

## **TRIP REPORT**

By  
Norland K. Hall

1100 21OCT2003

Paul Larsen  
PO Box 147  
Masonville, CO 80541

(970) 667-6086  
(970) 481-7428

### **Location:**

Property is a portion of:

SW ¼ of SW ¼ of Sec 27 & SE ¼ of SE ¼ of Sec 28 T6N, R70W

UTM: 0480596 x 4477912

Gate: 6491

### **Purpose:**

1. Inspect designated stands prior to start of work under the WUI grant program.
2. Review the WUI Grant project accomplishment standards, expectations, and record keeping requirements of the program.
3. Answer the applicant's questions.

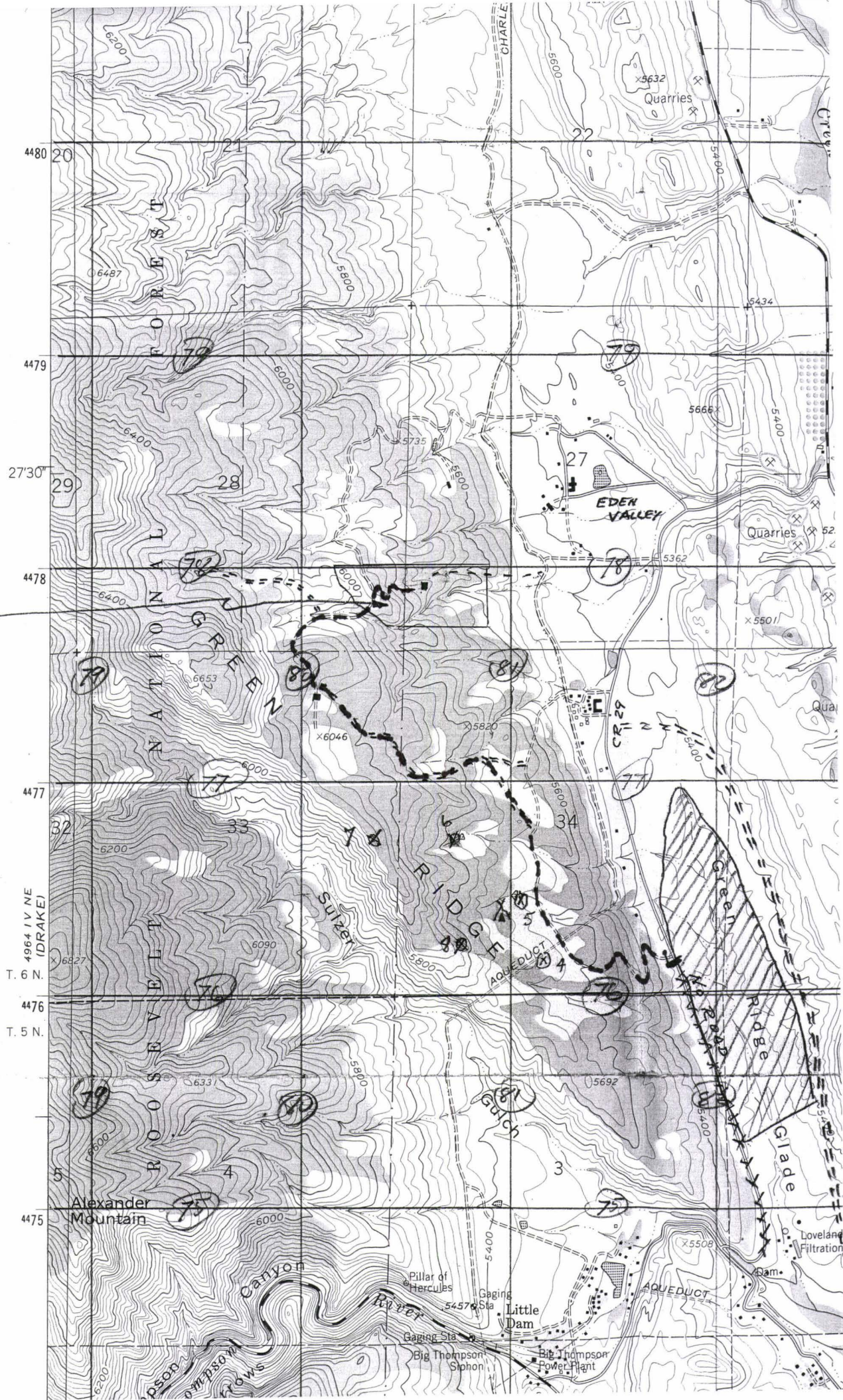
### **Findings:**

1. Paul seems to be capable of accomplishing the work in identified "Area-1" south and east of the house.
2. Paul has accomplished tree thinning and pruning around the house. Some crowns are too close, but generally the work looks good.
3. The slope (40% - 50%) into Area-1, below and south of the house, will present a problem for slash and tree removal. We discussed possible options for yarding and skidding.
4. Paul indicated that he planned to rent a chipper.
5. "Area-2" north of the house will be a big undertaking. It has many large commercial log size trees, and a heavy stand of pole-size and saplings.
6. Paul has a central location for debris burning, and may use that for slash burning.
7. There is no indication of insect or disease in his stands, with one exception.
8. There is a 3/4 acre patch of heavy dwarf mistletoe and beetle kill along the road, about 300 yds SW of the house.

### **Recommendations:**

1. Concentrate work in Area-1.
2. Start thinning and removing ladder fuel near the house and progress about half way down the slope. Work the bottom of the area after he has created a workable method of slash removal.
3. Process each tree as it is cut, and remove slash before cutting the next tree.
4. Chip slash if possible.
5. Make small piles in safe places away from trees, and burn when there is a good snow cover.
6. Cut out the mistletoe infected trees.
7. We talked about how to identify healthy and poor trees, and proper spacing.





PAUL LARSEN  
481-7428  
667-6086  
6491

UTM: 0480596  
4477912



1

2



**LANDOWNER ASSISTANCE PROGRAMS**  
**ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 530853  
 (For Official Use Only-  
 No. from original application)

Applicant name (please print): Pavl F. Larsen

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost (Actual)		\$676 <sup>85</sup>	A Labor Cost= \$676 <sup>85</sup>
Operating Exp <sup>3,*</sup> (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			D Revenue=
Project Cost			E Total Project (A+B+C-D) = \$676 <sup>85</sup>
			Amount Originally Approved = \$900 <sup>00</sup>
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed <sup>5</sup> (.5XE) not to exceed Actual Costs \$338.42

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 19.51/hour for Landowner and volunteer time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.

\* Attach receipts, Cost Documentation Form D (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Pavl F. Larsen

Date: 11/1/10

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: P.O. Box 147

City: Masonville

County: Larimer State: CO Zip: 80541

Phone: (970) 481-7428

Practice certified by: [Signature]  
 CSFS forester

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.  
 Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.  
 Please consult your tax advisor.

3/17/08

**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)**

Project No. \_\_\_\_\_

*To be completed by CSFS forester:*

**PROGRAM:**

*WUI Incentives D-space:* \_\_\_\_\_ *I & D Prevention and Suppression – Bark Beetle:* \_\_\_\_\_

*FLEP:* \_\_\_\_\_ *FRFTP:* \_\_\_\_\_ *STEVENS' Fund:* \_\_\_\_\_ *SFA:* \_\_\_\_\_

**WUI D-space Accomplishment:**

No. of D-spaces = \_\_\_\_\_ Acres slash disposal = \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_

Acres thinned = \_\_\_\_\_ Acres pruned = \_\_\_\_\_

**I & D Prevention and Suppression Accomplishment:**

No. of infested trees treated: \_\_\_\_\_

Acres inspected and treated: \_\_\_\_\_

Acres thinned: \_\_\_\_\_

**FLEP Accomplishment (Not included above):**

#1 Plan Acres = \_\_\_\_\_

#5 Acres = \_\_\_\_\_

#9 Acres treated = \_\_\_\_\_

#2 Acres tree planting = \_\_\_\_\_

#6 Acres treated = \_\_\_\_\_

#10 Acres of restoration = \_\_\_\_\_

Acres treated = \_\_\_\_\_

#7 Acres treated = \_\_\_\_\_

#11 Acres = \_\_\_\_\_

#3 Acres treated = \_\_\_\_\_

#8 Acres treated = \_\_\_\_\_

#4 Acres planted/ renovated = \_\_\_\_\_



## LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$19.51/hr. Separate expenses by component (activity). Attach receipts.

