

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	
Forester Submitting Project:	
District Priority Number:	
Date Submitted:	
FOR REVIEWER'S USE ONLY:	
Rating:	

1	Applicant Information	
	Applicant:	SARAH ELLIOTT
	Contact Person:	SARAH ELLIOTT
	Address:	470 BROOK CIRCLE
	City/Zip Code:	BOULDER CO 80302
	Phone (Work/Cell):	(303) 443-6224
	Email:	sde Elliott@mindspring.com
	Fax:	(303) 443-6224 (call first)

2	Community At Risk Information			
	Name of Project:			
	Community Name(s): Boulder Hts.			
	County: Boulder		Congressional District:	
	Latitude (decimal degrees): 40.081		Longitude (decimal degrees): -105.33	
	Threat Description (check all that apply)			
	Homes: /	Number of:	Infrastructure: <input type="checkbox"/>	Estimated value of:
	Businesses: <input type="checkbox"/>	Number of:	Economic Viability: <input type="checkbox"/>	Estimated value of:
Watersheds: <input type="checkbox"/>	Number of:	Historic Structures: <input type="checkbox"/>	Number of:	
Other (Describe):				

3	Requested Grant Amount / Project Description	
	All information for the project must fit into the space provided below. The review committee will not consider attachments.	
	Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
	Dollar Amount Requested	
	Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	

Scope of Work / Project Timeline

All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.

Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)

4

Describe all planned long-term maintenance (grant funded or other).

What is the duration of this project? (check one) ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years

Is this a continuing project from previous year/s? (check one) ☐ Yes ☐ No

Provide a timeline for the project

Interagency Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. - donating time/equipment, funding, etc.).

5

Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) ☐ yes ☐ no

Is this project part of the plan? (check one) ☐ yes ☐ no

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/>		Other Forest Management Treatment <input type="checkbox"/>	
	Number of acres to be treated: <u>19 acres</u>		Estimated cost per acre: _____	
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
	Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>

7	Total Project Expenses (Contractual Services)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	TOTAL:	\$0	\$ 0

Grant funding may only be used for Contractual Service.

8	Total Project Expenses (Indirect Costs)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	Indirect Costs:		\$ 0
	TOTAL:	\$0	\$ 0

Grant funding may only be used for Contractual Service and Indirect.

Attach Project Map Showing Specific Treatment Areas

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	11/30/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Sarah Elliott
Contact Person:	Sarah Elliott (Sally)
Address:	470 Brook Circle
City/Zip Code:	Boulder, CO 80302
Phone (Work/Cell):	303-443-6224
Email:	sdelliott@mindspring.com
Fax:	303-443-6224 (call first)

Community At Risk Information			
Name of Project:	Elliott Property		
Community Name(s):	Boulder Hts.		
County:	Boulder	Congressional District:	T1N,R71W,Sec#3
Latitude (decimal degrees):	40.081	Longitude (decimal degrees):	-105.33
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> X	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$8,930.00
Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located in the Boulder Heights Community, off of Brook Circle Rd. The area is composed of primarily north facing slopes (~>75%), with some being located on south facing slopes. The forested areas are a mix of Ponderosa Pine and Douglas Fir composition. Juniper and other native grass and shrub species occupy the ground cover. Slopes range from moderate to steep, especially on the north facing slopes.</p>	

Scope of Work / Project Timeline

All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.

Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)

- 4 Project work will be done to reduce the hazardous fuels present throughout the project area. The majority of the project area has forest densities that exceed desirable stocking levels, from a fire management standpoint. Present forest stocking also compromises forest health, as there are several areas where dwarf mistletoe is present, as well as pockets of mountain pine beetle activity. Project work will also aim to improve the forest conditions, as it is related to tree health. All salvageable material will be dealt with accordingly, depending on chosen contractor's management practice. Slash will also be dealt with according to CSFS standards, depending on chosen contractor's management practice.

Describe all planned long-term maintenance (grant funded or other).

Landowner will continually monitor property for new and undesirable re-growth of vegetation, and remove upon detection. Efforts will also be made to detect any new insect and disease infestations, and remove upon detection. New and maturing trees will be limbed to a minimum of six feet above the ground, or up to 25% off the ground if limbing six feet would remove more than that.

What is the duration of this project? (check one) ☒ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years

Is this a continuing project from previous year/s? (check one) ☐ Yes ☒ No

Provide a timeline for the project

Project work will begin as soon as layout is complete and chosen contractor is available. Project work is targeted for completion by 12-31-2011.

Interagency Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).

- 5 None.

Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) ☒ yes ☐ no

Is this project part of the plan? (check one) ☒ yes ☐ no

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated: 19.0		Estimated cost per acre: \$1,500.00	
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product		<input checked="" type="checkbox"/>	Other <input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:	\$8,930.00	\$ 8,930.00
	TOTAL:	\$8,930.00	\$ 8,930.00

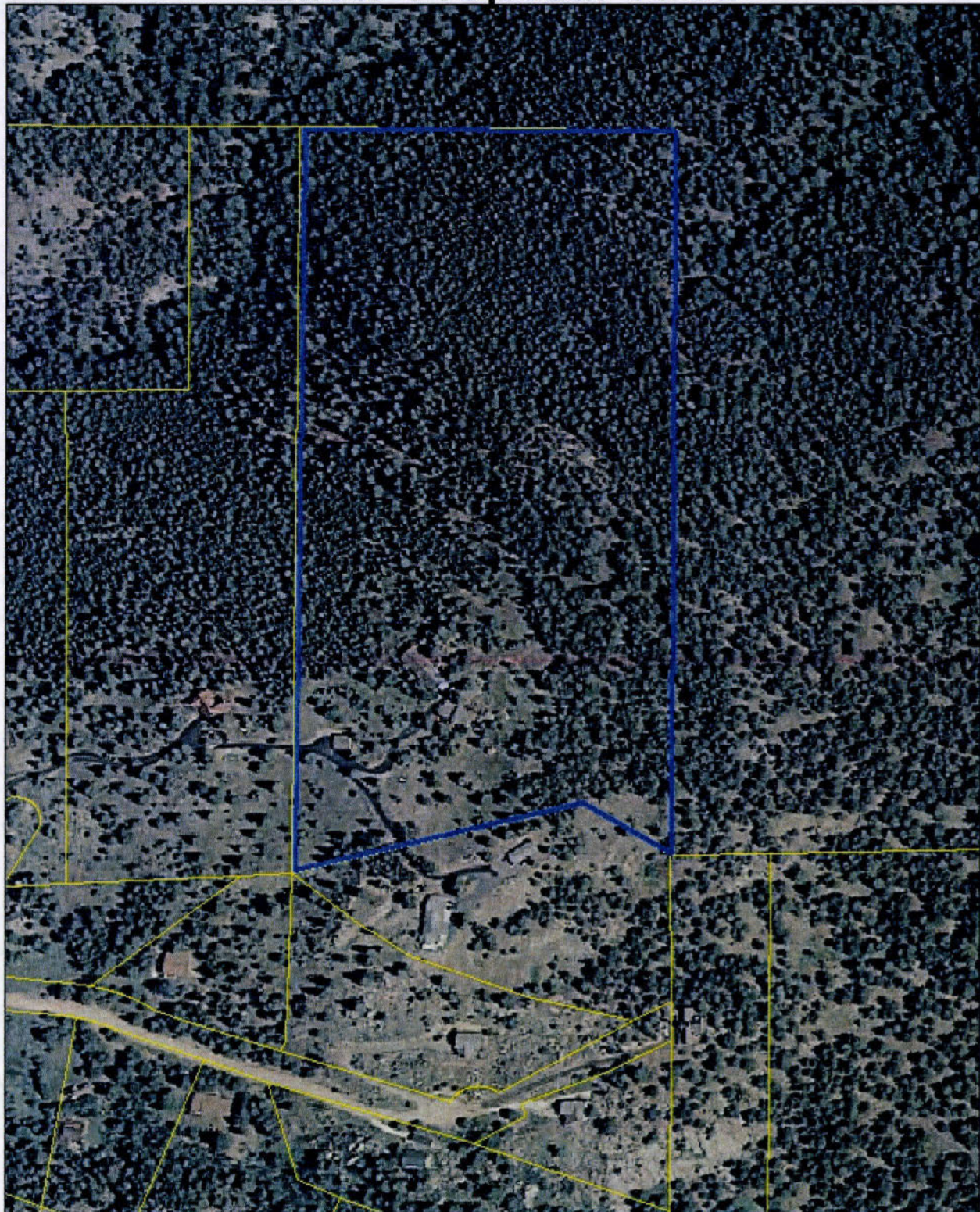
Grant funding may only be used for Contractual Service.

8	Total Project Expense (Non-Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	Indirect Costs:		\$ 0
TOTAL:		\$0	\$ 0



Grant funding may only be used for Contractual Service and Indirect.

