

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

FARM NO. 1213	NAME AND ADDRESS ELMINA SPANGLER BOX 406 PINE CLIFF, CO 80471 PINECLIFFE, Co. 80471	FARMLAND 17.5	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
TRACT No. 9465		CROPLAND					
Telephone No. 303-258-3807							

DESCRIPTION OF PRACTICE OBJECTIVE
 WOODLAND IMPROVEMENT
 PRACTICE LOCATION S2NE4SW4: 14-1S-72W SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
SIP3	Forest improvement (Ac)	4.0				10-01-1998
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4	200.000	800	I plan to complete the practice 04-01-2000

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before 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. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Elmina Spangler* DATE: *9/1/98* Estimated \$ C/S Value 800 C/S Willing to Approve \$ 600

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL: *Don Sozwell* DATE: *Jan 27, 1999* Practice Expiration Date: *4/1/2000*

REMARKS

For SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.

SIGNATURE: *Elmina Spangler* DATE: *9/1/98* Acres if more than 1,000: *NO* Date Waiver Approved:

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

AD-245 U.S. DEPARTMENT OF AGRICULTURE
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & C/D CONTROL NO. (F/Y & NO.)
08 013 6 1998 0007

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

FARM NO. 1213	NAME AND ADDRESS ELMINA SPANGLER BOX 406	FARMLAND 17.5	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 04-01-2000
TRACT No. 9465	PINE CLIFF, CO 80471	CROPLAND	SIP	00		WOOD PRODUCTION	ID 162 32 5602 S
Telephone No. 303-258-3807							

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
WOODLAND IMPROVEMENT

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent	Extent	Rate	Cost-Shares	Extent	Cost-Shares
		Requested	Approved		Approved	Performed	Earned
A	B	C	D	E	F	G	H
SIP3	Forest improvement (Ac)	4.0	3.0		600*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	3.0	200.000	600		

* - 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

DATE
3-10-99

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 Reg.? 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)	ACH/Check Number
(For SIP) C/S Earned Approved By/Date	(For SIP) Calc. Verif. By/Date

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the 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: _____ DATE: _____

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

U.S. DEPARTMENT OF AGRICULTURE

FORM AD-245 ATTACHMENT
(PRIVACY ACT, PUBLIC BURDEN,
COMPLIANCE AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in USDA cost-share programs. Information provided on AD-245, Request of Cost-Shares/Practice Approval/Payment Application may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction (OMB No. 0560-0082), Washington, D.C. 20503.

COMPLIANCE AND PENALTY STATEMENT

The program for which this cost-share application is being completed is listed under the PROGRAM CODE on pages 1 and 2. No monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations and unless there is full compliance with all terms and conditions of the provisions of existing law and regulations and any agreements executed with respect to that program by the participant in the program.

The basic program regulations which apply to the cost-share programs are the subject of this agreement and incorporated herein by reference:

for SIP at 36 CFR Part 230,
for ACP at 7 CFR Part 701,
for FIP at 7 CFR Part 701,
for CRP at 7 CFR Parts 704 and 1410,
for MYCS at 7 CFR Part 1413.

(For other programs inquire where the application is submitted.)

There may also be other regulations that apply. Any fraudulent claims made hereunder may subject the applicant to Federal criminal and civil penalties as provided for in USC 207, 1001, and 31 USC 231.

In the event of a conflict between these or other regulations and the terms of this contract, the provisions of the regulations will prevail.