Paul F. Larsen  
Landowner Signature

[illegible]

676.85

$$\begin{array}{r} 27 \\ 2 \overline{) 540.28} \\ \underline{42} \end{array}$$

**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)**

Project No. 530853

To be completed by CSFS forester:

**PROGRAM:**

*WUI Incentives D-space:* \_\_\_\_\_ *I & D Prevention and Suppression – Bark Beetle:* \_\_\_\_\_  
*FRFTP:* \_\_\_\_\_ *STEVENS' Fund:* \_\_\_\_\_ *SFA:* \_\_\_\_\_ *ESF:* \_\_\_\_\_ *Forest*  
*Restoration Grant (SB71 and HB1199)* \_\_\_\_\_

**WUI D-space Accomplishment:**

No. of D-spaces = \_\_\_\_\_ Acres slash disposal = \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_  
Acres thinned = 1 ac Acres pruned = \_\_\_\_\_

**I & D Prevention and Suppression Accomplishment:**

No. of infested trees treated: \_\_\_\_\_  
Acres inspected and treated: \_\_\_\_\_  
Acres thinned: \_\_\_\_\_

**Accomplishment not included above - LOA Practice Number:**

#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		



12/15/09





LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

Form A

Comb #  
1946

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: Paul F Larsen

MAILING ADDRESS: P.O. Box 147

City: MASONVILLE State: CO

Zipcode: 80541

TELEPHONE NO: 970 481 7428

PROJECT ADDRESS/LEGAL DESCRIPTION: 5908 LONE ACRES LANE  
LOVELAND CO 80538  
27+28 6-70

PRACTICES TO BE COMPLETED BY: DEC 1 2009

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
666-1	10 ACRES				
666-6	?				
?	?				
?	?				
?	?				
?	?				
		Total:			\$900 <sup>00</sup>

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Paul F Larsen DATE: 8-24-2009

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_ FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_  
FRFTP: \_\_\_\_\_ Stevens' Funds: \_\_\_\_\_ SFA: \_\_\_\_\_

C/S Allocated: [Signature] AMOUNT: \$ 900<sup>00</sup> DATE: 10/9/09  
CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.



To CR 20-6

5.85 ACRES

NORTH LINE OF SOUTHWEST ONE-QUARTER OF SOUTHWEST ONE-QUARTER SEC. 27  
N89°41'48"W 1294.79'

30' HORSETRAIL & HIKING EASEMENT

HEAVY TIMBRE

27-6-70

FIRE ESCAPE ROUTE

TRACT 3  
35.00 ± ACRES

HOUSE

28-6-70

DRY WASH

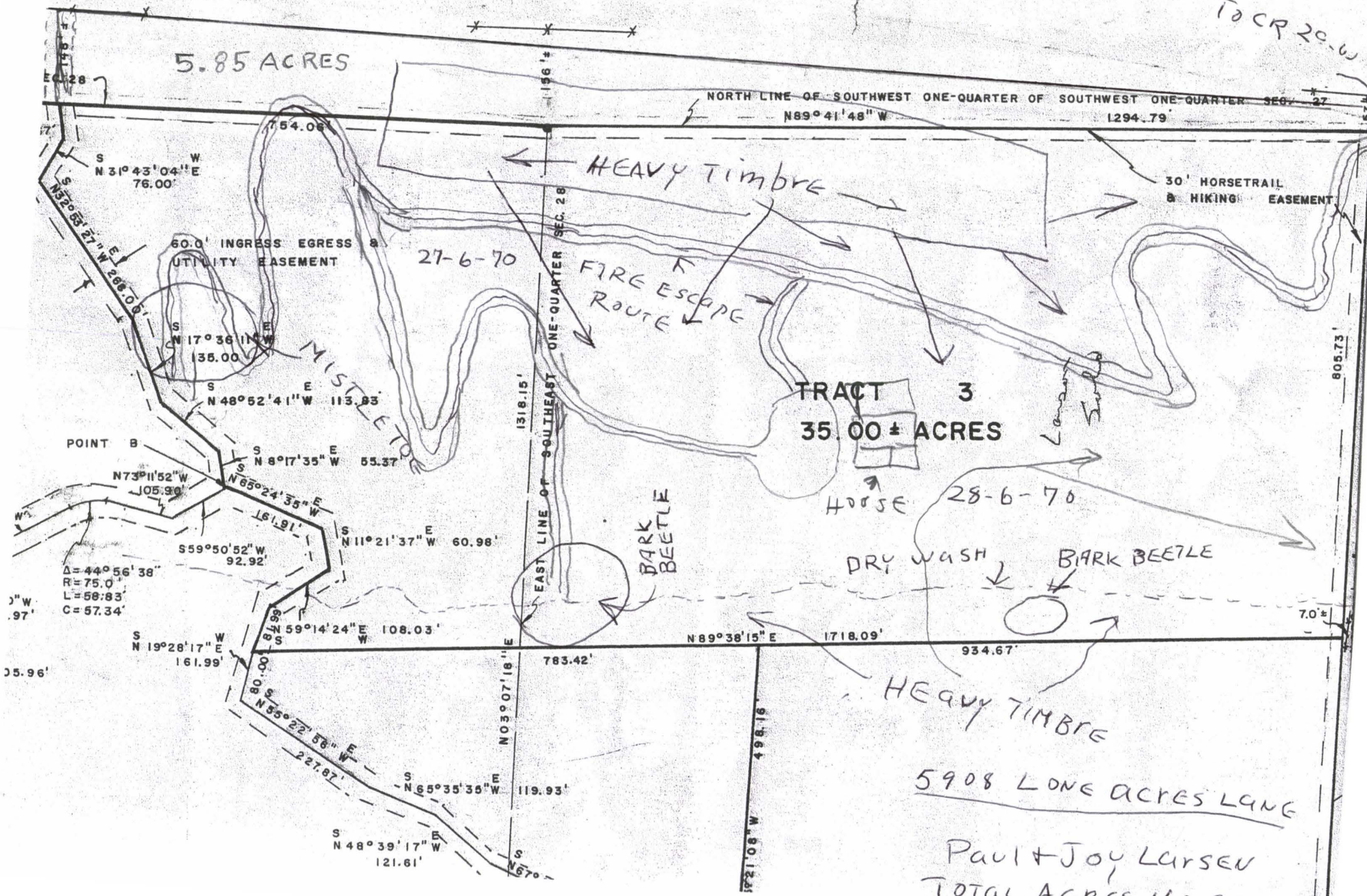
BARK BEETLE

BARK BEETLE

HEAVY TIMBRE

5908 LONE ACRES LANE

Paul + Joy LARSEN  
TOTAL ACRES 40.85





# Assessor Property Information

## Property Tax Year 2009

Parcel Number: **06270-00-012**Schedule Number: **R1087886**Tax District: **2000**Current Mill Levy: **72.035**

5.8 ac

### General Information

+ 24 +

#### Owner Name & Address

LARSEN, PAUL F/JOY A  
PO BOX 147  
MASONVILLE, CO 80541-0147

#### Property Address

5908 LONE ACRES LN  
LOVELAND 80538-0000

Subdivision #: /270670 - S27 T06 R70

Neighborhood #: 29517

481-7428

#### Legal Description

POR OF SW 27-6-70 DESC: BEG AT NW COR OF SW OF SW, TH S 89 41' 48" E 1294.79 FT TO NE COR SW OF SW, TH ALG E LN SW OF SW S 3 20' 32" W 805.73 FT, S 89 38' 15" W TO W LN SD SW OF SW, N TPOB (SPLIT FROM 06270 00 010)

### Sales Information

Reception #	Sale Price	Deed Type	Sale Date
21000782	\$38,500	WARRANTY DEED	01/01/1981

