

IP-245 U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
67-26-93 68 013 6 95 0639

APPLY NO. 1100	NAME AND ADDRESS LYNN SIBLEY 1327 PEACH TREE STREET NE APT 504 ATLANTA, GA 30309	FARMLAND 12.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / / Yes / / No
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Telephone No. 202-726-9887

DESCRIPTION OF PRACTICE OBJECTIVE
WARP HISTLETOE CONTROL

ORDER AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice G
IP3 IN	Forest improvement (Ac) WOODLAND IMPROVEMENT (RED. SALVAGE VALUE)	1.0 2.5	2.5	200.000	500.00	15-01-95 I plan to complete the Practice 03-31-96

WFS Plan
 Yes No

PARTNERSHIP / Yes / No
Joint Venture / Yes / No

APPLICANT'S 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: *Lynn Sibley* Date: 8/13/95 Estimated \$ C/S Value: 776

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.

BY THE STATE FORESTER: *Greg Anderson* Date: 9/18/95 Practice Expiration Date: 3/15/97

I certify that I / do not own more than 1,000 acres of nonindustrial private farmland in the United States or any territory or possession of the U.S.

SIGNATURE: *Lynn Sibley* 8/13/95 Acres if more than 1,000: Date Waiver Approved by FS:

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

AD-245 U.S. DEPARTMENT OF AGRICULTURE | ST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION | 08 013 6 | 95 0039 |

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

FARM NO. 1100	NAME AND ADDRESS LYNN SIBLEY 1327 PEACH TREE STREET NE	FARMLAND 12.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 03-15-97
TRACT No. 9356	APT 504 ATLANTA, GA 30309	CROPLAND	SIP			WOOD PRODUCTION	ID 421 72 3164 S
Telephone No. 202-728-9883							

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE
DWARF MISTLETOE CONTROL

FOR APPROVING OFFICIAL USE

Number -- A --	Practice Title B	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
		C	D	E	F	G	H
SIP3	Forest improvement (Ac)	1.0	3.0		500*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	2.5	2.5	200.000	500		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
WIM - 65% of cost not to exceed rate in column E.

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the issuing office by the date noted in EXPIRATION NOTICE.

APPROVAL ISSUED BY APPROVING OFFICIAL (FOR SIP) APPROVAL MAILED BY CED
Jean Turner, CPA 11-1-95

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

Total Cost-Shares Earned	
Payment Advance (Partial Payment)	
Is Partic. on FSA Debt Req.? Y // N //	
Setoff	
Debt Assignment	
Net Payment	

YES NO

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

YES NO

Payment Approved (initials) (For SIP) C/S Earned Approved By/Date	Check Number (For SIP) Calc. Verif. By/Date
<i>DA</i> \$390 <i>DA</i> 2/1/96	<i>DA</i> 12/1/96

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: *Lynn Sibley* | DATE: 1/2/96

A. REFERRAL INFORMATION

1. Farm No. 1100 Name and Address LYNN SIBLEY 1327 PEACH TREE STREET NE APT 504 ATLANTA, GA 30309
 2. Telephone Number 202-728-9883
 3. Contract Id.
 4. Practice to Begin 10-01-95
 5. Referral Expires 10-01-95
 6. Practice Location Pt of NE4SE4: 25-1N-73 SIP

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	1.0	10
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	2.5	2.5

7. Needs Statement
The practice is needed and feasible.

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

11. Signature *Douglas Stevenson* Date 8/28/95

B. GENERAL INFORMATION

1. Primary Purpose F
 2. Program SIP
 3. Program Practice No. SIP3
 4. VC/SL N
 5. Fund Code
 6. Estimated Total Cost \$600
 7. Est. Cost-Share 70

8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	11. Land Cover/Use After	12. Technical Practices Applied
1	3,0/1	7	1	7	666