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

A. REFERRAL INFORMATION

1. No. 13	Name and Address ELMINA SPANGLER BOX 406 PINE CLIFF, CO 80471 9465	2. Telephone Number 303-258-3807	3. Contract Id.
4. Practice to Begin 10-01-1998	5. Referral Expires 10-01-1998		

Practice Location
S2NE4SW4: 14-1S-72W SIP

7. Needs Statement
The practice is needed & feasible

Practice Description	Extent Requested	Extent Needed
8 IP3 Forest improvement (Ac) IM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	9 4.0 4.0	10 10 <i>n.o</i>

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

B. GENERAL INFORMATION

11. Signature <i>Douglas Stevenson</i>	Date 10/5/98
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1. Primary Purpose F	2. Program SIP	3. Program Practice No. SIP3	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 1200	7. Est. Cost-Share 800
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C. EROSION CONTROL

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	4.01	VI S1	1	7	7
					12. Technical Practices Applied
					Technical Practice a 666
					Cost-Shared? b Y
					Units Planned/Applied c 4.01

D. WATER CONSERVATION

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

F. WOOD PRODUCTION

1. Site Description a. Site Index 60	b. Poten. Prod. 1	2. Stand Condition a. Forest Cover Before After 130 130	b. Stocking Level Before After 100 70	3. Site Preparation a. Acres —	b. Cost-Share —	4. Purpose Trees Pr/Ac 260
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G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA	I. PERFORMANCE REPORT
1. Total Install. Cost	2. Cost-Share
2. Cost-Share	3. Date Performed

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
Date

UNITED STATES DEPARTMENT OF AGRICULTURE
Boulder-Jefferson-Clear Creek-Gilpin County FSA Office
9595 Nelson Road, Box A
Longmont, CO. 80501
(303)776-1242

Elmina Spangler
PO Box 406
Pinecliffe, CO 80471

Stewardship Incentive Program
Date: March 10, 1999

Dear Landowner,

Your request for cost sharing on practice numbers SIP 3 from the U. S. Forest Service Stewardship Incentive Program has been approved by the Colorado State Forester's local office. The attached SIP-245, page 2 lists the program practice(s), practice components, and the extent of the components for which you were approved.

Please note the practice expiration date as set by the State Foresters local office on the form(s). To be eligible for cost sharing you must (1) **COMPLETE THE PRACTICE**, (2) fill in the blocks X and Y, (3) sign and date this form (Note: Block G. will be completed by the State Forester's local office after a site review for practice certification), and (4) return this completed form(s) and copies of all practice cost documents such as receipts, invoices, cancelled checks, and labor reports to the **STATE FORESTER'S** local office by the expiration date. **Do not return this form or cost documents to FSA.**

In addition to the steps listed above, landowners who implement SIP practices with contributions or help provided by contributors other than originally approved, must list the contributors, their taxpayer ID numbers, and the proportion of the total cost of the contribution represents.

The State Forester's local office address and telephone number are:

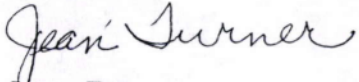
Douglas J. Stevenson, Colorado State Forester
936 Lefthand Canyon Drive
Boulder, CO 80302
(303) 442-0428

If you decide not to implement this practice(s), please notify the State Forester's local office as soon as possible.

If you decide to implement the practice(s), make sure that you are following the practice requirements as outlined in a Landowner Forest Stewardship Plan. Contact your State Forester's local office for details about the implementation requirements for your practice(s).

