site Preparation

a. Acres

b. Cost-Share

4. Trees  
/Acre

Purpose

## H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost \$1173  
2. Cost-Share \$750  
3. Date Performed 7/29/92

## I. PERFORMANCE REPORT

Practice completed as specified

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

Douglas Stevenson

Date

7/29/92



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  $\times \$6 = \$252$

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  $\times \$6 = \$246$

## 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  
BUILDING CONTRACTOR  
444-6100  
508 RIM RD.  
BOULDER, CO 80302

JOB WORK ORDER

DATE OF ORDER

7-6-92

CUSTOMER'S ORDER NO.	PHONE 444-8811	MECHANIC	HELPER	STARTING DATE 7/6/92
BILL TO Dena Parker				ORDER TAKEN BY ED
ADDRESS 8695 Sunstone Canyon Dr.				<input type="checkbox"/> DAY WORK
CITY Boulder, Colorado				<input type="checkbox"/> CONTRACT
JOB NAME AND LOCATION Bighorn-Crested				<input type="checkbox"/> EXTRA
				JOB PHONE 444-8811

DESCRIPTION OF WORK

chipping slash

7 hrs. at \$45/hr.

pd in full ck# 1425

	TOTAL MATERIALS		
	TOTAL LABOR	315	
	TAX		
DATE COMPLETED 7/16/92	WORK ORDERED BY [Signature]	TOTAL AMOUNT	\$ 315

I hereby acknowledge the satisfactory completion of the above described work.

☐ No one home

☒ Total amount due for above work; or

☐ Total billing to be mailed when job finished.

Signature [Signature]

TOPS FORM 3457

LITHO IN U.S.A.

DATE <u>6/30</u> 19 <u>92</u> No. <u>1010</u>	
RECEIVED OF <u>DOUG PARKER</u>	
ADDRESS _____	
MOVING: SLASH 15 HR @ 8 <sup>00</sup> = 147 <sup>00</sup>	
FOR Culling wood 3 HR @ 9 <sup>00</sup>	
HOW PAID	BALANCE DUE
BY <u>Don Valley</u>	
81826 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

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

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
92 0046		128 34 5106 S	DOUG PARKER	DOUG PARKER	30.00
			COUNTY CONTROL RECORD		30.00

Verification Number: 920506103839

Date of Last Transmission: 042792



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

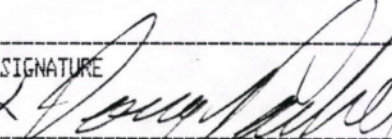
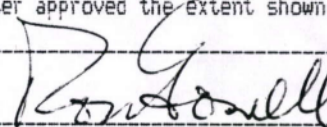
DESCRIPTION OF PRACTICE OBJECTIVE  
FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to Start the Practice
SIP1 DP1	Landowner Forst Stewardsp Plan Dvlmnt (Ac/No) STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES	5.0	5.0	7.50	\$ 29	64792
						I plan to complete Practice 66792
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 2/14/92	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 FORESTER 	Date 2/20	Practice Expiration Date 3/92
REMARKS		



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 1077 BOULDER, CO 80306	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 06-01-92
TRACT No. 9218		CROPLAND			OTHER ASSISTANCE	
Telephone No. 000-000-0000						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 DP1	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  
DP1 - 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. [Signature]*

DATE  
3-2-92

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 <input checked="" type="checkbox"/> NO / /	Total Cost-Shares Earned	
	Payment Advance (Partial Payment)	
	Setoff	
	Debt Assignment	
	Net Payment	
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 cash). ** YES / / NO / /	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 determined 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 *[Signature]*

DATE 4/23/92

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.

\*\* Forester's Note: Applicant has applied for SIP-3 and SIP-8 and will probably receive payments from these later in the year



### A. REFERRAL INFORMATION

1. Farm No. 956 Name and Address DOUG PARKER BOX 1077 TRACT NO. BOULDER, CO 80306 9218		2. Telephone Number	3. Contract Id.
6. Practice Location Sec 7-1n-72w		4. Practice to Begin 04 92	5. Referral Expires 04 92
Practice Description 8 Landowner Forst Stewardsp Plan Dvlmnt (Ac/No) DP1 STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC		Extent Requested 9 5.0	Extent Needed 10 5.0
7. Needs Statement Forest Stewardship Plan needed for property.			
The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.			
11. Signature Douglas Stinson			12. Date 3/18/92

### B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP1	4. VC/SL N	5. Fund Code	6. Estimated Total Cost \$40	7. Est. Cost-Share 29
8. Practice Extents Number 1 Ac. Served/Treated 5.0 / 5.0	9. Land Capability Class & Subclass VII S - 1	10. Soil Loss Tolerance 1.0	11. Land Cover/Use Before Trees After Trees	12. Technical Practices Applied a. SIP-1 b. <input checked="" type="checkbox"/> c. 5.0 / 5.0		

### C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 5.0
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 0	b. After (Tons/Ac./Yr.) 0	c. Acres to which Rate Applies 5.0
3. Other Erosion	a. Problem Type 0	b. Before (Tons/Yr.) 0	c. After (Tons/Yr.) 0
4. Range Condition	a. Condition Code Before 0	b. Condition Code After 0	c. Trend Cond. Before + After +
13. Endangered Species N/A			
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 (Acres-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
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### G. OTHER ASSISTANCE

Purpose
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### H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost \$40	2. Cost-Share \$29	3. Date Performed 4/28/92
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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  
Douglas Stinson

Date  
4/29/92



To:

Doug Parker  
Box 1077  
Boulder CO 80306

Invoice No.

25354

**Colorado**  
**State**  
 FOREST  
 SERVICE

Date:

3/13/92

Item	Unit Cost	Total
1 Stewardship Plan		40 <sup>00</sup>
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No.	Sales Tax	

CSFS Originator

Payment Due By

Remit to:

Total		40 <sup>00</sup>
CK-CA-MO Amount Paid:		40 <sup>00</sup>
Amount Due		none
Ck#	1388	Dated 3/11/92
Rcv'd By	H/B	F.Y. 92
Funding		Amount
1-92273 0640		40 <sup>00</sup>

Deposit No.

Date