C. EROSION CONTROL

1. Sheet & Rill Erosion a. Before (Tons/Ac./Yr.) 2 b. After (Tons/Ac./Yr.) 2 c. Acres to which Rate Applies 3.0
 2. Wind Erosion a. Before (Tons/Ac./Yr.) 3 b. After (Tons/Ac./Yr.) 2 c. Acres to which Rate Applies 3.0
 3. Other Erosion a. Problem Type b. Before (Tons/Yr.) c. After (Tons/Yr.) d. Acres Affected
 4. Range Condition a. Condition Code Before b. Condition Code After c. Trend Cond. Before d. Trend. Cond. After
 13. Endangered Species
 14. Hydrologic Unit Code

D. WATER CONSERVATION UNGRAZED WOODLAND

E. WATER QUALITY

1. Irrigation Water Conservation a. Irrigation Situation b. Water Applied (Ac.-in./Ac.) Before After c. System Efficiency (%) Before After d. Water Cons. Acres
 2. Increased Water Storage a. Primary Use b. Capacity (Acre-Inches) Before After 13. Soil Moisture Measures?
 1. Problem Type
 2. Type of Water Body Treated/Protected
 3. Pollution Severity

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description a. Site Index 70 b. Poten. Prod. 40
 2. Stand Condition a. Forest Cover Before 77 After 77 b. Stocking Level Before 120 After 60
 3. Site Preparation a. Acres 0 b. Cost-Share 0
 4. Purpose Trees Pr/Ac 400

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost \$600
 2. Cost-Share \$390
 3. Date Performed 2/1/96
 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.
 Signature *D Stevenson* Date 2/1/96

M E M O R A N D U M

To: Greg Sundstrom

Date: August 28, 1995

From: Doug Stevenson

Subject: SIP

Remarks:

Attached is the paperwork for Lynn Sibley. This request is the priority one on Boulder District for this batch period, to be followed by Defensible Space requests (Paperwork to follow.).

I have \$3477 in cancellations and slippage, so we should be able to fund several. In addition, Craig has some left over money, as well.

Thanks.



Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

September 20, 1995

Lynn Sibley
1327 Peachtree Street NE #504
Atlanta, GA 30309

Dear Lynn:

Enclosed is the agreement for CSFS to do the pruning. Please sign and return one copy to me.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson

Douglas J. Stevenson

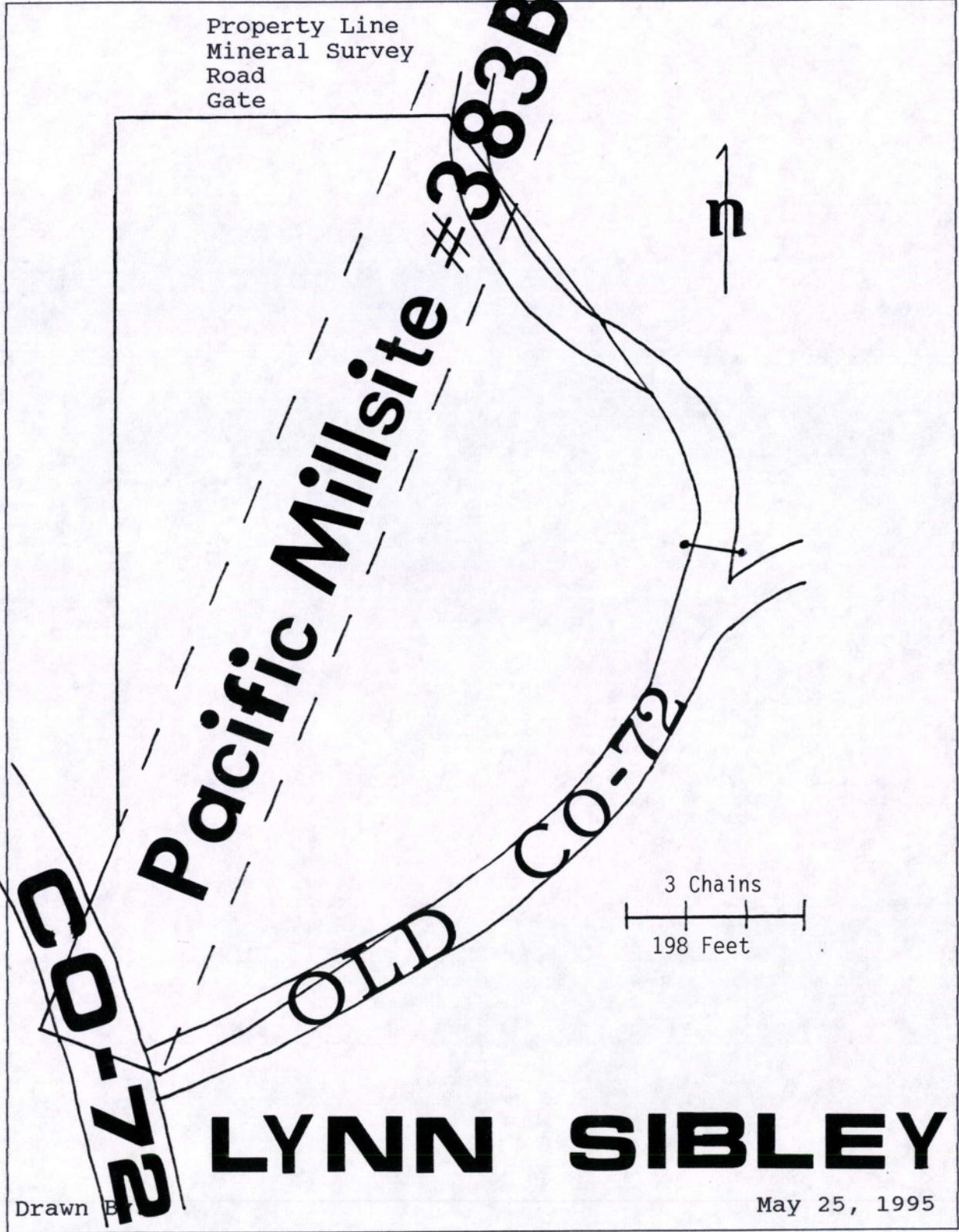
Doug - sorry for the delay - I was out of country.