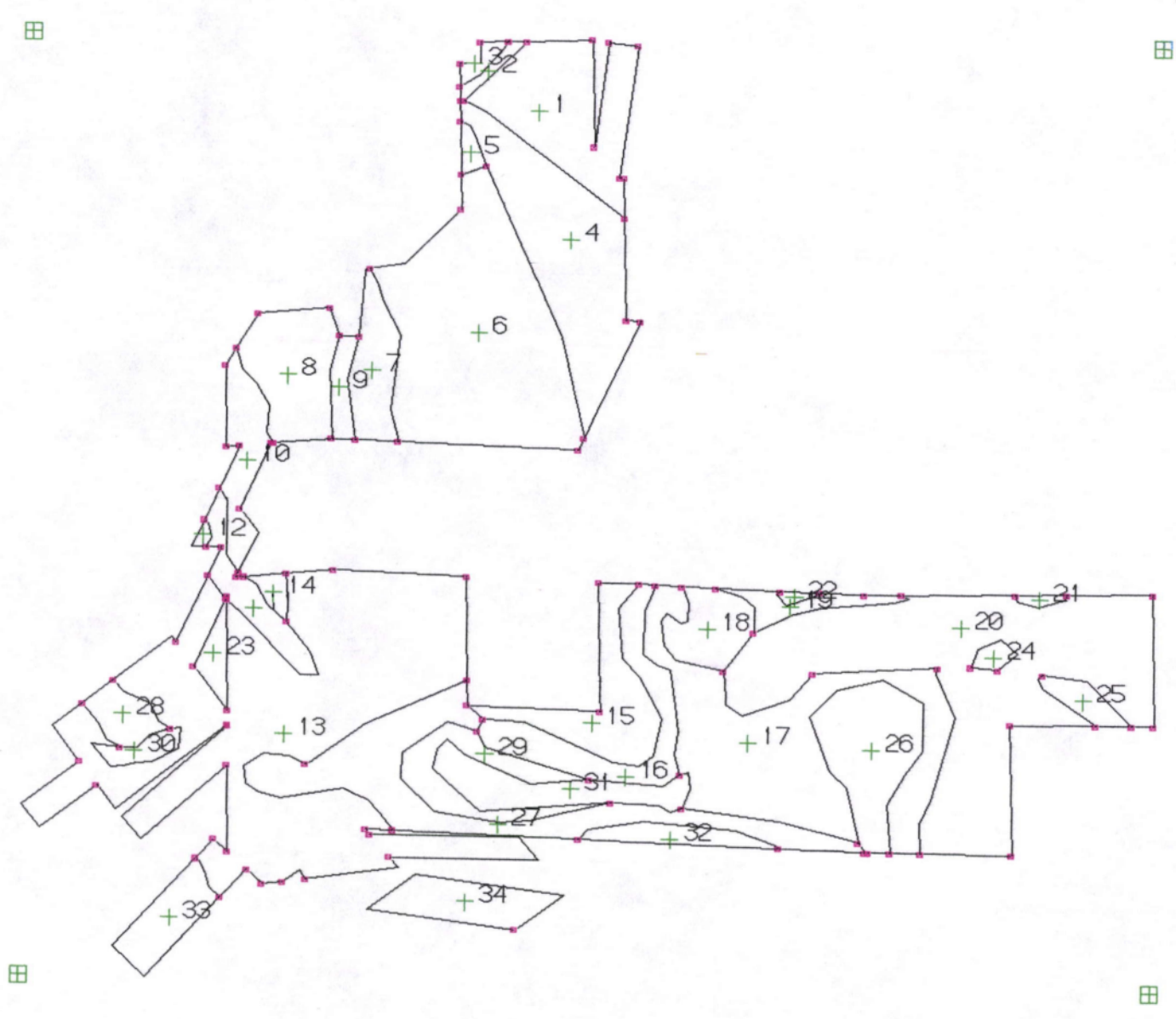
Payments for landowners who are approved for more than 1 practice who seek cost-share payments for both practices during the same fiscal year will be limited by the \$10,000 per landowner per fiscal year payment limitation.