Attach Project Map Showing Specific Treatment Areas

Elliott Proposal Area



Elliott Proposal: 19.0 Acres

-  Elliott_Proposal_Area
-  BOCO_PARCELS1209

0 125 250 500 750 Feet

Created By: Bryan Baer
CSFS-Boulder District
November, 2010





EMERGENCY SUPPLEMENTAL FUNDS LANDOWNER ASSISTANCE PROGRAMS APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-BO-19
(For Official Use Only)

NAME: SARAH ELLIOTT

MAILING ADDRESS: 470 BROOK Circle

City: Boulder State: CO

Zip code: 80307

TELEPHONE NO: 303 - 443-6224

PROJECT ADDRESS/LEGAL DESCRIPTION: T1N, R 71W, Section #3

PRACTICES TO BE COMPLETED BY: 12/31/2011
Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. **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. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: James E. Smith DATE: Nov 29, 2010
To be completed by CSFS forester.

CSFS FIELD REVIEW SIGNATURE: [Signature] **DATE:** 5-17-2011
(Additional USFWS guidelines addressed)

PROGRAM:

ESF:

Funding Allocated: Allen Allen **AMOUNT:** \$8,930.00 **DATE:** 12-8-11
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.



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	X

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

Name: SARAH ELLIOTT

Address: 470 BROOK CIRCLE

BOULDER, CO 80302

Approved for Payment

C.S.F.S.

1237721

03-30-11

kc

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 5308400-BO-19 ~

Approved Funding: \$ 8,930.00 ~

Total Project: \$ 10,611.00 -

CSFS Account Number: 5308400-6693

'09SUP HAZ FUELS Fr BO

Amount of Payment: \$ 8,930.00 ~

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by

(Program manager signature)

Date:

3/25/11



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

Name: SARAH ELLIOTT

Address: 470 BROOK CIRCLE

BOULDER, CO 80302

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 5308400-BO-19

Approved Funding: \$ 8,930.00

Total Project: \$ 10,611.00

CSFS Account Number: 5308400-6693 Amount of Payment: \$ 8,930.00

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-BO-19
(For Official Use Only-
No. from original application)

Applicant name (please print): SARAH ELLIOTT

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$10,611.00		A Labor Cost= \$10,611.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$10,611.00
			Amount Originally Approved = \$8,930.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$8,930.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.

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

⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: SARAH ELLIOTT (Signature) Date: 3-18-2011

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

Mailing Address: 470 BROOK CIRCLE City: BOULDER

County: BOULDER State: CO Zip: 80302 Phone: 303-443-6224

Practice certified by: Bryan Baer
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.

01/19/10

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308400-Bo-19

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest
Restoration Grant (SB71 and HB1199): _____

→ 19.0 Acres
Haz. Fuels Red.

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: _____

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 = _____		

RENTAL AGREEMENT

No. 168891



Store 1502 ARVADA
5215 WADSWORTH BLVD
ARVADA, CO 80002
(303) 940-5402

Hours: Mon 6:00 - 9:00
Tue 6:00 - 9:00
Wed 6:00 - 9:00
Thr 6:00 - 9:00
Fri 6:00 - 9:00
Sat 6:00 - 9:00
Sun 8:00 - 8:00

STAPLE REGISTER RECEIPT HERE

NO REGISTER

RECEIPT

REQUIRED

BILL TO

STANLEY MULLEN
470 BROOK CIR
BOULDER, CO 80302
PHN (303) 443-6224

Agent	Driver's License Number CO ***** 2014	Vehicle License CO	Written By BRYAN K
Job Number/Location 470 BROOK CIR	Job Phone	PO Number/Birthdate	Checked In By
Date and Time Out 12/23/2010 1:17 pm	Date and Time Due In 12/30/2010 1:17 pm	Date and Time In	Rented Period

RENTAL EQUIPMENT

Part Number	Out	In	Description	Min Charge	Ex-Hours	Per Day	Per Week	Per Month	DP	Tax	Amount
0884301266	1	0	Chipper - 6"	112.00	30.00	160.00	600.00	1900.00	Y	Y	600.00
0884301266	F		Fuel Charge (6.50 per Unit)							Y	0.00
999714	1		Fuel Charge - must return full							Y	50.00

Rental Subtotal 650.00

FUEL AND USAGE CHARGES

(excluding Optional Damage Protection)

Charges below reflect the mileage, wear or fuel charges associated with the meter readings recorded on the agreement

Part Number	Charge Type	Charge per Unit	Units	Reading Out	Reading In	Alotted Usage	Actual Usage	Billable Usage	Charge
0884301266	Fuel	6.50	GALLONS	7.00	0.00	0.00	0.00	0.00	0.00