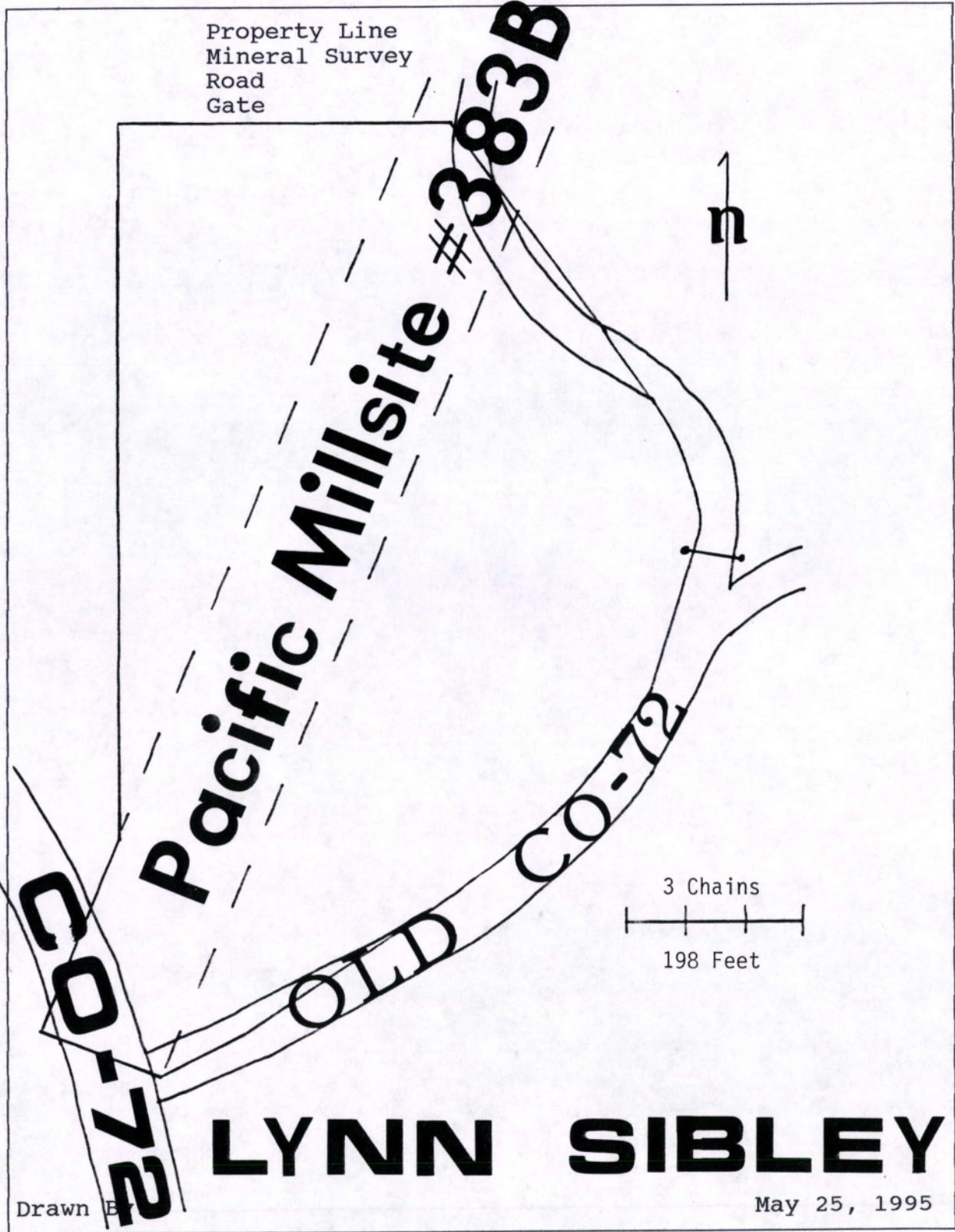
Hope its not too late for pruning this year. (+ hope we make the cost-sharing plan!) (hope all is well to you!)

