

File Copy



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

September 16, 2003

Wayne Baasch
8985 W. 73rd Place
Arvada, CO 80005

Mr. Baasch,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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



FLEP

COLORADO'S

FOREST LAND

ENHANCEMENT PROGRAM

APPLICATION FOR COST-SHARE

Plan on file

PROJECT NUMBER: _____

(For Official Use Only)

NAME: WAYNE BAASCHMAILING ADDRESS: 8985 W 73RD PLCity: ARVADAState: COZipcode: 80005TELEPHONE NO: 303-422-0215

PROJECT ADDRESS/LEGAL DESCRIPTION: _____

PRACTICES TO BE COMPLETED BY: _____

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>FLEP 9, 666-6,</u>					
<u>FOREST STAND</u>					
<u>IMPROVEMENT</u>					
<u>(FUEL BREAK)</u>	<u>4 ACRES</u>	<u>Ø</u>	<u>4800</u>	<u>4800</u>	<u>Ø</u>

Total: \$4800

Request for cost-share assistance under this program is to meet the objective stated in the management plan. 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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: *W Baasch*DATE: 7/23/03CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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

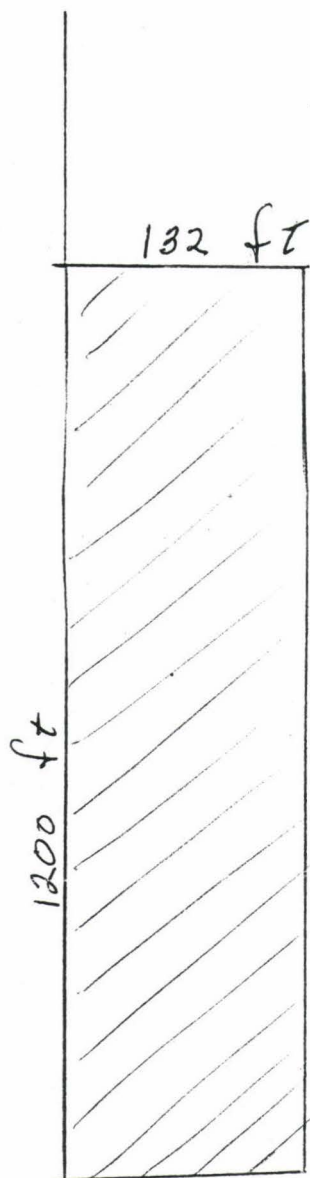
2003 FLEP

PROPOSED TREATMENT AREA

FLEP 9, 666-6

7/23/03

PAGE 2 of 2



NORTH



S 1/4 COR
See 9
TOWNSHIP 10
RANGE 74

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

September 16, 2003

Kathleen Cannon
916 Dayton Dr.
Scottsboro, AL 35768

Ms. Cannon,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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



FLEP

COLORADO'S

FOREST LAND

ENHANCEMENT PROGRAM

APPLICATION FOR COST-SHARE

*Plan in file*PROJECT NUMBER: _____
(For Official Use Only)NAME: Kathleen CannonMAILING ADDRESS: 916 DAYTON DR.City: Scottsboro State: AlabamaZipcode: 35768TELEPHONE NO: 256-574-1189 - (Summer: 970-586-2734)PROJECT ADDRESS/LEGAL DESCRIPTION: Johnsen Lane
(off Fish Creek) S 1/2 NE, N 1/2 of SE of 35-5-72;
N 25ft of S 1/2 of NE 1/4 of SW 1/4 SD SEC 32 ...PRACTICES TO BE COMPLETED BY: 8/1/04

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>FLEP 3,7,8; 660-2</u>	<u>6 acres</u>	<u>0</u>	<u>600.</u>	<u>600.</u>	<u>0</u>
<u>FLEP 3,4,7,8; 660</u>	<u>2 acres</u>	<u>0</u>	<u>150.</u>	<u>150.</u>	<u>0</u>

Total: 750.