I HAVE ACCEPTED THE OFFER OF DAMAGE PROTECTION DESCRIBED IN PARAGRAPH 5 OF THE TERMS AND CONDITIONS OF THE RENTAL AGREEMENT.	Agreement Subtotal	650.00
	*Estimated Damage Protection (10% of Rental Subtotal)	60.00
	Sales Tax	53.13
	*Estimated Total	763.13
	Deposit	0.00

*ESTIMATED TOTAL IF RETURNED BY 12/30/2010 1:17 pm

SAFETY MESSAGES

Chipper - 6"

Do not exceed rated capacity of unit.

Be sure to have adequate ventilation when operating this equipment. This engine produces carbon monoxide exhaust. Do not operate indoors or in a vehicle.

RENTAL AGREEMENT

No. 149306



Store 1522 GOLDEN
16900 W COLFAX AVE
GOLDEN, CO 80401
(720) 497-6270

Hours: Mon 6:00 - 9:00
Tue 6:00 - 9:00
Wed 6:00 - 9:00
Thr 6:00 - 9:00
Fri 6:00 - 9:00
Sat 6:00 - 9:00
Sun 8:00 - 8:00

STAPLE REGISTER RECEIPT HERE

NO REGISTER

RECEIPT

REQUIRED

BILL TO

STANLEY MULLEN
470 BROOK CIR
BOULDER, CO 80302
PHN (303) 443-6224

3-384
6875

Agent	Driver's License Number CO ***** 2014	Vehicle License CO	Written By LEON C
Job Number/Location 470 BROOK CIR	Job Phone	PO Number/Birthdate	Checked In By
Date and Time Out 12/23/2010 2:47 pm	Date and Time Due In 12/30/2010 2:47 pm	Date and Time In	Rented Period

RENTAL EQUIPMENT

Part Number	Out	In	Description	Min Charge	Ex-Hours	Per Day	Per Week	Per Month	DP	Tax	Amount
0884301000	1	0	Chipper - 6"	112.00	30.00	160.00	600.00	1900.00	Y	Y	600.00
			Chipper - 6"								-100.00
0884301000	F		Fuel Charge (6.50 per Unit)						Y		0.00
999714	1		Fuel Charge - must return full						Y		50.00

Rental Subtotal 550.00

FUEL AND USAGE CHARGES

(excluding Optional Damage Protection)

Charges below reflect the mileage, wear or fuel charges associated with the meter readings recorded on the agreement

Part Number	Charge Type	Charge per Unit	Units	Reading Out	Reading In	Alotted Usage	Actual Usage	Billable Usage	Charge
0884301000	Fuel	6.50	GALLONS	7.00	0.00	0.00	0.00	0.00	0.00

I HAVE ACCEPTED THE OFFER OF DAMAGE PROTECTION DESCRIBED IN PARAGRAPH 5 OF THE TERMS AND CONDITIONS OF THE RENTAL AGREEMENT.	Agreement Subtotal	550.00
	*Estimated Damage Protection (10% of Rental Subtotal)	50.00
	Sales Tax	41.80
	*Estimated Total	641.80
	Deposit	0.00

*ESTIMATED TOTAL IF RETURNED BY 12/30/2010 2:47 pm

SAFETY MESSAGES

Chipper - 6"

Do not exceed rated capacity of unit.

Be sure to have adequate ventilation when operating this equipment. This engine produces carbon monoxide exhaust. Do not operate indoors or in a vehicle.

Bring back per full

Leon

John (Ray)

RENTAL INVOICE



Store 1522 GOLDEN
16900 W COLFAX AVE
GOLDEN, CO 80401
(720) 497-6270

Hours: Mon 6:00 - 9:00
Tue 6:00 - 9:00
Wed 6:00 - 9:00
Thr 6:00 - 9:00
Fri 6:00 - 9:00
Sat 6:00 - 9:00
Sun 8:00 - 8:00

BILL TO

STANLEY MULLEN
470 BROOK CIR
BOULDER, CO 80302
PHN (303) 443-6224

Agent	Driver's License Number CO ***** 2014	Vehicle License
Job Number/Location 470 BROOK CIR	Job Phone	PO Number/Birthdate
Date and Time Out 12/23/2010 2:47 pm	Date and Time Due In 12/30/2010 2:47 pm	Date and Time In 12/