Lynn

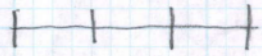
(keeps me posted)

Thanks



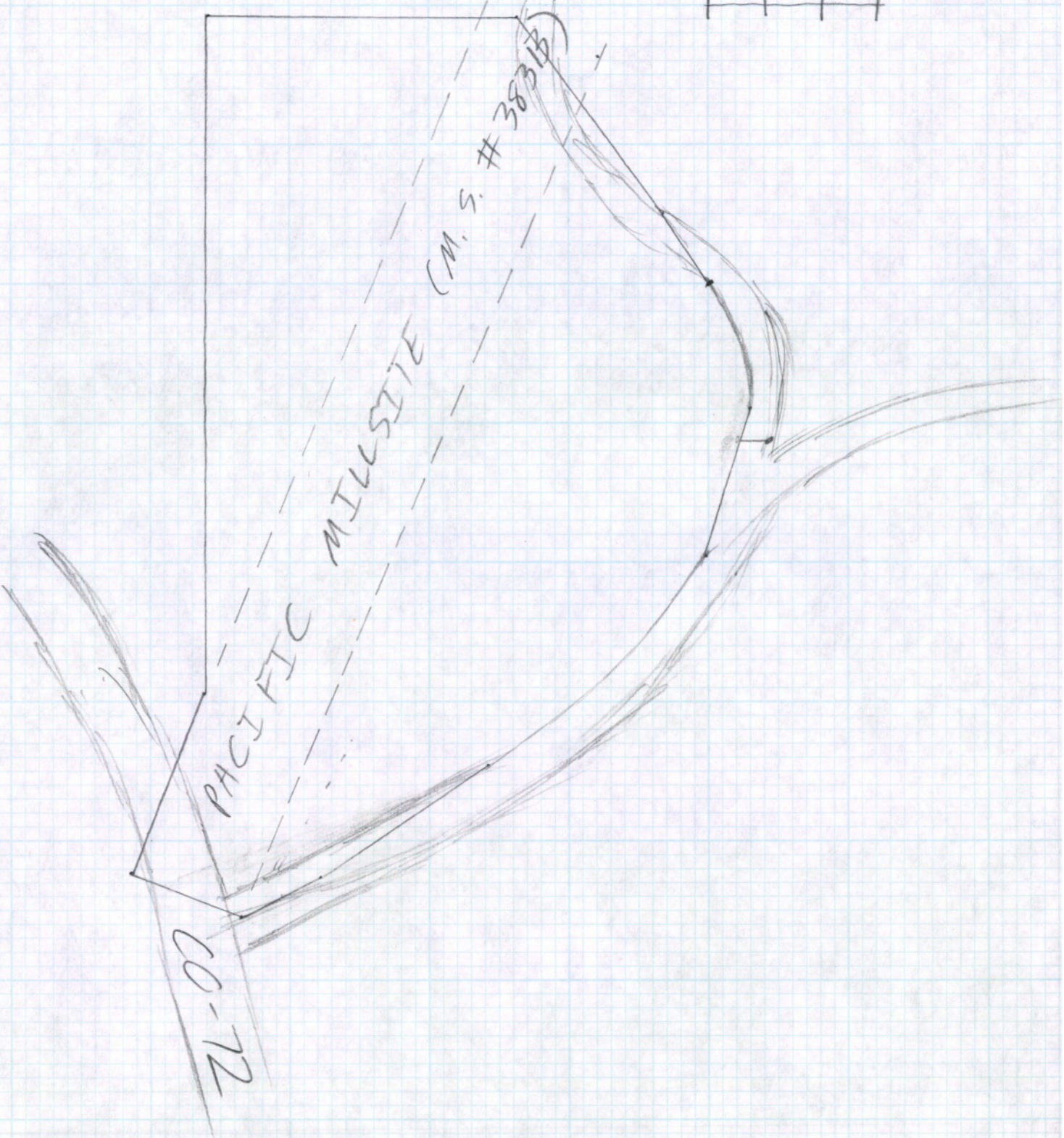


SIBLEY
chains.



PACIFIC MISSILE (M.S. # 38313)

CO-72



January 6, 1995

Lynn Sibley
1327 Peachtree Street NE #504
Atlanta, GA 30309

Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

Dear Lynn:

Paul Bolick has completed this year's dwarf-mistletoe work. The \$925.00 is now due (See agreement dated August 24, 1994, bottom of first page.). Please send a check for that amount, payable to Paul M. Bolick, to me at this address at your earliest convenience.

I checked with the Assessor's office about your property. They show that lot as containing 5.46 acres; I vaguely remember you saying the lot contained twelve acres. Is your lot actually two lots? It would be very helpful if you could send a plat of the property.

Thanks for your interest.

Sincerely,


Douglas J. Stevenson

Doug - what is happening with the Stewardship Program?

I could not find the survey map - its probably still in storage. Heres a drawing and the legal description. That should help. It is 12.08 ac
I was not expecting the \$925.00 to coincide with X-Mas. If it is ok - Im sending 1/2 (462.50) ->

now and will send The balance on Feb 1.