Request for cost-share assistance under this program is to meet the objective stated in the management plan. 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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Kathleen Cannon DATE: 7/21/03CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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.

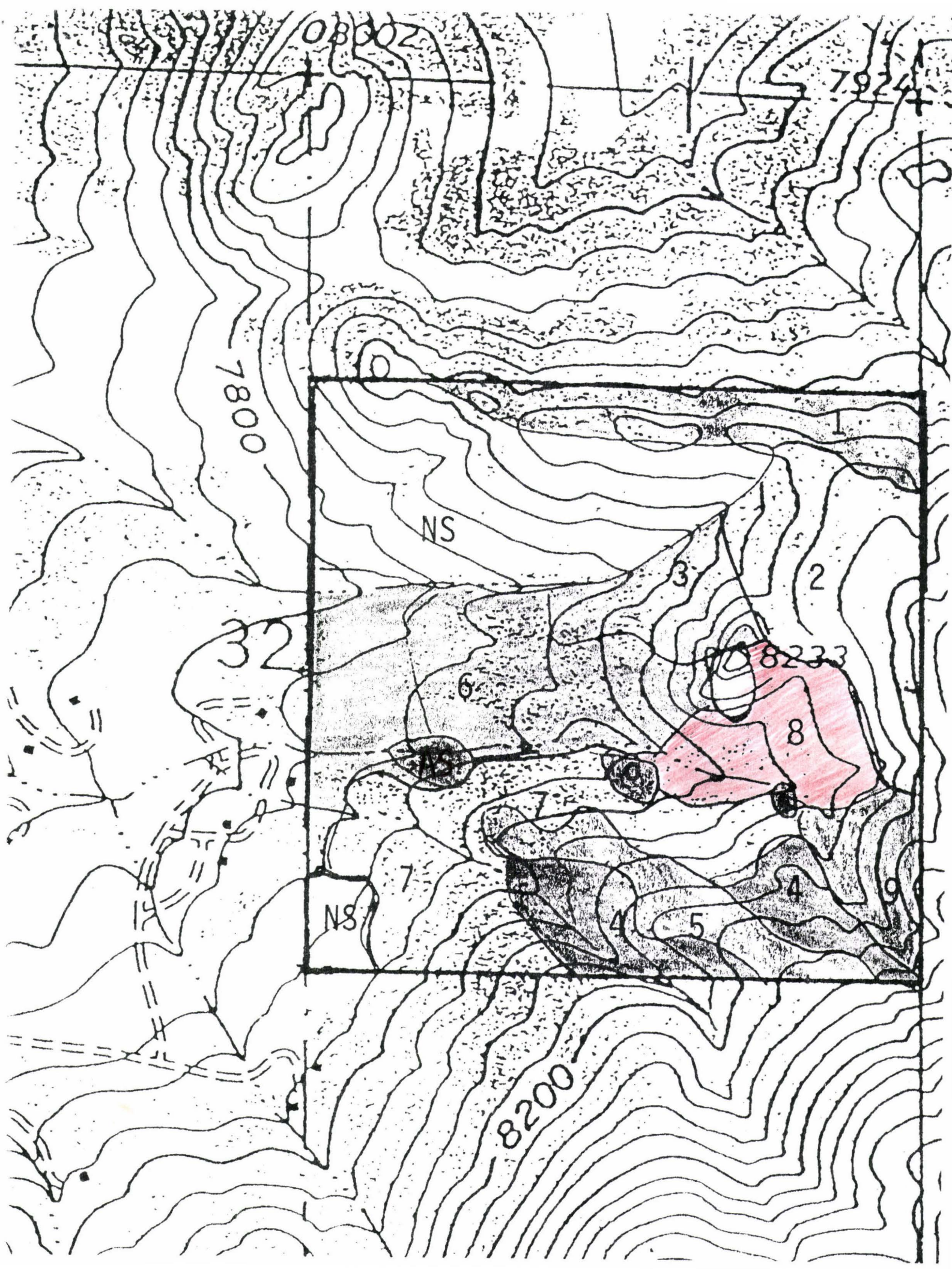
Colorado
State
FOREST
SERVICE

2003 FLEP

1892

1892

5



File Copy



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

September 16, 2003

Dennis and Christopher Colard
2969 Stove Prairie Road
Bellvue, CO 80512

Dennis and Christopher Colard,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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