RENTAL EQUIPMENT

Part Number	Out	In	Description	Min Charge	Ex-Hours	Per
0884301000	1	1	Chipper - 6"	112.00	30.00	1
			Chipper - 6"			
0884301000	F	F	Fuel Charge (6.50 per Unit)			
999714	1		Cleaning Fee - Return Clean			
999714	1		Fuel Charge - must return full			

FUEL AND USAGE CHARGES

Charges below reflect the mileage, wear or fuel charges associated with the meter reading

Part Number	Charge Type	Charge per Unit	Units	Reading Out	Reading In
0884301000	Fuel	6.50	GALLONS	7.00	7.00



More saving.
More doing.™

16900 W. COLFAX AVE, GOLDEN, CO 80401
(303) 384-0875 MANAGER: BRENDEN O BRIEN

1522 00026 90147 12/27/10 02:25 PM
CASHIER JOHN - JFE0EH

CUSTOMER AGREEMENT # 149306
RECALL AMOUNT

176.00

SALES TAX 13.38

TOTAL \$189.38

XXXXXXXXXXXX5194 VISA 189.38
AUTH CODE 02558C/9262418 TA



1522 26 90147 12/27/2010 2430

THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

GUARANTEED LOW PRICES
LOOK FOR HUNDREDS OF
LOWER PRICES STOREWIDE

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT
CARD!

Share Your Opinion With Us! Complete
the brief survey about your store visit
and enter for a chance to win at:

www.homedepot.com/opinion

¡PARTICIPE EN UNA
OPORTUNIDAD DE GANAR
UNA TARJETA DE
REGALO DE THD
DE \$5,000!

¡Comparta Su Opinión! Complete la breve
encuesta sobre su visita a la tienda y
tenga la oportunidad de ganar en:

www.homedepot.com/opinion

User ID:
182105 180609

Password:
10627 180583

Entries must be entered by 01/26/2011.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.

RENTAL AGREEMENT

No. 149306



Store 1522 GOLDEN
16900 W COLFAX AVE
GOLDEN, CO 80401
(720) 497-6270

Hours: Mon 6:00 - 9:00
Tue 6:00 - 9:00
Wed 6:00 - 9:00
Thr 6:00 - 9:00
Fri 6:00 - 9:00
Sat 6:00 - 9:00
Sun 8:00 - 8:00

STAPLE REGISTER RECEIPT HERE

NO REGISTER

RECEIPT

REQUIRED

BILL TO

STANLEY MULLEN
470 BROOK CIR
BOULDER, CO 80302
PHN (303) 443-6224

Agent	Driver's License Number CO ***** 2014	Vehicle License CO	Written By LEON C
Job Number/Location 470 BROOK CIR	Job Phone	PO Number/Birthdate	Checked In By
Date and Time Out 12/23/2010 2:47 pm	Date and Time Due In 12/30/2010 2:47 pm	Date and Time In	Rented Period

RENTAL EQUIPMENT

Part Number	Out	In	Description	Min Charge	Ex-Hours	Per Day	Per Week	Per Month	DP	Tax	Amount
0884301000	1	0	Chipper - 6"	112.00	30.00	160.00	600.00	1900.00	Y	Y	600.00
0884301000	F		Fuel Charge (6.50 per Unit)							Y	0.00
999714	1		Fuel Charge - must return full							Y	50.00

Rental Subtotal 650.00

FUEL AND USAGE CHARGES

(excluding Optional Damage Protection)

Charges below reflect the mileage, wear or fuel charges associated with the meter readings recorded on the agreement

Part Number	Charge Type	Charge per Unit	Units	Reading Out	Reading In	Alotted Usage	Actual Usage	Billable Usage	Charge
0884301000	Fuel	6.50	GALLONS	7.00	0.00	0.00	0.00	0.00	0.00

Agreement Subtotal	650.00
*Estimated Damage Protection (10% of Rental Subtotal)	60.00
Sales Tax	50.16
*Estimated Total	760.16
Deposit	0.00

I HAVE ACCEPTED THE OFFER OF DAMAGE PROTECTION DESCRIBED IN PARAGRAPH 5 OF THE TERMS AND CONDITIONS OF THE RENTAL AGREEMENT.

*ESTIMATED TOTAL IF RETURNED BY 12/30/2010 2:47 pm

SAFETY MESSAGES

Chipper - 6"

Do not exceed rated capacity of unit.

Be sure to have adequate ventilation when operating this equipment. This engine produces carbon monoxide exhaust. Do not operate indoors or in a vehicle.