Hope that won't put Paul in a bind.

Please let me hear from you if it is
a problem — and about The Stewardship
Program.

Thanks —

John D. Kelly

Transmission Date: 02/07/96
Time: 11:12:42

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
95 0004		436 56 4031 S	KEITH W IRWIN	KEITH W IRWIN	213.00
95 0010		500 52 0066 S	SUE RILEY	SUE RILEY	250.00
95 0039		421 72 3164 S	LYNN SIBLEY	LYNN SIBLEY	390.00
			COUNTY CONTROL RECORD		853.00

Verification Number: 960207111242

Date of Last Transmission: 112295

SIBLEY'S
FAX:
401-249-9822

- STATEMENT -

Date of Agreement: 8/24/94
Date of Completion: 11/30/94

Client:

Name: CYNN Sibley
Address: 1327 Peach Tree St.
NW # 504
ATLANTA GA 30309
Phone: 1-404-724-9597

Contractor:

Name: PAUL M. Bolick
Address: 3958 Woodcland Hill Ave.
Boulder, CO 80304
Phone: 1-303-442-6067

Terms of Agreement:

Action/Method: Management plan for the removal of Dwarf Mistletoe Parasite which would improve the long term growth/health of this select stand of timber and decrease susceptibility to disease and other parasites. The procedure used to achieve this goal consisted of initial clear-cutting (as performed by Jack Blum & Co.) and subsequent selective thinning & pruning of infected species as performed by PAUL M. Bolick.