COLORADO'S
FLEP FOREST LAND
ENHANCEMENT PROGRAM
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____
(For Official Use Only)

NAME: Dennis Christopher Coland

MAILING ADDRESS: 2969 Stout Prairie Road

City: Bellvue CO

State: CO

Zipcode: 80512

TELEPHONE NO: 970-493-2071

PROJECT ADDRESS/LEGAL DESCRIPTION: Coland Ranch Stout Prairie Colo.

PRACTICES TO BE COMPLETED BY: _____

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
1 Plan Development	400	0	\$6000-	1900-	9200

Total: 1900-

Request for cost-share assistance under this program is to meet the objective stated in the management plan. 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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: _____

DATE: 8.1.03

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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

September 16, 2003

Ray Herrmann
3622 Terry Point Dr.
Fort Collins, CO 80524

Mr. Herrmann,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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

Sincerely,

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

David A. Farmer
Assistant District Forester

Enclosures

Plan on file



COLORADO'S
FLEP FOREST LAND
ENHANCEMENT PROGRAM
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____
(For Official Use Only)

NAME: RAY HERRMANN
MAILING ADDRESS: 3622 TEIZZY POINT DR.
City: FT. COLLINS State: CO
Zipcode: 80524
TELEPHONE NO: 224-2558

PROJECT ADDRESS/LEGAL DESCRIPTION: 51010-00-001

PRACTICES TO BE COMPLETED BY: 12/2004

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP - 3/9 (666-1 + 666-2) thinning & chip slash	2.0 AC	0 AC	2,400 -	2,400 -	0
FLEP - 8/3/7/9 (666-3) mistletoe control (tree cutting & slash treatment)	1.5 AC	0	1,800 -	800 -	0