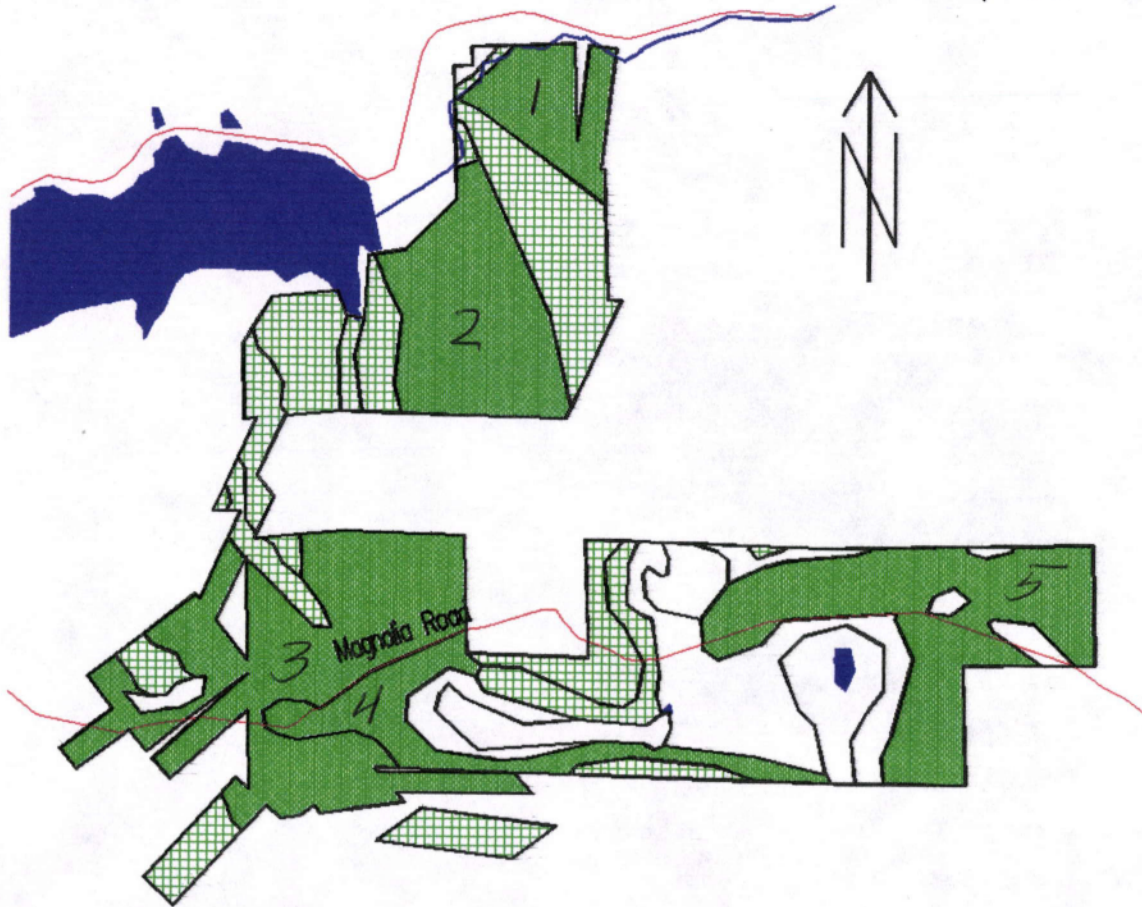
On behalf of the State Forester



Jean Turner
FSA County Executive Director

This program or activity will be conducted on a non-discriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.