### Value Information (as of December 1, 2008)

Abstract Code/Description	Value Type	Actual Value	Assessed Value	Net Acres	Net Sq Ft
1219 Res improved	Improvement	\$331,700	\$26,400	0.00	0
1219L Res improved	Land	\$20,900	\$1,660	24.00	1,045,440
<b>Totals:</b>		<b>\$352,600</b>	<b>\$28,060</b>	<b>24.00</b>	<b>1,045,440</b>

### Building Improvements

<b>Building ID:</b>	001	<b>Heat</b>	None	<b>Total Sq Ft:</b>	2302
<b>Property Type:</b>	Residential	<b>Roof Type:</b>	Gable	<b>Condo Sq Ft:</b>	
<b>Built As:</b>	2 Story	<b>Roof Cover:</b>	Composition Shingle	<b>Bsm. Sq Ft:</b>	
<b>Occupancy:</b>	Single Family Residential	<b>Foundation:</b>		<b>Bsm. Fin. Sq Ft:</b>	
<b>Year Built:</b>	1982	<b>Rooms:</b>	6		
<b>Year Remodel:</b>		<b>Bedrooms:</b>	3		



LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: Paul Larsen

MAILING ADDRESS: P.O. Box 147

City: Masonville State: Co

Zipcode: 80541

TELEPHONE NO: 970-481-7428

PROJECT ADDRESS/LEGAL DESCRIPTION: 5908 Lone Acres Lane

Loveland, Co 80538

PRACTICES TO BE COMPLETED BY: Fall 2008  
Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
		Total:			

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. *CSFS forester: make sure the correct program is checked below.* One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Paul Larsen DATE: 3/21/08

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_ FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_  
FRFTP: \_\_\_\_\_ Stevens' Funds: \_\_\_\_\_ SFA: \_\_\_\_\_

C/S Allocated: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.





# LOA PROGRAM

**OBJECTIVES:** What do you want to achieve by this practice? (If more than one objective, list in order of priority).  
Example: To reduce the risk of mountain pine beetle, and with the proper slash disposal, improve forest health.

**GENERAL DESCRIPTION, ISSUES:** To reduce the risk of pine beetle infestation also to reduce the spread of existing mistletoe by managing the timberstand by way of a thinning process, trimming off dead limbs to 12 ft above ground. This management should also reduce the chance of fire spread and also give more access to firefighters.

**CURRENT NATURAL RESOURCE CONDITIONS:** Include a map of the property.

Vegetative cover (trees, shrubs, grasses) on the property: see attached ~~satellite map~~ satellite map.  
Ponderosa Pine, Brush, native grass.

Fire hazard rating and risk factors of the area: High fire hazard, environment similar to "Bobcat Fire" habitat.

Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current:  
Pine beetle, mistletoe both present in what I would call the starting stage.

Soil Type(s) and limitations: Light dusty loam (mica) granite outcroppings, gray schist, decomposed granite, soil that supports the native grasses.

Wetlands present:  
None

Wildlife (or sign) present: Deer, elk, turkey, fox, coyote, bear, mountain lion, rabbits, skunk, black tufted ear squirrels, snakes (bull, rattler, green back racer, king (calif. & brown), rodents, insects, 107 species of birds

Threatened or Endangered plants or animals that may inhabit the property:  
Probably

Cultural or historic resources on the property: Remnants of a 1800 stone quarry operation. granite used to build the Denver Mint. Old access road that was built in 1898 from Co. Rd 29 west to drycreek by Arthur & Friend Neville, also possibly part of the Ute Trail from Meeker, Co to

Recreational use on the property: plains & buffalo hunting areas by the Ute indians.  
None as yet.

Noxious weeds present: Canadian Thistle (some)





## LOA PROGRAM

### PLAN DESIGN

*Use additional pages as needed*

**1. WHAT? Practice, with components, to meet objectives:**

I will be using the necessary equipment to create and environment in my tree stand that will be conducive to the health and future survival of my property.

**Guidelines, specifications for getting the practice done (Use additional pages or other format if needed for practice specifications, or technical standards required):**

Since my previous participation in a C.S.F.S. fire abatement project on approximately 3 acres around my house, I now own the necessary equipment to complete the proposed project in a timely manner, I own a stihl chainsaw, a stihl extendable chainsaw/trimmer. a 1 Ton 4x4 pickup and a

**2. WHO? Who will do the work?** 15,000 lb rated trailer.

I will do the work.

**3. HOW? How will the work be accomplished (equipment, by hand)?**

Power equipment and by hand.

**How will you maintain the practice?**

I am retired, strong and experienced.

**4. WHEN? When will the work be accomplished?**

Spring, summer into fall 2008 if approved.

**5. WHERE? Sketch project area and design. Include numbers, volumes, rows, lengths, species, marking guidelines, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practice to be implemented. Show distances. Illustrate road access.**

I have attached a 2007 satellite picture of my property that I have indicated roads, structures and property lines. I estimate that the tree cover that needs to be addressed in this or any further project involves approximately 20 of the 35-40 acres as shown on the satellite photo.

**To be included if writing a comprehensive Forest Stewardship Plan:**

**6. 10 YEAR IMPLEMENTATION SCHEDULE (with annual plan to meet objectives):**

I have and will continue to take responsibility for the continuing health and well being of my property by monitoring the trees and their susceptibility to invasive insects and fire danger, so long as I live here.





Live Search Maps



CR 29, Loveland, CO 80538

Directions:

S. on County Rd. 27 (From Masonville)

Turn right on W. County Rd. 29

Right on Ridgewater Way (as road curves to East)

Turn right through 1st gate (9010)

~2 1/2 miles on dirt road. House is on right through a

second gate

(5908  
Kone Aers  
Lane)  
(gate: cell 2)

1A RESIDENCE

--- ACCESS RDS/FIREBREAKS/ESCAPE ROAD

— PROPERTY LINE

ALL AREAS SHOWING TREES REQUIRES THINNING AND DEAD LIMB REMOVAL  
WITHIN PROPERTY BOUNDARIES

PINE BEETLE PRESENT

MISTLETOE PRESENT



1. *Thymus* *serpyllifolius*  
2. *Thymus* *serpyllifolius*

3. *Thymus* *serpyllifolius*  
4. *Thymus* *serpyllifolius*  
5. *Thymus* *serpyllifolius*  
6. *Thymus* *serpyllifolius*  
7. *Thymus* *serpyllifolius*  
8. *Thymus* *serpyllifolius*  
9. *Thymus* *serpyllifolius*  
10. *Thymus* *serpyllifolius*



**Colorado State Forest Service**  
**Fort Collins District**  
**Memorandum**

---

TO: Jan Hackett

FROM: Norland K. Hall

DATE: August 18, 2004

SUBJECT: WUI Grant Reimbursement  
Project No.: 7130-005-SO 07-3  
Landowner: Paul Larson

Attached are documents requesting reimbursement. The project has been inspected. I have reviewed the documents and recommend reimbursement of **\$1,447.12**.



**WILDLAND URBAN INTERFACE INCENTIVES D-SPACE PROGRAM  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

2003

Project No. 7130-005-S0 07-3

Applicant name (please print): PAUL F. LARSEN

**Accomplishment (number of defensible spaces, acres thinned, number of fuel breaks, etc.):**

No. of D-spaces= 31 Acres slash disposal= 3 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 3 Acres pruned= 3

	Amount paid to CSFS	Other Contracted Services <sup>1</sup>	Landowner Services <sup>2</sup>	Totals
Labor Cost	-0-	-0-	191 Hours @ 11.68	A Labor Cost= 2230.88
Operating Exp <sup>3,*</sup>	-0-	-0-	chipper Rental	B Oper. Exp.= 663.35
Revenue Generated (from sale of wood products only) <sup>4,*</sup>	-0-	-0-	-0-	C Revenue= -0-
Project Cost				D Total Project (A+B-C) = 2894.23
				Amount Originally Approved = 3600.00
	Total Amount paid to CSFS for Products and/or Services = -0-			Amount to be Reimbursed <sup>5</sup> (.5XD) = 1447.12

<sup>1</sup> Any contracted services where payment was made for services, other than CSFS.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.

\* Attach receipts (contractor costs, your time ledger, gas, oil, etc. Keep copies for your files.