Total: 3,200 -

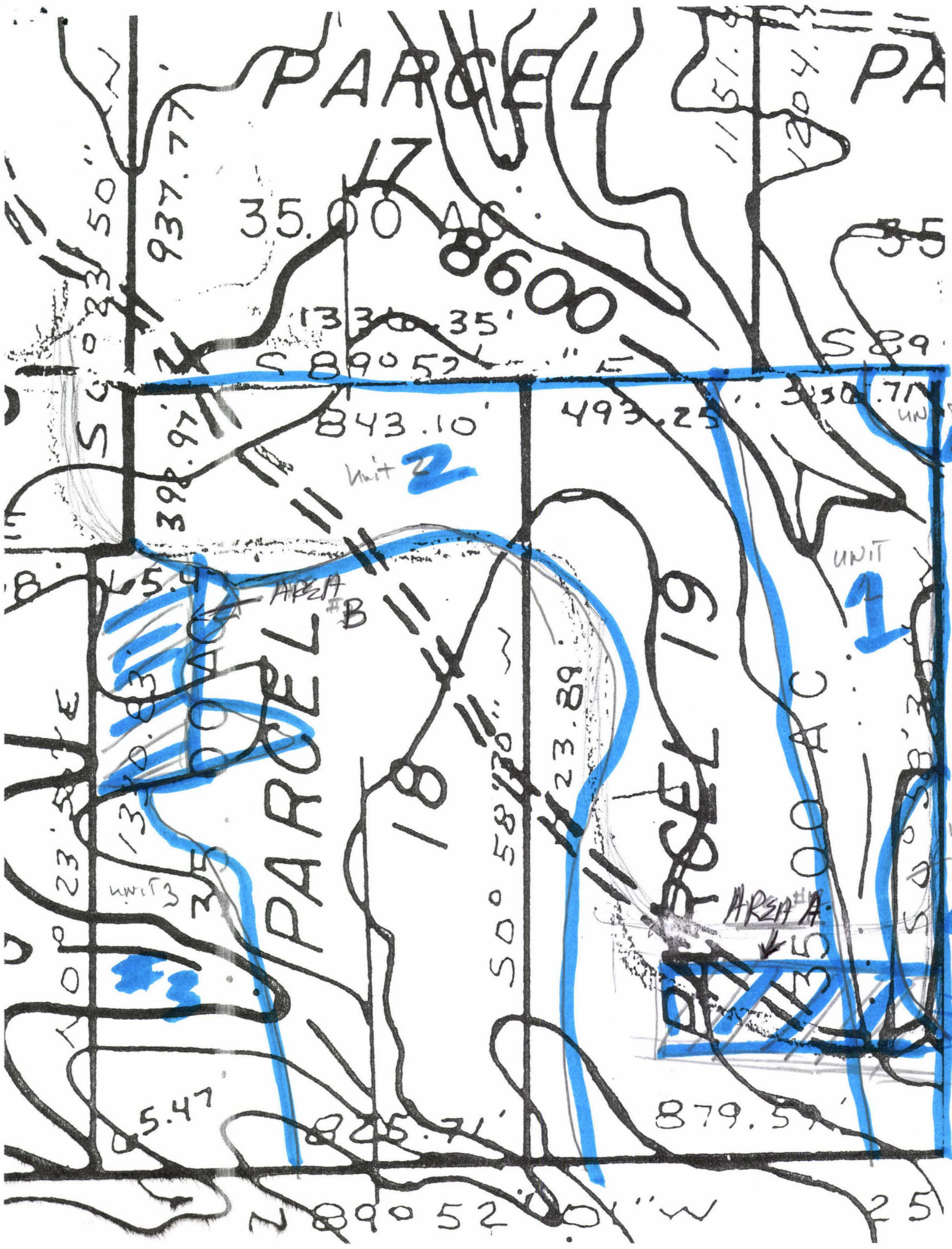
Request for cost-share assistance under this program is to meet the objective stated in the management plan. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 7/29/03

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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

September 17, 2003

Glen and Ruth Kostur
PO Box 87
Masonville, CO 80541

Mr. And Mrs. Kostur,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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



COLORADO'S
FLEP FOREST LAND
ENHANCEMENT PROGRAM
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____
(For Official Use Only)

NAME: Gleñn & Ruth Kostur

MAILING ADDRESS: P.O. Box 87

City: Masonville State: CO

Zipcode: 80541

TELEPHONE NO: (970) 481-2065

PROJECT ADDRESS/LEGAL DESCRIPTION: N1/2, SE1/4, Section 25, T7N, R72W

PRACTICES TO BE COMPLETED BY: June 30, 2004

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP 1, 30-1 Plan Dev.	90 acres	<i>[initials]</i>	\$900.00	\$650.00	<i>[initials]</i>

Total: \$650.00

Request for cost-share assistance under this program is to meet the objective stated in the management plan. 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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: *Ruth Kostur* DATE: 7/29/03

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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

September 18, 2003

Paul & Joy Larsen
PO Box 147
Masonville, CO 80541

Mr. & Mrs. Larsen,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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

No grant request.

Colorado's Forest Land Enhancement Program Management Plan

JUL 2 2003

Paul & Joy Larsen
Landowner

P.O. Box 147
Mailing Address

Masonville Co. 80841
City, State, Zip Code

4471 North County Rd 29 Loveland 80537
Project Physical Address:

Project Legal Description: 28 6 70
Section Township Range

(930) 667 6086
Telephone

15
Plan acres

Prepared by:

Resource Professional

Date

The Forest Land Enhancement Program project plan, prepared at my request, reflects objectives that I have for my property to promote sustainable forest management practices. 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

6-27-03
Date

CSFS Approval

Date

FOREST LAND ENHANCEMENT 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.

Reduce the risk of fire to the area around my house due to dense ponderosa pine by thinning and chipping of the slash. Burning or hauling out is impractical due to dense forest and steep terrain.