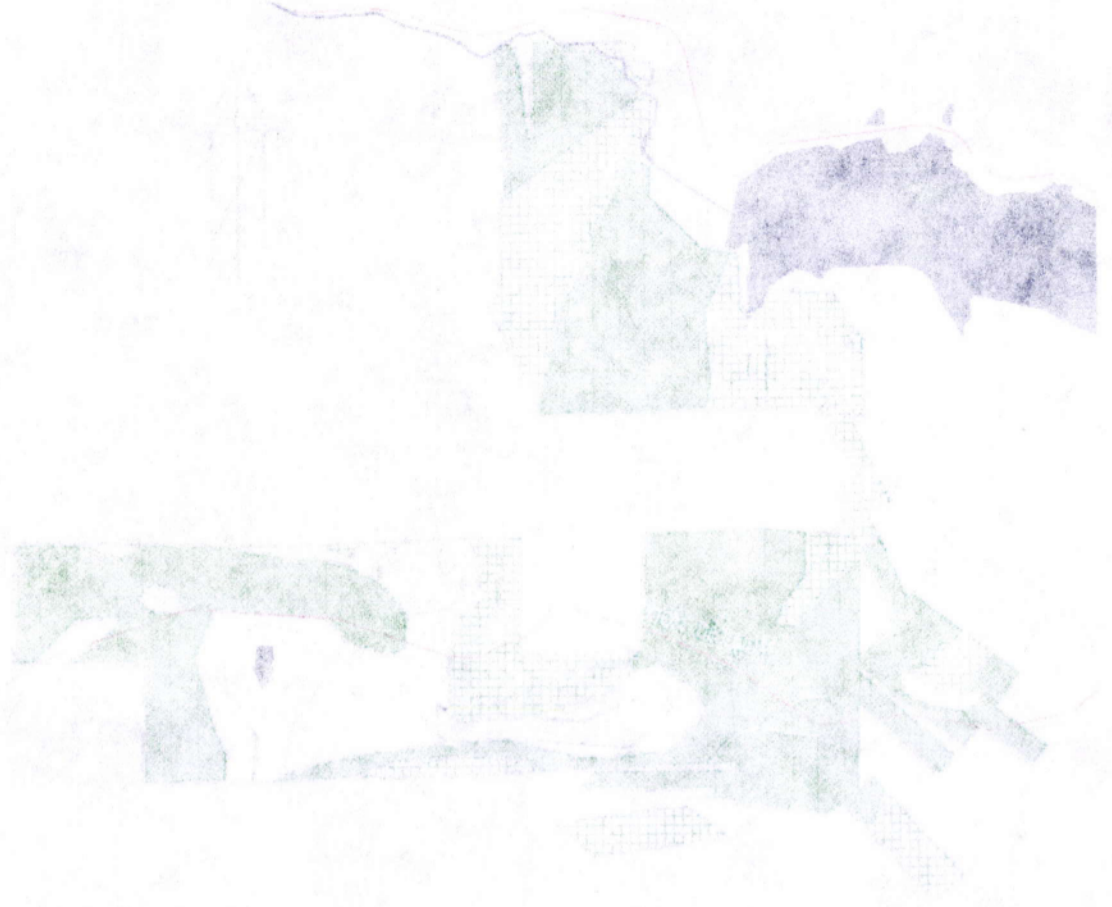




Reynolds Ranch

Secs 17, 18, 19 and 20, T1S, R72W, S.P.M.

- | | | | |
|---|------------------|---|-----------------------|
| — | Property Line | ■ | Sample Stands |
| — | Road | ▤ | Other Forested Stands |
| — | Permanent Stream | □ | Non-forest |



THE UNIVERSITY OF CHICAGO

DEPARTMENT OF THE HISTORY OF ARTS

THE UNIVERSITY OF CHICAGO PRESS
54 EAST LAUREL STREET
CHICAGO, ILLINOIS 60607
TEL: 773-936-3700

AD-245
(09-11-95)

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

ST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
08 013 6 | 1998 0007 |

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

FARM NO. 1213	NAME AND ADDRESS ELMINA SPANGLER BOX 406	FARMLAND 17.5	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS // YES // X/NO
TRACT No. 9465	PINE CLIFF, CO 80471 <i>PINECLIFFE, Co. 80471</i>	CROPLAND	SIP			WOOD PRODUCTION	
Telephone No. 303-258-3807							

DESCRIPTION OF PRACTICE OBJECTIVE
WOODLAND IMPROVEMENT
PRACTICE LOCATION S2NE4SW4: 14-1S-72W SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
SIP3	Forest improvement (Ac)	4.0				10-01-1998
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4	200.000	800	
						I plan to complete the practice 04-01-2000

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before 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. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Elmina Spangler* | DATE: *9/1/98* | Estimated \$ C/S Value: 800 | C/S Willing to Approve: \$ *600*

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL: *Don Howell* | DATE: *Jan 27, 1999* | Practice Expiration Date: *4/1/2000*

REMARKS

For SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.