Landowner Signature: Paul F. Larsen Date: 7-28-04

Mailing Address: PO Box 147 City: Masonville State: CO

Zip: 80541 Community: \_\_\_\_\_ County: Larimer Phone: 970-667-6086

Practice certified by: [Signature] Date: 8-18-04

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form along with your completed W9 form to your local **Colorado State Forest Service District Office**. Keep copies for your files. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor. Also complete the accompanying W9 form and submit with this form.

**Colorado  
State  
FOREST  
SERVICE**

2003 SFA Grants

**WILDLAND URBAN INTERFACE INCENTIVES  
D-SPACE PROGRAM  
COST DOCUMENTATION**

I have incurred the following expenses for completion of the Wildland Urban Interface Incentives D-space Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work = \$11.68/hr.

*Paul F. Larsen*

**Landowner Signature**

Date	By Whom:	Activity/Expense:	Hours	Expenses
11/4/03	Paul F. Larsen	Site Evaluation Mark for Retention	.75	
11/17/03	Paul F. Larsen	Thinning / D Space Z-2	2.00	
11/17/03	Paul F. Larsen	Thinning " " Z-2	2.00	
11/18/03	" "	" " " Z-2	3.00	
11/20/03	" "	Thinning / D Space Z-2	2.5	
11/28/03	" "	" E of House Z-2	2.50	
11/27/03	" "	" E of House Z-2	4.00	
12/2/03	" "	Thinning Z-2	50.0	
12/3/03	" "	" " " "	7.00	
12/4/03	" "	" " " "	6.00	
12/5/03	" "	" " " "	5.25	
12/6/03	" "	" " " "	3.25	
12/7/03	" "	" " " "	3.00	
12/8/03	" "	" " " "	1.75	
12/9/03	" "	" " " "	3.25	
12/12/03	" "	" " " "	2.25	
12/13/03	" "	" SE of House Z-2	2.00	
12/14/03	" "	" " " " "	4.00	
12/16/03	" "	" S. of House "	2.50	
12/17/03	" "	" " " " "	5.00	
12/18/03	" "	" " " " "	2.5	
12/19/03	" "	" " " " "	3.5	
12/20/03	" "	" SE " " "	6.00	
12/26/03	" "	" SE " " "	5.00	
12/29/03	" "	" " " " "	6.25	
1/2/04	" "	" " " " "	7.00	
1/3/04	" "	" " " " "	2.00	
1/9/04	" "	" South of House	4.00	
1/12/04	" "	" " " " "	2.00	
1/13/04	" "	" " " " "	3.00	
1/14/04	" "	" " " " "	4.00	
1/15/04	" "	" " " " Z-2 + 3	2.5	
1/20/04	" "	" " " " "	4.25	
1/21/04	" "	" " " " "	1.5	
1/24/04	" "	" " " " "	3.25	
1/27/04	" "	" " " " "	1.5	



# WILDLAND URBAN INTERFACE INCENTIVES D-SPACE PROGRAM COST DOCUMENTATION

I have incurred the following expenses for completion of the Wildland Urban Interface Incentives D-space Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work = \$11.68/hr.

Paul F. Larson

**Landowner Signature**

[illegible]



Grand R  
3101 W  
Lovelan  
970-661

RENTED AND/  
**Accou**  
PAUL  
4471 N  
LOVE  
970-6

GRAND RENTAL STATION  
3101 W EISENHOWER BLVD  
LOVELAND, CO  
80538  
(970) 669-3866

C O P Y  
05/19/2004 16:16  
Sale:

Transaction # 13  
Card Type: VISA  
Acc: \*\*\*\*\*8058  
Entry: Swiped  
Sale: 663.35  
Reference No.: 85587395  
Response: 019174

Item Nu  
50-049-0

WRITTEN BY  
BEN

CAR LICENSE N

DAMA  
OF RE  
HERE  
10, Dam  
THIS CONTRACT.

DWC IS NOT INSURANCE.

DECLINES  
(INITIALS)

I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. Unless declined, I also agree to the damage waiver charges. I have received a copy of this agreement.

Lessee's Signature \_\_\_\_\_

CONTRACT  
NUMBER

10698

INVOICE  
NUMBER

16150

DATE AND  
TIME IN

05/19/2004

12:20 PM

DATE AND  
TIME OUT

05/12/2004

10:30 AM

### Closed Contract/Invoice

ADDRESS AT WHICH EQUIPMENT WILL BE USED

Delivery Date: 05/10/2004

AGENT'S NAME

JOB LOCATION

P. O. NO. OR JOB NO.

DATE AND TIME DUE IN  
05/19/2004 10:30 AM

ITEMS RENTED AND/OR SOLD  
Qty Out / In Rates

	M	W	D	H	Date&Time In	Amount
0 1 WKL				1	1.50 05/19/2004 12:20 PM	585.00

NT THE EQUIPMENT - KEEP THE ADVICE!

SPRING/SUMMER STORE HOURS:

DAY THRU SATURDAY 7:00 a.m til 5:00 p.m.

SUNDAYS 9:00 a.m til 4:00 p.m.

rompt return of your rental saves you money.



RETURN OF YOUR RENTAL SAVES  
Y. ALL TIME IS CHARGED INCLUDING  
, SUNDAY AND HOLIDAYS.

Total Rental	585.00
Use Tax	11.70
Delivery/Pickup	45.00
Subtotal	641.70
Sales Tax	21.65
Total	663.35
Amount Due	663.35
Amount Posted To A/R	663.35

PAYABLE ON RECEIPT



## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name <b>PAUL F. LARSEN</b>	
	Business name, if different from above <b>—</b>	
	Check appropriate box: <input checked="" type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.) <b>P.O. Box 147</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>Masonville CO 80541</b>	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
**569-50-5509**

or

Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Signature of  
U.S. person ▶

*Paul F. Larsen*

Date ▶

**7-28-04**

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.



**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;



.....  
GRAND RENTAL STATION  
3101 W EISENHOWER BLVD  
LOVELAND, CO  
80538  
(970) 669-3866

C O P Y  
05/19/2004 16:16  
Sale:

Transaction #	13
Card Type:	VISA
Acc:	*****8058
Entry:	Swiped
Sale:	663.35
Reference No.:	85587395
Response:	019174

Grand Rental Station  
3101 W Eisenhower Blvd.  
Loveland, CO 80538  
970-669-3866

CONTRACT  
NUMBER

10698

INVOICE  
NUMBER

16150

DATE AND  
TIME IN

05/19/2004

12:20 PM

DATE AND  
TIME OUT

05/12/2004

10:30 AM

**Closed Contract/Invoice**

ADDRESS AT WHICH EQUIPMENT WILL BE USED

RENTED AND/OR SOLD TO

**Account #:** 6957

PAUL LARSEN

4471 N CR 29

LOVELAND, CO 80538

970-667-6086

**Delivery Date:** 05/10/2004

WRITTEN BY  
BEN

CHECKED IN BY  
ERIC

AGENT'S NAME

JOB LOCATION

CAR LICENSE NUMBER

DRIVER'S LICENSE NUMBER  
6957

P. O. NO. OR JOB NO.

DATE AND TIME DUE IN  
05/19/2004 10:30 AM

Item Number	Description	Qty	Out / In	Rates	M	W	D	H	Date&Time In	Amount
50-049-01	CHIPPER, WOOD, AUTO FEED 6"	0	1	WKL				1	1.50 05/19/2004 12:20 PM	585.00
	Serial# 1VRU091S921005555									
	Quantity Rtn'd/AmtChgd:	1/		585.00						

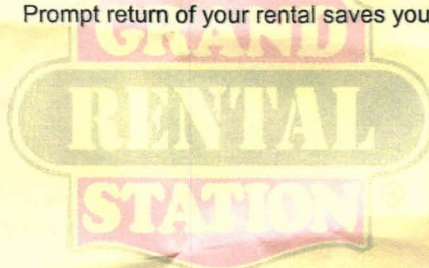
RENT THE EQUIPMENT - KEEP THE ADVICE!

SPRING/SUMMER STORE HOURS:

MONDAY THRU SATURDAY 7:00 a.m til 5:00 p.m.

SUNDAYS 9:00 a.m til 4:00 p.m.