Phone: (303) 296-6566
Fax: (303) 863-8926

INVOICE

Labor Systems

JOB CENTER®

P.O. Box 18370
Denver, CO 80218

Customer ID	PO Number	Invoice Date	Invoice #	Weekending Date
1343	470 BROOK CIR	12/30/2010	20246925	12/31/2010

STANLEY ELLIOT **CC**
470 BROOK CIR
BOULDER, CO 80302

Reference	Description	Amount
636996	ARNOLD, ANTHONY D. R 3.50 18.25	63.88
636996	BRUMBALOW, ANDY L. R 6.50 18.25	118.63
636996	MONTTOYA, MATTHEW G. R 12.50 18.25	228.13
636997	HONN, ROBERT L. R 4.50 18.25	82.13
636997	SOUTHERN, CHAD A. R 4.50 18.25	82.13
636999	HONN, ROBERT L. R 7.00 18.25	127.75
636999	SOUTHERN, CHAD A. R 7.00 18.25	127.75
647406	HONN, ROBERT L. R 7.00 18.25	127.75
647406	SOUTHERN, CHAD A. R 7.00 18.25	127.75
\$ PAID <u>1/5/11</u> <i>SL</i>		
Page 1 of 1	Total Due	1085.90

Please return this portion with your payment. Disregard this notice if payment has been made.

TERMS: Due upon receipt.

REMIT TO:

Longmont
Labor Systems Temporary Services
PO Box 18370
Denver, CO 80218-0370

Customer ID	PO Number	
1343	470 BROOK CIR	
Invoice Date	Invoice #	Weekending Date
12/30/2010	20246925	12/31/2010

INVOICE
TOTAL

1085.90



Labor Systems

JOB CENTERSM

RECEIPT FOR CREDIT CARD TRANSACTION

Receipt Date: 1/5/2011

TO: Stanley Elloit

Fax #:

Pages: 1

Thank you for your recent Credit Card payment!

Break down of transaction to your account:

<u>Invoice #</u>	<u>Amount</u>
20246925	\$1085.90

Grand Total Charged \$1085.90

Thank you for your business!

Processed by Labor Systems Temporary Services

PO Box 18370
Denver, CO 80218

=====

Authorized By: Verbal Agreement

Processed By: Katie Taylor on 1/5/2011



Labor Systems

JOB CENTERSM

RECEIPT FOR CREDIT CARD TRANSACTION

Receipt Date: 12/28/2010

TO: Stanley Elloit

Fax #:

Pages: 1

Thank you for your recent Credit Card payment!

Break down of transaction to your account:

<u>Invoice #</u>	<u>Amount</u>
20246853	\$1384.80
20246865	\$38.69

Grand Total Charged

\$1423.49

Thank you for your business!

Processed by Labor Systems Temporary Services

PO Box 18370
Denver, CO 80218

=====

Authorized By: Verbal Agreement

Processed By: Katie Taylor on 12/28/2010



Phone: (303) 296-6566
Fax: (303) 863-8926

INVOICE

Labor Systems

JOB CENTER®

P.O. Box 18370
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Customer ID	PO Number
1343	470 BROOK CIR

Invoice Date	Invoice #	Weekending Date
12/23/2010	20246853	12/24/2010

STANLEY ELLIOT **CC**
470 BROOK CIR
BOULDER, CO 80302

\$ PAID
12/28/10

Reference	Description	Amount
636973	ARNOLD, ANTHONY D. R 8.00 18.25	146.00
636973	ARNOLD, ANTHONY D. R 7.00 18.25	127.75
636973	HONN, ROBERT L. R 8.00 18.25	146.00
636973	HONN, ROBERT L. R 7.00 18.25	127.75
636981	ARNOLD, ANTHONY D. R 7.00 18.25	127.75
636981	HONN, ROBERT L. R 7.00 18.25	127.75
636986	ARNOLD, ANTHONY D. R 8.00 18.25	146.00
636986	HONN, ROBERT L. R 8.00 18.25	146.00
636993	ARNOLD, ANTHONY D. R 9.00 18.25	164.25
636993	MONTOYA, MATTHEW G. R 6.88 18.25	125.55
Page 1 of		Total Due 1384.80

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Customer ID		PO Number	
1343		470 BROOK CIR	
Invoice Date	Invoice #	Weekending Date	
12/23/2010	20246853	12/24/2010	

**INVOICE
TOTAL**

1384.80



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INVOICE**Labor Systems**

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Customer ID	PO Number
1343	470 BROOK CIR

Invoice Date	Invoice #	Weekending Date
01/14/2011	20247090	01/14/2011

STANLEY ELLIOT **CC**

470 BROOK CIR

BOULDER, CO 80302

\$ PAID
1/18/11

Reference	Description	Amount
647440	BOHRER, DELAND L. R 8.00 18.25	146.00
Page 1 of 1		Total Due 146.00

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Customer ID	PO Number	
1343	470 BROOK CIR	
Invoice Date	Invoice #	Weekending Date
01/14/2011	20247090	01/14/2011

**INVOICE
TOTAL**

146.00



Labor Systems

JOB CENTERSM

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Receipt Date: 1/18/2011

TO: Stanley Elloit

Fax #:

Pages: 1

Thank you for your recent Credit Card payment!