SIGNATURE: *Elmina Spangler* | DATE: *9/1/98* | Acres if more than 1,000: *NO* | Date Waiver Approved:

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

A. REFERRAL INFORMATION

1. Farm No. 1213	Name and Address ELMINA SPANGLER BOX 406	2. Telephone Number 303-258-3807	3. Contract Id.
Tract No. 9465	PINE CLIFF, CO 80471	4. Practice to Begin 10-01-1998	5. Referral Expires 10-01-1998
6. Practice Location S2NE4SW4: 14-1S-72W SIP		7. Needs Statement <i>The practice is needed & feasible</i>	

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	4.0	
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4.0

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

B. GENERAL INFORMATION

1. Primary Purpose F	2. Program SIP	3. Program Practice No. SIP3	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 1200	7. Est. Cost-Share 800
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	4.0/	III S1	1	7	7	Technical Practice a 666
						Cost-Shared? b Y
						Units Planned/ Applied c 4.0/

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 4.0
2. Wind Erosion	a. Before (Tons/Ac./Yr.) —	b. After (Tons/Ac./Yr.) —	c. Acres to which Rate Applies —
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
			d. Trend Cond. After

D. WATER CONSERVATION

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

E. WATER QUALITY

1. Problem Type
2. Type of Water Body Treated/Protected
3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description a. Site Index 60	b. Poten. Prod. 1	2. Stand Condition a. Forest Cover Before 130 After 130	b. Stocking Level Before 100 After 70	3. Site Preparation a. Acres —	b. Cost-Share —	4. Trees Pr/Ac 260
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G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

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

Signature	Date
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AD-245 U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & C/D CONTROL NO. (F/Y & NO.)
(09-11-95) 08 013 6 1998 0007

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

FARM NO. 1213	NAME AND ADDRESS ELMINA SPANGLER BOX 406	FARMLAND 17.5	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS // /YES /X/No
TRACT No. 9465	PINE CLIFF, CO 80471 <i>PINECLIFFE, Co. 80471</i>	CROPLAND	SIP			WOOD PRODUCTION	
Telephone No. 303-258-3807							

DESCRIPTION OF PRACTICE OBJECTIVE
WOODLAND IMPROVEMENT
PRACTICE LOCATION S2NE4SW4: 14-1S-72W SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	
SIP3	Forest improvement (Ac)	4.0				10-01-1998
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4	200.000	800	I plan to complete the practice 04-01-2000

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before 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. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Elmina Spangler* DATE: *9/1/98* Estimated \$ C/S Value 800 C/S Willing \$ to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date

REMARKS

For SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. Acres if more than 1,000 Date Waiver Approved

SIGNATURE: *Elmina Spangler* DATE: *9/1/98* NE

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A. REFERRAL INFORMATION

1. Farm No. 1213 Name and Address ELMINA SPANGLER BOX 406
 Tract No. 9465 PINE CLIFF, CO 80471
 2. Telephone Number 303-258-3807
 3. Contract Id.
 4. Practice to Begin 10-01-1998
 5. Referral Expires 10-01-1998

6. Practice Location S2NE4SW4: 14-1S-72W SIP
 7. Needs Statement *The practice is needed & feasible*

Practice Description	Extent Requested	Extent Needed
8 SIP3 Forest improvement (Ac)	4.0	4.0
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4.0

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 10/5/98

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 1200
 7. Est. Cost-Share 800

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	4.0/	VT/S1	1	7	7

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	
	1	1	4.0	
2. Wind Erosion				
3. Other Erosion				
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend Cond. After

Technical Practice	Cost-Shared?	Units Planned/ Applied
a 666	b Y	c 4.0/

D. WATER CONSERVATION

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

E. WATER QUALITY

1. Problem Type
 2. Type of Water Body Treated/Protected
 3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description	2. Stand Condition	3. Site Preparation	4. Purpose
a. Site Index 60 b. Poten. Prod. 1	a. Forest Cover Before 130 b. Stocking Level Before 130 c. Forest Cover After 100 d. Stocking Level After 70	a. Acres — b. Cost-Share —	Trees Pr/Ac 260

G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost
 2. Cost-Share
 3. Date Performed

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 _____ Date _____