Prompt return of your rental saves you money.



DAMAGE WAIVER CHARGE (DWC) %  
OF RENTAL CHARGE. RENTER MAY, BY INITIALS  
HEREON, DECLINE BENEFITS OF PARAGRAPH  
10, DAMAGE WAIVER, ON REVERSE SIDE OF  
THIS CONTRACT.

DWC IS NOT INSURANCE.

DECLINES  
  
(INITIALS)

**PROMPT RETURN OF YOUR RENTAL SAVES  
YOU MONEY. ALL TIME IS CHARGED INCLUDING  
SATURDAY, SUNDAY AND HOLIDAYS.**

Total Rental	585.00
Use Tax	11.70
Delivery/Pickup	45.00
Subtotal	641.70
Sales Tax	21.65
Total	663.35
Amount Due	663.35
Amount Posted To A/R	663.35

I have read and understand the terms and conditions on both sides of this agreement  
and certify that those printed on the other side are agreed to as if printed above my  
signature. There are no oral or other representations not included herein. Unless declined, I  
also agree to the damage waiver charges. I have received a copy of this agreement.

Lessee's Signature \_\_\_\_\_

**PAYABLE ON RECEIPT**



## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name <b>PAUL F. LARSEN</b>	
Business name, if different from above _____	
Check appropriate box: <input checked="" type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) <b>P.O. Box 147</b>	
City, state, and ZIP code <b>Masonville CO 80541</b>	
List account number(s) here (optional) _____	
Requester's name and address (optional) _____	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
5	6	9	5	0	5	5	0	9
or								
Employer identification number								

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶ <b>Paul F. Larsen</b>	Date ▶ <b>7-28-04</b>
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

### Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.



**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;









Fort Collins District  
5075-Campus Delivery, CSU  
Fort Collins, CO 80523-5075  
(970) 491-8660  
FAX (970) 491-8645

September 30, 2003

Paul Larsen  
PO Box 147  
Masonville, CO 80541

Mr. Larsen,

Your Wildland Urban Interface Incentives D-Space Program (WUI) grant application has been reviewed and funding approved as shown on the attached copy of your application. Our office received over \$71,000 in grant requests. Needless to say we were not able to fund all projects. In most cases, we were able to partially fund a project.

Before you begin project implementation please contact our office to schedule a site visit to review the project and accomplishment standards and expectations. We hope this alleviates any surprises when the final inspection is completed. Please review the attached standards prior to the site visit.

As you recall, the WUI Grant requires a 50/50 fund match. The project must be completed by September 15, 2004. If it becomes apparent you will not be able to the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report for Reimbursement, a Cost Documentation form, and a W9. Upon completion of the practice contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you have any questions, please contact our office at (970) 491-8660.

Sincerely,

A handwritten signature in cursive script that reads "Dave Farmer".

David A. Farmer  
Assistant District Forester

Enclosures



WILDLAND URBAN INTERFACE INCENTIVES  
D-SPACE PROGRAM  
APPLICATION FOR COST-SHARE  
2003

PROJECT NUMBER: 7130-005-5007-3  
(For Official Use Only)

NAME: Paul Larsen

MAILING ADDRESS: P.O. Box 147

City: MASONVILLE

State: CO.

Zipcode: 80541

TELEPHONE NO: (970) 667-6086

PROJECT LOCATION/LEGAL DESCRIPTION: 28-6-70 + 27-6-70

PRACTICES TO BE COMPLETED BY: JAN. 2005

Practice Title	Quantity Requested	Quantity Approved	Rate	C/S Amount Requested	C/S Amount Approved
D-Space	# <u>1</u>	<u>1 each</u>	\$ 1,200	<u>\$ 1,200.00</u>	<u>\$ 1,200.00</u>
Thinning	<u>7</u> acres	<u>3 Ac</u>	\$ 500	<u>\$ 3,500.00</u>	<u>\$ 1,500.00</u>
Pruning	<u>7</u> acres	<u>0</u>	\$ 75	<u>\$ 525.00</u>	<u>0</u>
Broadcast Burn	acres		\$ 200		
Slash Disposal - Burn	acres		\$ 100		
Slash Disposal - Haul	acres		\$ 300		
Slash Disposal - Chip	<u>14</u> acres	<u>3 Ac</u>	\$ 300	<u>\$ 4,200.00</u>	<u>\$ 900.00</u>
Fuel Break	acres		\$ 1,200		

Total: \$9,925.00

Request for cost-share assistance under this program is to meet the objective stated above. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and meet Colorado State Forest Service guidelines (6.302). There are no partial payments.

LANDOWNER SIGNATURE: Paul F. Larsen

DATE: 8-19-03

CSFS REVIEW AND APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

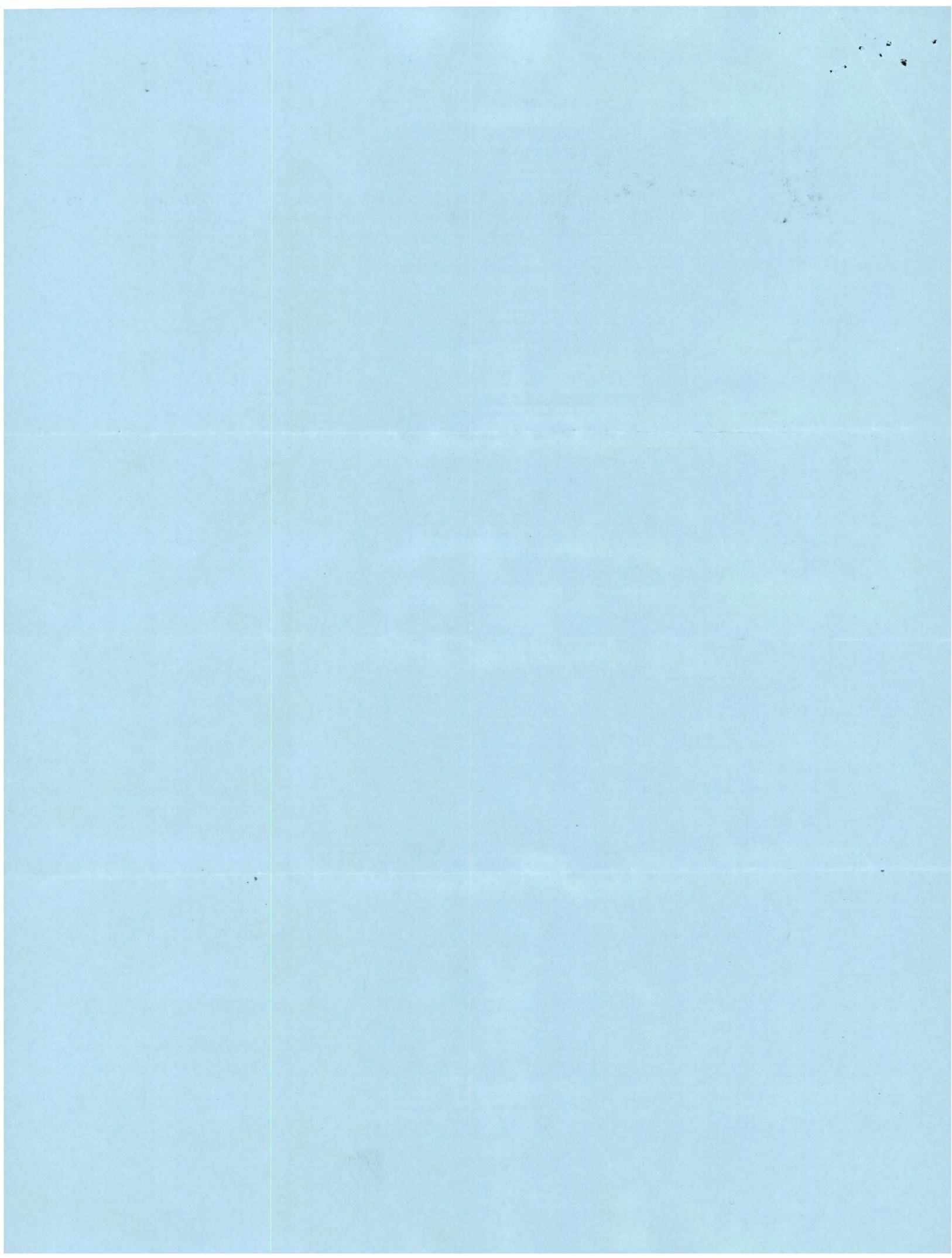
C/S AMOUNT APPROVED: \$ 3,600.00

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

**Colorado  
State**  
FOREST  
SERVICE

2003 SFA Grants







WILDLAND URBAN INTERFACE INCENTIVES  
D-SPACE PROGRAM - 2003  
MANAGEMENT PLAN

Paul & Joy Larsen

Landowner

P.O. Box 145

Mailing Address

MASONVILLE CO. 80541

City, State, Zip Code

4471 North County Rd. 29 Loveland, 80537

Project Physical Address:

Project Legal Description:

28+27

Section

6

Township

70

Range

(970) 667-6086

Telephone

14

Plan acres

Prepared by:

\_\_\_\_\_  
Resource Professional

\_\_\_\_\_  
Date

The Wildland Urban Interface Incentives Program management plan,, prepared at my request, reflects objectives that I have for my property to reduce hazardous fuels. It contains implementation recommendations that have been reviewed with me by a natural resource professional. I agree to implement this practice as designed and planned.

Paul & Joy Larsen

Landowner Signature

8-19-03

Date

\_\_\_\_\_  
CSFS Approval

\_\_\_\_\_  
Date

Colorado  
State  
FOREST  
SERVICE

## WILDLAND URBAN INTERFACE INCENTIVES D-SPACE PROGRAM PLAN

**OBJECTIVES:** What do you want to achieve by this practice? (If more than one objective, list in order of priority).

Example: To reduce the risk of mountain pine beetle, and with the proper slash disposal, improve forest health.

### CURRENT NATURAL RESOURCE CONDITIONS:

Vegetative cover (trees, shrubs, grasses) on the property:

Fire hazard rating and risk factors of the area: *High*

Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current: *SOME IPS BEETLE ALSO SOME PINE BEETLE  
Past and Recent*

Soil Type(s) and limitations: *SANDY loam, Rock*

Wetlands present: *NONE*

Wildlife (or sign) present: *DEER, OCCASIONAL ELK, and MOUNTAIN SHEEP,  
Fox, Bobcat, COYOTE, BEAR, MOUNTAIN LION, MANY VARIOUS BIRD  
SPECIES, SNAKES, TOADS, SQUIRRELS (GROUND AND LONGEARED)  
chipmunks, mice, SKUNKS, RACCOON, FROGS, Rabbits, PORCUPINE*

Threatened or Endangered plants or animals that may inhabit the property:

*NONE*

Noxious weeds present: *SOME Canadian thistle, cheat GRASS*

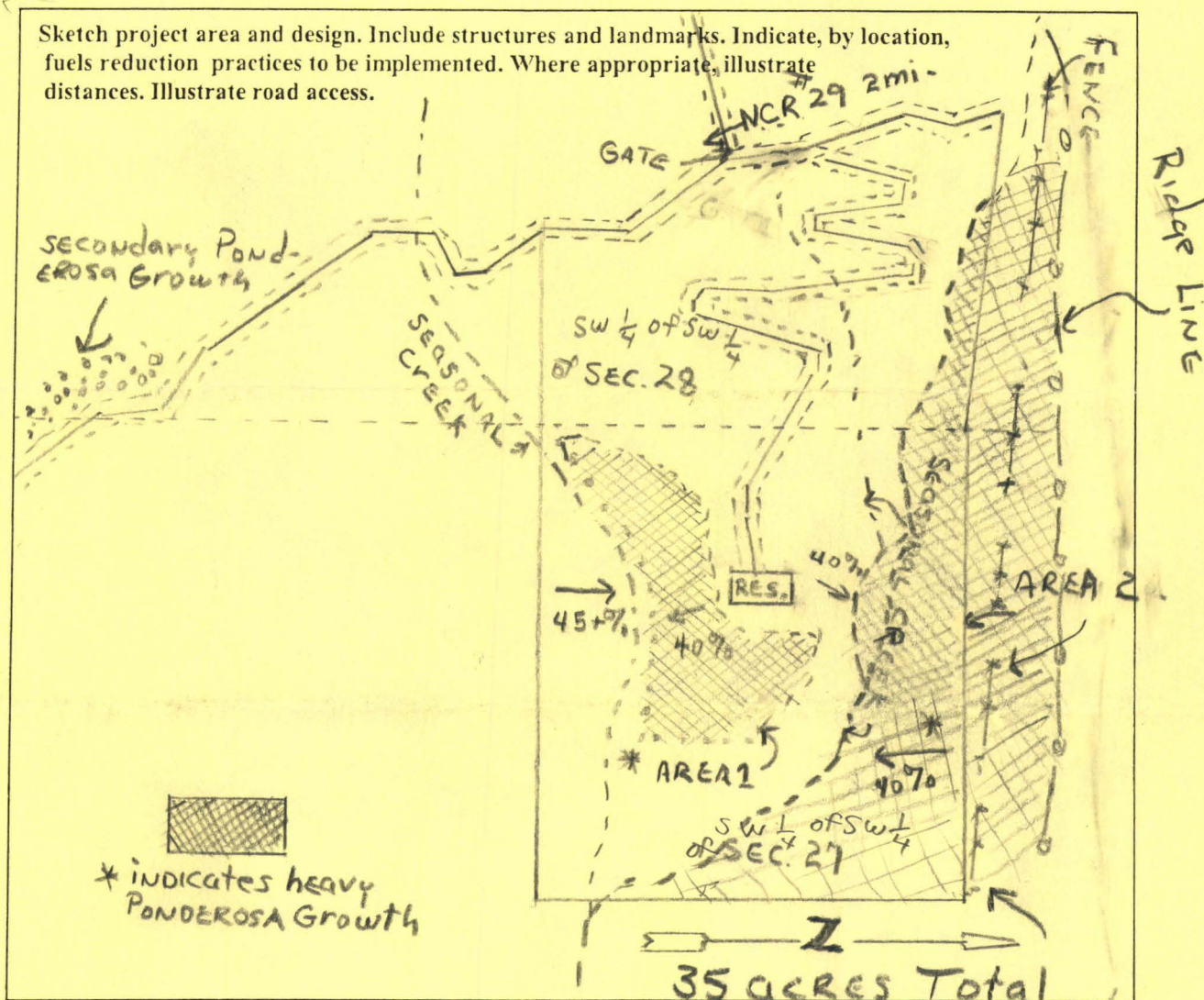
Cultural or historic resources on the property: *NEVILE'S Road, (1898) possibly  
PART OF THE UTE TRAIL - GRANITE QUARRY AND MACHINERY that  
WAS USED TO build the DENVER MINT*

Recreational use on the property: *NONE*



# WILDLAND URBAN INTERFACE INCENTIVES D-SPACE PROGRAM PLAN DESIGN

Sketch project area and design. Include structures and landmarks. Indicate, by location, fuels reduction practices to be implemented. Where appropriate, illustrate distances. Illustrate road access.