GENERAL DESCRIPTION, ISSUES:

CURRENT NATURAL RESOURCE CONDITIONS:

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

Heavy, Timber, Brush, grass, steep terrain

Fire hazard rating and risk factors of the area:

High Fire Risk

Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current:

Presence of IPS and Pine Beetle emergence in the last year

Soil Type(s) and limitations:

Sandy Loam

Wetlands present:

NONE

Wildlife (or sign) present: DEER, ELK, BEAR, MOUNTAIN LION, FOX, COYOTE, Rabbits & Rodents, LYNX, Bobcat

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

LYNX, Mountain Mahogany

Cultural or historic resources on the property:

UTE Indian trail (possible)

Recreational use on the property:

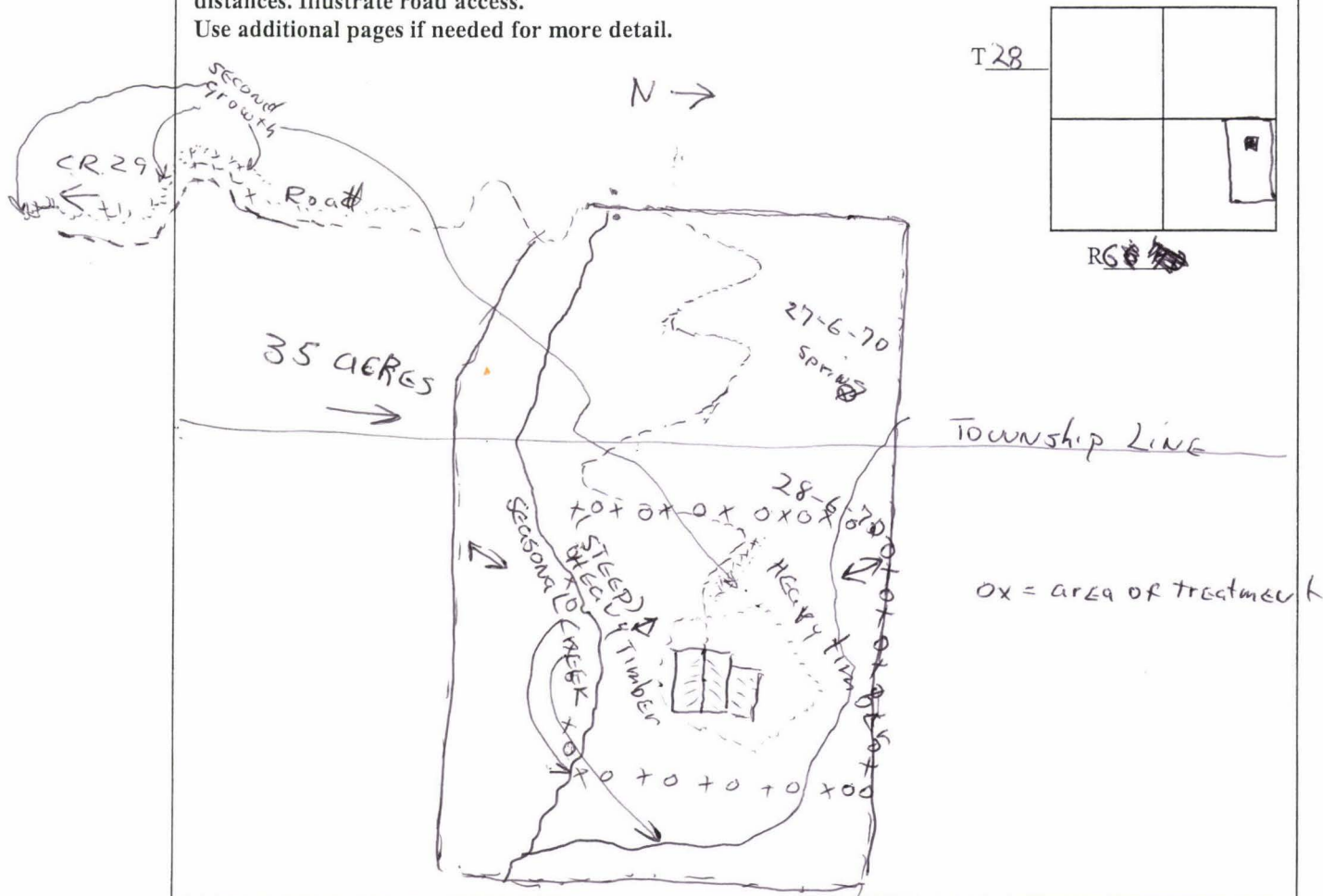
NONE

Noxious weeds present:

cheat grass, some thistle

FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access. Use additional pages if needed for more detail.



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
Thin forest around house using chainsaw, and chainsaw with extension arm for lower limbs and a 18 h.p. chipper (to be purchased if my application is approved)	JUNE 2004
Remove and chip DENSE second growth small pine that have come up after road construction (1975) that pose fire hazard to fire crews entry & escape	

File Copy



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

September 22, 2003

Tamera & John Snyder
PO Box 67
Bellvue, CO 80512

Mr. & Mrs. Snyder,

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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

Sincerely,

A handwritten signature in black ink that reads "Dave Farmer".

David A. Farmer
Assistant District Forester

Enclosures



COLORADO'S

MAY 25 2003

FLEP FOREST LAND ENHANCEMENT PROGRAM

APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____
(For Official Use Only)NAME: Tamera & John SnyderMAILING ADDRESS: PO Box 64City: Bellvue State: COZipcode: 80512TELEPHONE NO: 970 493 0726PROJECT ADDRESS/LEGAL DESCRIPTION: Sect 3, T7N, R70W
Lot #15 Saddle Ridge SubdivisionPRACTICES TO BE COMPLETED BY: Sept 1, 2003

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>FLEP 9,666-6, (Fuel break)</u>	<u>10 acres</u>	<u>Ø</u>	<u>12,000</u>	<u>12,000</u>	<u>Ø</u>

Total: _____

Request for cost-share assistance under this program is to meet the objective stated in the management plan. 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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: John E. Snyder DATE: June 24, 2003CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)C/S APPROVED: David A. Farmer AMOUNT: \$ Ø DATE: 9-22-03

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 FLEP

Tamera & John Snyder

PO Box 67

Bellvue, CO 80512

(970) 493 0776

10 Acres

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.

John D. Gue
Applicant

6/24/03
Date

CSFS Approval

Date _____

WILDLAND URBAN INTERFACE INCENTIVES D-SPACE PROGRAM PLAN

PROJECT physical address or legal description:

3	7N	70W
Section	Township	Range

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.

Create a fire break on the crest of Labeau Gulch, The area north of this proposed break is heavily wooded & has several occupied houses. If a fire approaching from the south could be controlled at the break, property damage & risk to life would be reduced.

CURRENT NATURAL RESOURCE CONDITIONS:

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

Ponderosa pine, with shrubs & grasses predominating on the south facing slope.

Fire hazard rating and risk factors of the area:

This is one of the highest fire hazard areas in the state of Colorado. Dense forest growth, dead trees and slash create extreme fire conditions. Poor access combined with numerous turnes in wildland interface results in great potential for property damage & loss of life.

Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current:

Drought conditions have weakened trees & made them susceptible to damage from pine, IPS & turpentine beetles, as well as mistle toe. A sharp increase in standing dead trees has occurred in the last year.

Soil Type(s) and limitations:

well-drained shallow soils from weathered granitic materials, Low water holding capacity.

Water on Site:

Ephemeral stream in Labeau Gulch, south of proposed fire break.

Wildlife (or sign) present:

Elk, deer, bobcat, mountain lion, turkey, bear, squirrel, birds.

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

none known

Cultural or historic resources on the property: historically used for lumber production

Recreational use on the property:

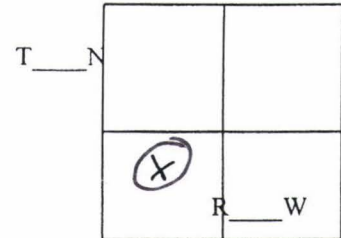
hunting, hiking, horse packing, cross country skiing, four wheeling.