Break down of transaction to your account:

<u>Invoice #</u>	<u>Amount</u>
20247090	\$146.00

Grand Total Charged \$146.00

Thank you for your business!

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Authorized By: Verbal Agreement

Processed By: Katie Taylor on 1/18/2011



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Customer ID	PO Number
1343	

Invoice Date	Invoice #	Weekending Date
12/24/2010	20246865	

STANLEY ELLIOT **CC**
470 BROOK CIR
BOULDER, CO 80302

\$ PAID
12/28/10

Reference	Description	Amount
636993	MONTOYA, MATTHEW G. R 2.12 18.25	38.69
Page 1 of 1		Total Due 38.69

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TERMS: Due upon receipt.

Customer ID	PO Number	
1343		
Invoice Date	Invoice #	Weekending Date
12/24/2010	20246865	12/24/2010

REMIT TO:

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INVOICE TOTAL	38.69
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WORK ORDER

CUSTOMER CODE

636997

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Date	Time	No. of People	Job Description	
12-17-10	9a	2	O/L Site work	
Company			Stanley Elliott	
Job Site			470 Brook Cir	
Report To			Dan (710) 347-0567	
EMPLOYEE NAME			SAT	SUN
Chad Southern				4 1/2
Robb Henn				4 1/2
Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.			TOTAL 9	
Supervisor			Dan Clark	
PRINT NAME			AUTHORIZED SIGNATURE	
Do You Need People Tomorrow?			No. of People Needed	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			2	
Remarks			Time Needed	
			Job Description	

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WORK ORDER

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636999

www.LaborSystems.com



Date	Time	No. of People	Job Description	
12-22-10	10am	2	O/L Site work	
Company			Stanley Elliott	
Job Site			470 Brook Circle	
Report To			Dan (710) 347-0567	
EMPLOYEE NAME			SAT	SUN
Chad Southern				7
Robb Henn				7
Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.			TOTAL 14	
Supervisor			Dan Clark	
PRINT NAME			AUTHORIZED SIGNATURE	
Do You Need People Tomorrow?			No. of People Needed	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8	
Remarks			Time Needed	
			Job Description	

DR/LS-30

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WORK ORDER

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636996

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Date 12-24-10 Time 800 No. of People 2 Job Description Site Work

Company Stanley Elliott

Job Site 470 Brook Cir

Report To Dan 720 347 0567

BB BR FL GL HH RK RD RP SG WB

SAFETY FIRST

Safety is everyone's responsibility. The law requires employers to provide a safe environment. Employees are required to observe all safety procedures on the job. Prior agreement is required to use employees on equipment.

EMPLOYEE NAME	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS WORKED (to 1/4 hours)
Anthony Arnold	0	3 1/2					0	
Matt Montoya	0	6					6 1/2	
Andy	0	6					6 1/2	

Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.

TOTAL 22 1/2

Supervisor Dan Chack PRINT NAME

AUTHORIZED SIGNATURE

Do You Need People Tomorrow? ☒ YES ☐ NO

No. of People Needed 2

Time Needed

Job Description

Remarks Tony & ?

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WORK ORDER

CUSTOMER CODE

647406

www.LaborSystems.com



Date 12-29-10 Time 800 No. of People 2 Job Description Site Work

Company Stanley Elliott

Job Site 470 Brook Cir

Report To Dan 720 347 0567

BB BR FL GL HH RK RD RP SG WB

SAFETY FIRST

Safety is everyone's responsibility. The law requires employers to provide a safe environment. Employees are required to observe all safety procedures on the job. Prior agreement is required to use employees on equipment.

EMPLOYEE NAME	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS WORKED (to 1/4 hours)
Chad Southern					2			
Robert Honn					7			

Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.