## LIST PRACTICE WITH PROJECTED COMPLETION DATE:

PRACTICE/OTHER SPECIFICATIONS	COMPLETION DATE
AREA 1 EXTENSIVE Thinning, Pruning, Slash Chip	By JUNE 2004
AREA 2 MODERATE Thinning, Pruning, Slash Chip	By SEPT 2004
Cut and chip all SECONDARY Ponderosa Growth NEXT to road from GATE to C.R. #29	By JAN 2005

# Assessor Property Information

## Property Tax Year 2011

Parcel Number: **06331-05-701**Tax District: **2000**Schedule Number: **R1293818**Current Mill Levy: **73.147**

### General Information

<u>Owner Name &amp; Address</u>	<u>Property Address</u>
CONK, CATHERINE J PO BOX 204 MASONVILLE, CO 805410204	10297 FOREST VIEW DR  LOVELAND 80538-0000

Subdivision #: 9058880 - BAILEY MLD S-58-88

Neighborhood #: 41626

### Legal Description

TR A, BAILEY MLD S-58-88

Near Paul Laren

Want Cost Share  
\$

### Sales Information

Reception #	Sale Price	Deed Type	Sale Date
98111371	\$0	QUIT CLAIM DEED	12/01/1998
98039476	\$0	QUIT CLAIM DEED	05/01/1998

### Value Information (as of December 31, 2010)

Abstract Code/Description	Value Type	Actual Value	Assessed Value	Net Acres	Net Sq Ft
1219 Res improved	Improvement	\$316,300	\$25,180	0.00	0
1219L Res improved	Land	\$75,800	\$6,030	75.87	3,304,897
<b>Totals:</b>		<u>\$392,100</u>	<u>\$31,210</u>	<u>75.87</u>	<u>3,304,897</u>

### Property Attributes and Descriptions

Attribute	Attribute Description
Utilities	Electricity
Topography/Shape	Slope/Hilly
Water	Well
Sewer	Septic

### Building Improvements





## Larimer County Land Information Locator

Maps: **Property Assessment: Tax Parcel**

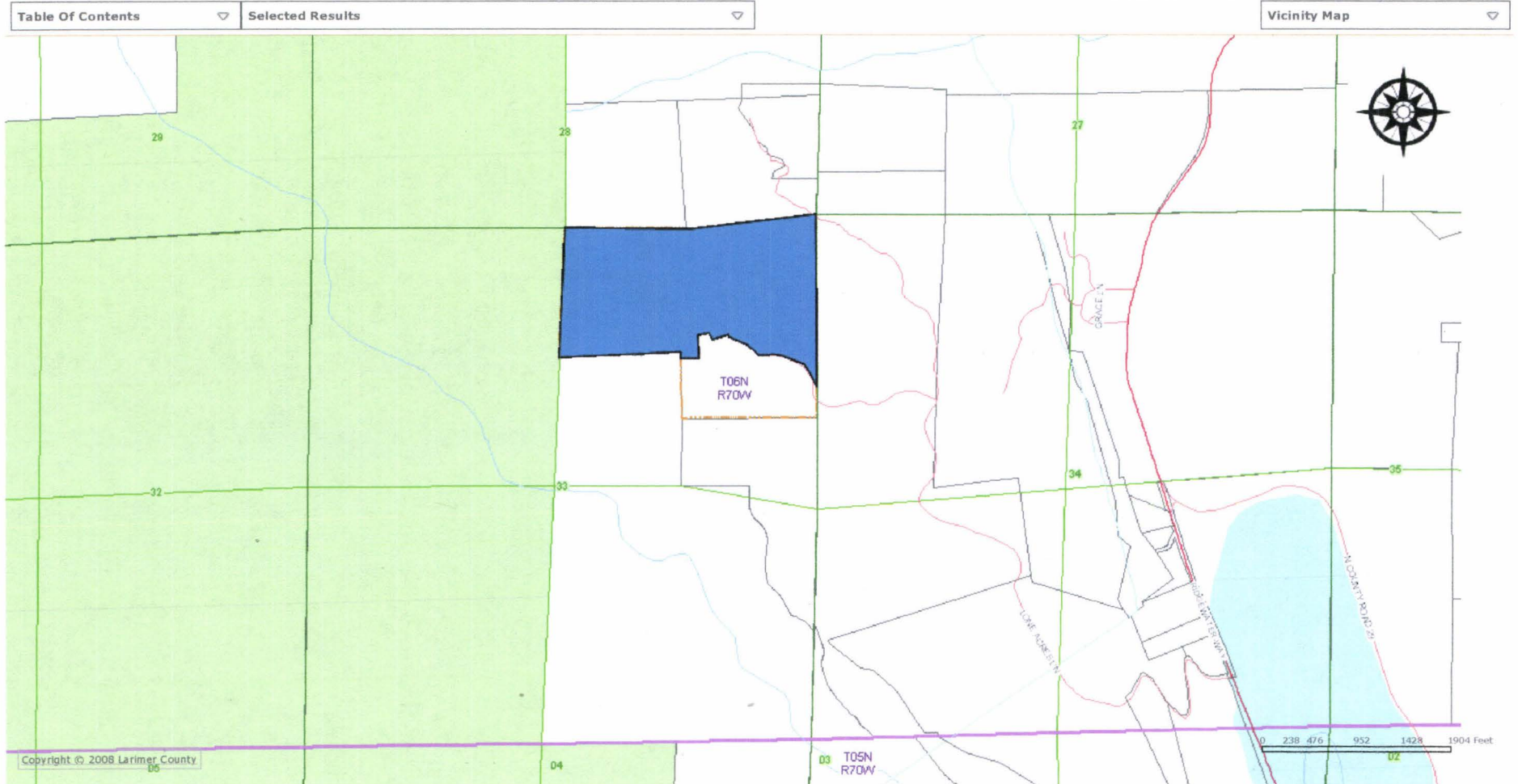
Search

Owner Notification

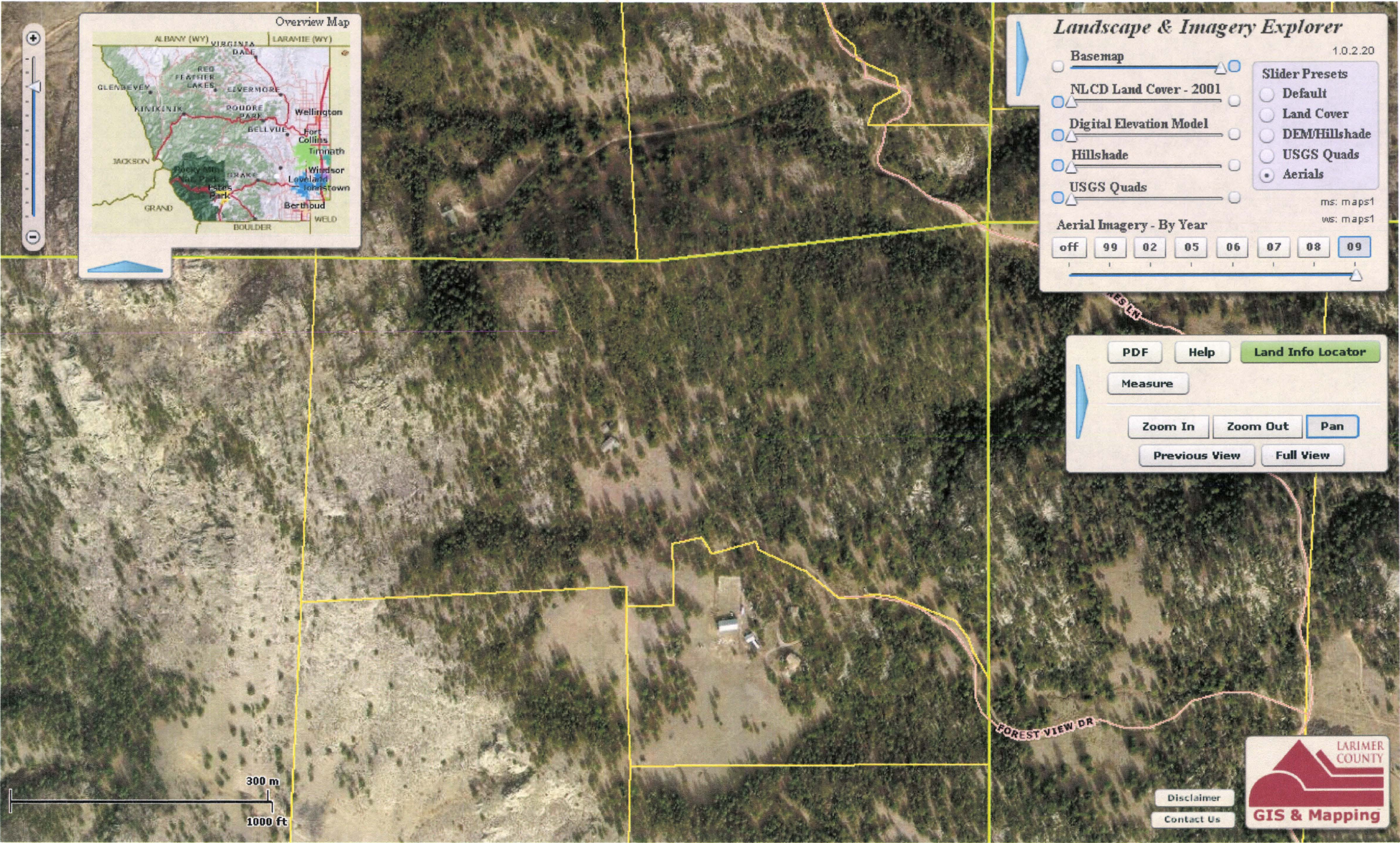
Lite Version

Landscape &amp; Imagery Explorer

Vicinity Map









CONK

(Near  
Paul  
Larsen)