Noxious weeds present:

mullen, thistle, leafy spurge, toad flax.

WILDLAND URBAN INTERFACE INCENTIVES D-SPACE PROGRAM PLAN ILLUSTRATION

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



See attached map

LIST PRACTICE WITH PROJECTED COMPLETION DATE:

PRACTICE	COMPLETION DATE
<i>Fuel break</i>	<i>Sept 2, 2003</i>

Proposed fire-:
break area

Road :





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

September 22, 2003

Trail Creek Landowners Association
3430 Colony Drive
Fort Collins, CO 80526

Regretfully, we were not able to fund your Forest Land Enhancement Program (FLEP) grant request. There was simply not enough funding to approve all the grant requests received at our office.

Your application will be kept on file for approximately one year and you will be notified if funding becomes available during that time period.

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



COLORADO'S
FLEP FOREST LAND
ENHANCEMENT PROGRAM
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____

(For Official Use Only)

NAME: TRAIL CREEK LANDOWNERS ASSOC.

MAILING ADDRESS: 3430 COLONY DRIVE

City: FT. COLLINS State: CO

Zipcode: 80526

TELEPHONE NO: 970-225-2781

PROJECT ADDRESS/LEGAL DESCRIPTION: Sec 1, Twp 11N, Range 73W

PRACTICES TO BE COMPLETED BY: HOMEOWNERS & CONTRACTORS

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP 1	1	<u>0</u>		\$500.00	<u>0</u>
FLEP 9	45 AC.	<u>0</u>		\$4500.00	<u>0</u>

Total: \$5000.00

Request for cost-share assistance under this program is to meet the objective stated in the management plan. 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. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: _____

DATE: 7/30/03

CSFS FIELD REVIEW SIGNATURE: _____

DATE: _____

(Additional USFWS guidelines addressed)

C/S APPROVED: David A. Farnum AMOUNT: \$ 0 DATE: 9-22-03

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's Forest Land Enhancement Program Management Plan

TRAIL CREEK LANDOWNERS ASSOCIATION

Landowner 13 LANDOWNERS for ~600 ACRES

3430 COLONY DR.

Mailing Address

FT COLLINS CO 80526

City, State, Zip Code

2601 MONUMENT GULCH Rd (CR 59C)

Project Physical Address:

Project Legal Description:

1
Section

11N
Township

73W
Range

(970) 225-2781
Telephone

600
Plan acres

Prepared by:

Resource Professional

Date

The Forest Land Enhancement Program project plan, prepared at my request, reflects objectives that I have for my property to promote sustainable forest management practices. 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.


Landowner Signature

7/30/03
Date

CSFS Approval

Date

FOREST LAND ENHANCEMENT 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.

*Improve forest health and reduce fire risk.
Protect 9 homes/cabins from fire.*

GENERAL DESCRIPTION, ISSUES:

*FIRE MITIGATION, INSECT DAMAGE CLEANUP
GEN'L. FOREST HEALTH*

CURRENT NATURAL RESOURCE CONDITIONS:

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

THICK PONDEROSA/DOUGLAS FIR

Fire hazard rating and risk factors of the area:

SIGNIFICANT RISK

Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current:

*SOME PINE/IPS BEETLE DAMAGE, NEED FOR STAND
THINNING TO IMPROVE FOREST HEALTH & REDUCE FUEL
LOADS.*

Soil Type(s) and limitations:

ROCKY SOIL, NO LIMITATIONS FOR INTENDED USES

Wetlands present:

IN CREEK BOTTOM

Wildlife (or sign) present:

DEER, ELK, MOOSE, BEAR

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

NONE

Cultural or historic resources on the property:

NONE

Recreational use on the property:

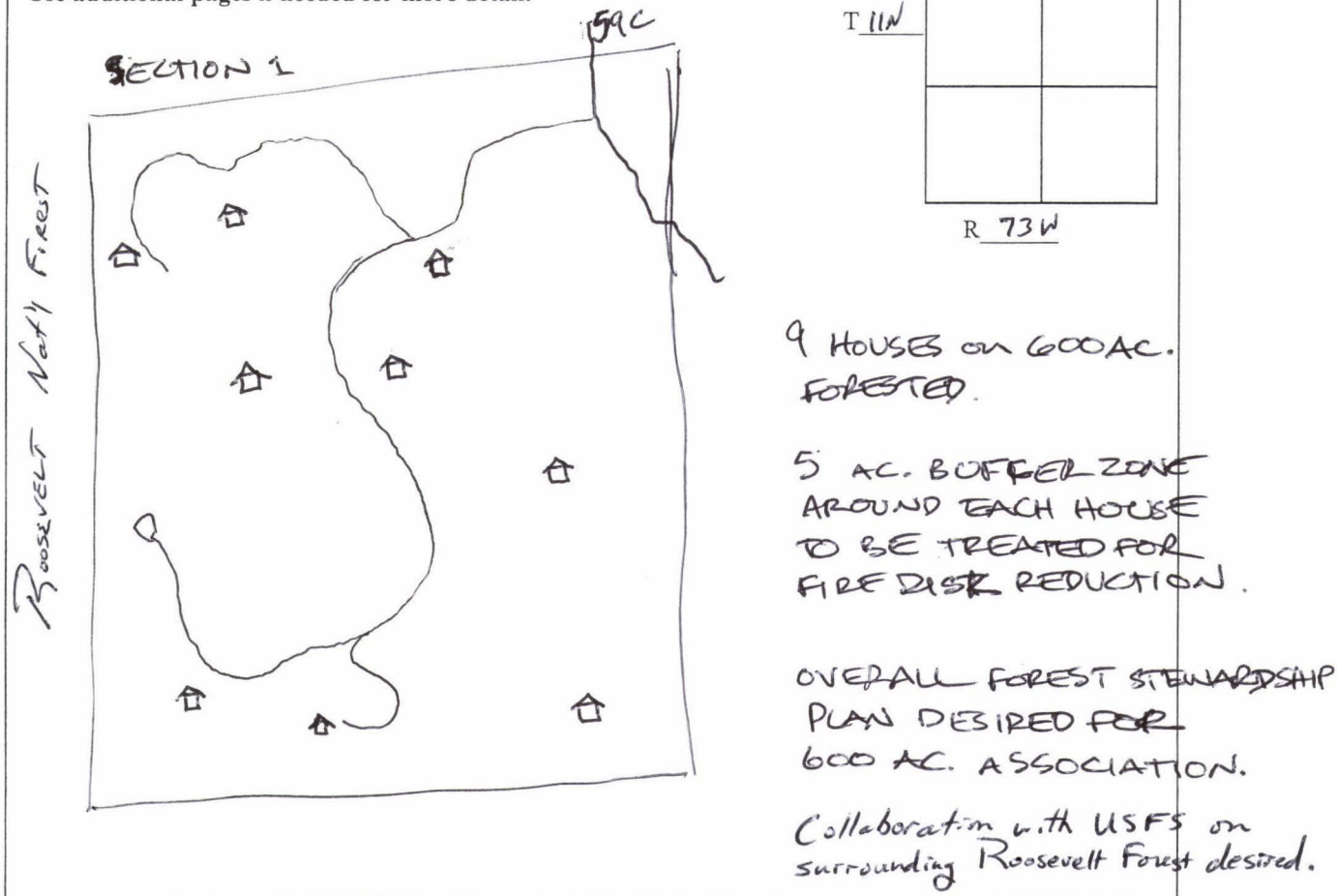
PRIMARY USE

Noxious weeds present:

NOT A MAJOR PROBLEM

FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access. Use additional pages if needed for more detail.



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
STAND REDUCTION, FUEL LOAD REDUCTION.	2004
FOREST STEWARDSHIP PLAN	2004