Species: Ponderosa Pine, Lodgepole Pine, Limber Pine

Acres: 3.0 Acres

Total Hours: 61

Outlook: Landowner is responsible for annual on-site inspection of area for new incidence of Dwarf Mistletoe Parasite as per C.S.F.S. guidelines. The Contractor PAUL M. Bolick agrees to spend one day (early spring of 1995) inspecting for manifestation of incipient parasite growth which was obscured the previous growth season.

Amount Due: \$ 925.⁰⁰

Cooperator / Contractor / Consultant:

Paul M. Bolick

November 3, 1994

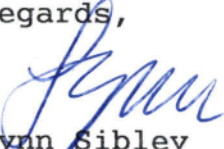
Mr. Douglas J. Stevenson
Colorado State Forrest Service
936 Left Hand Canyon Drive
Boulder, CO 80302

Dear Doug:

Enclosed is the signed agreement. Apart from who, how much, and can we afford it, I wonder if there is sufficient water (without a well) to start and successfully grow treelings? No doubt you have experience with this and can give me some idea of the chances for success.

Thank you for keeping me up to date on the cutting project.

Regards,



Lynn Sibley

THIS AGREEMENT, made this 18th day of October, 1994, by and between the Colorado State Board of Agriculture on behalf of the Colorado State Forest Service, 936 Lefthand Canyon, Boulder, CO 80302, hereinafter referred to as CSFS, and Lynn Sibley, whose address is 1327 Peachtree Street NE #504, Atlanta, GA 30309, hereinafter referred to as the LANDOWNER; and

WHEREAS, CSFS has the expertise to provide the services described below; and

WHEREAS, LANDOWNER desires to implement the practices described below;

NOW, THEREFORE, it is hereby agreed that:

1. LANDOWNER warrants that he is the owner of the property described below, or has obtained permission from the owner of said property to grant all rights and provisions provided in this Agreement. The property is described as follows:

about 12 acres
in the
N1/2 SE1/4, Sec 25, T1N, R73W, S.P.M.

2. LANDOWNER grants to CSFS the right of access to the above described property for purposes of:

Preparing a forest management plan consistent with the requirements of the Stewardship Incentives Program.

3. CSFS agrees to provide the above services in consideration for an estimated:

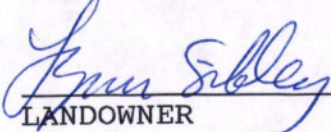
\$25.00 per parcel (1 parcel)
\$8.00 per acre (about 12 acres)
\$4.00 per uncalled property line (Unknown)
\$1.50 per called property line (Unknown)

The above total not to exceed \$200.00.

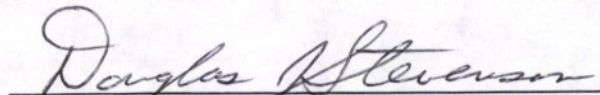
4. This Agreement shall begin on the date first above written and shall remain in force until January 15, 1995.
5. This Agreement may be terminated by either party ten (10) days following written notice to the other party.

6. CSFS may designate a subcontractor to do all, or part of the work, fees due such subcontractor to be paid directly by LANDOWNER and deducted from amount due CSFS.
7. CSFS and its subcontractors shall maintain during the life of this Agreement, such liability insurance as is required by Colorado law.
8. This Agreement shall be extended due to inability of CSFS to perform work due to circumstances beyond its control, or as mutually agreed by LANDOWNER and CSFS. All extensions will be in writing and become part of this Agreement.
9. Financial obligations of CSFS payable after the current fiscal year are contingent on funds for that purpose being appropriated, budgeted and otherwise made available.
10. CSFS agrees that it will comply with all applicable laws regarding discrimination on the basis of race, creed, color, sex, or handicap including, but not limited to Executive Order 11246 as amended or as may be further amended hereafter.
11. The laws of the State of Colorado and rules and regulations issued pursuant thereto shall be applied in the interpretation, execution and enforcement of this Agreement.
12. The signatories hereto aver that to their knowledge no CSFS employee has any personal or beneficial interest whatsoever in the property described herein.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the date first above written.


LANDOWNER

10/26/94
DATE


COLORADO STATE FOREST SERVICE

10/17/94
DATE