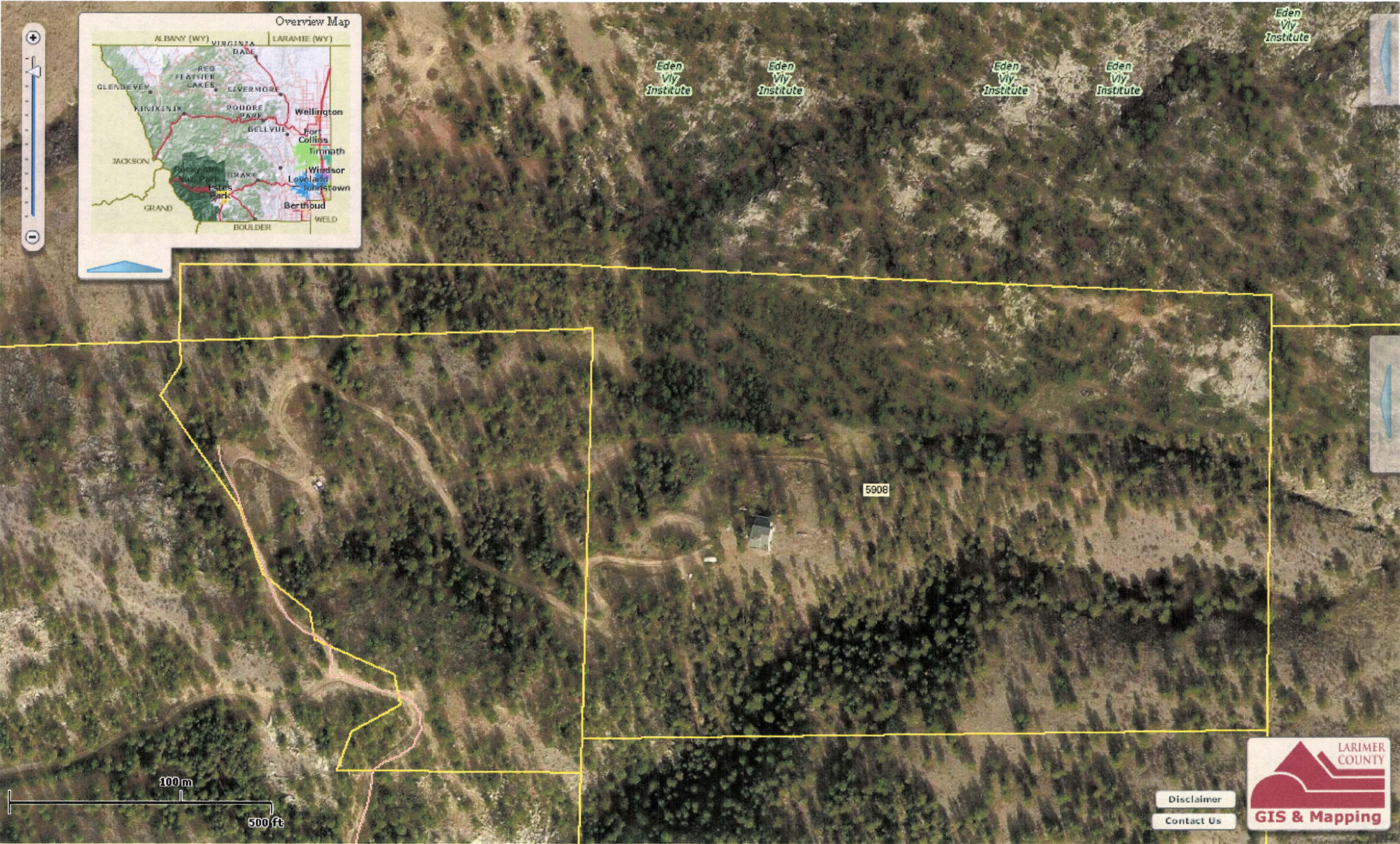


UNIVERSITY OF ALASKA













Map Themes: Imagery: Summer 2008 (Front Range)

Search

Table Of Contents

Selected Results (0)

Vicinity Map





# **TRIP REPORT**

By  
Norland K. Hall

1100 18DEC2003

Paul Larsen  
PO Box 147  
Masonville, CO 80541

(970) 667-6086  
(970) 481-7428

## **Location:**

Property is a portion of:

SW ¼ of SW ¼ of Sec 27 & SE ¼ of SE ¼ of Sec 28 T6N, R70W

UTM: 0480596 x 4477912

Gate: 6491

## **Purpose:**

1. Inspect stands and work progress and logging methods.
2. Review the WUI Grant project accomplishment standards, expectations, and record keeping requirements of the program.
3. Answer the applicant's questions.

## **Findings:**

1. Paul has cut many trees around the east and south sides of the house.
2. He has extended his cutting area to the bottom of the drainage south of the house.
3. He has constructed a "high-lead" yarding system to bring trees up from the steep hillside and the drainage south of the house.
4. He has a large slash pile east of the house.
5. He plans to rent a chipper and chip the slash.
6. He would like to have someone remove the logs.
7. He plans to cut down a large Ponderosa that is next to the NE corner of the house.
8. He also plans to construct a road around the north side of the house.

## **Recommendations:**

1. Keep up the good work.
2. Follow the guidelines in the D-Space pamphlet.
3. Work safely.
4. We talked about how to measure an acre using pacing and chains.

## **TRIP REPORT**

By  
Norland K. Hall

0800 28JUL2004

Paul Larsen  
PO Box 147  
Masonville, CO 80541

(970) 667-6086  
(970) 481-7428

### **Location:**

Property is a portion of:

SW ¼ of SW ¼ of Sec 27 & SE ¼ of SE ¼ of Sec 28 T6N, R70W

UTM: 0480596 x 4477912

Gate: 6112

### **Purpose:**

1. Inspect stands and work progress and logging methods.
2. Review the WUI Grant project accomplishment standards, expectations, and record keeping requirements of the program.
3. Answer the applicant's questions.

### **Findings:**

1. Paul has completed D-space work around his house.
2. He has extended his cutting area to the bottom of the drainage south of the house and has completed the Zone-2 thinning.
3. He has constructed a "high-lead" yarding system to bring trees up from the steep hillside and the drainage south of the house.
4. He has some small wood piles and scattered slash.
5. He rented a chipper and chipped slash.
6. He would like to have someone remove the logs.
7. He had a serious accident earlier this year while working on another project. He fell from a ladder and struck his head. He was unconscious for many hours. This has left him with some problems that will prevent him from doing more work on the thinning project.

### **Recommendations:**

1. Complete the paperwork and mail it to me.



July 15, 2004

Paul Larson  
P.O. Box 147  
Masonville, CO 80541

Dear Paul:

This is a reminder that your Wildland Urban Interface Incentives D-Space Program (WUI) grant project must be completed by September 15, 2004.

As an aid, I have included a copy of the Colorado State University Cooperative Extension publication "Creating Wildfire-Defensible Zones" no. 6.302. This publication describes the standards for D-Space projects.

As you recall, the WUI Grant requires a 50/50 fund match. In your original packet you received an Accomplishment Report for Reimbursement, a Cost Document form, and a W9. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you will be unable to complete the project, please notify us as soon as possible, so that we may adjust your grant and reallocate the remaining funds to other projects.

If you have any questions, please call me at (970) 491-8839, or Mike Hughes (970) 491-8453, or the Fort Collins District office (970) 491-8660.

Sincerely,

Norland K. Hall  
Forester