TOTAL 14

Supervisor Dan Chack PRINT NAME

AUTHORIZED SIGNATURE

Do You Need People Tomorrow? ☐ YES ☒ NO

No. of People Needed

Time Needed

Job Description

Remarks

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636993

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Date	Time	No. of People	Job Description					
12-23-10	7:30	2	GL site work					
Company			BB BR FL GL HH RK RD RP SG WB					
Stanley Miller			SAFETY FIRST					
Job Site			Safety is everyone's responsibility. The law requires employers to provide a safe environment. Employees are required to observe all safety procedures on the job. Prior agreement is required to use employees on equipment.					
470 Brook Circle								
Report To								
Dan 720 347-0567								
EMPLOYEE NAME	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS WORKED (to 1/4 hours)
Anthony Arnold						9		
Matt Montoya						9		
Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.								TOTAL 18

Supervisor

PRINT NAME

AUTHORIZED SIGNATURE

Do You Need

People Tomorrow?

☒ YES ☐ NO

No. of People

Needed

Time

Needed

Job

Description

Remarks - Fri Sat & Sun

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WORK ORDER

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636986

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Date	Time	No. of People	Job Description					
12-21-10	8:00	2	Forest Work					
Company			BB BR FL GL HH RK RD RP SG WB					
Stanley + Sally Elliott			SAFETY FIRST					
Job Site			Safety is everyone's responsibility. The law requires employers to provide a safe environment. Employees are required to observe all safety procedures on the job. Prior agreement is required to use employees on equipment.					
470 Brook Circle								
Report To								
Dan Clark 720 347-0567								
EMPLOYEE NAME	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS WORKED (to 1/4 hours)
Anthony Arnold				8				8
Robert Houn				8				8
Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.								TOTAL 16

Supervisor

PRINT NAME

AUTHORIZED SIGNATURE

Do You Need

People Tomorrow?

☒ YES ☐ NO

No. of People

Needed

Time

Needed

Job

Description

Remarks - Thursday Tony

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WORK ORDER

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636981

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Date 12-10-10	Time 9a	No. of People 2	Job Description OFF SITE WORK					
Company Stanley + Sally Elliott			BB BR FL GL HH RK RD RP SG WB					
Job Site 470 Brook Cir			SAFETY FIRST Safety is everyone's responsibility. The law requires employers to provide a safe environment. Employees are required to observe all safety procedures on the job. Prior agreement is required to use employees on equipment.					
Report To Dan Clark (720) 347-0567								
EMPLOYEE NAME	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS WORKED (to 1/4 hours)
Anthony Arnold								7
Rob Henn								7
Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.								TOTAL 14

Supervisor

DAN CLARK

PRINT NAME

AUTHORIZED SIGNATURE

Do You Need
People Tomorrow?
Remarks

☒ YES ☐ NO

No. of People
Needed 2

Time
Needed

Job
Description

SAME GUYS

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Date 12-18-10	Time 800	No. of People 2	Job Description Forest Work					
Company Stanley + Sally Elliott			BB BR FL GL HH RK RD RP SG WB					
Job Site 470 Brook Cir			SAFETY FIRST Safety is everyone's responsibility. The law requires employers to provide a safe environment. Employees are required to observe all safety procedures on the job. Prior agreement is required to use employees on equipment.					
Report To Dan Clark 720 347 0567								
EMPLOYEE NAME	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS WORKED (to 1/4 hours)
Anthony Arnold	8	7						15
Rob Henn	8	7						15
Customer agrees to the terms and conditions set forth on the reverse side hereof and certifies that the listed employees have satisfactorily performed services for the hours shown above.								TOTAL 30

Supervisor

Sally Elliott

PRINT NAME

AUTHORIZED SIGNATURE

Do You Need
People Tomorrow?
Remarks

☒ YES ☐ NO

No. of People
Needed 2

Time
Needed

Job
Description

Same (Anthony & Rob)

DR/LS-30

DR/LS-30

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2010 Grant Application

Scope of Work / Project Timeline	
All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
4	Provide a brief scope of work that clearly describes how grant funds will be spent. (<i>This should be more specific than the project description</i>)
	Describe all planned long-term maintenance (grant funded or other).
	What is the duration of this project? (<i>check one</i>) <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3Years <input type="checkbox"/> 4 Years Is this a continuing project from previous year/s? (<i>check one</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide a timeline for the project

Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)

Describe all planned long-term maintenance (grant funded or other).

What is the duration of this project? (check one) ☐ 1 Year ☐ 2 Years ☐ 3Years ☐ 4 Years

Is this a continuing project from previous year/s? (check one) ☐ Yes ☐ No

Provide a timeline for the project

5	<p align="center">Interagency Collaboration</p> <p>Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (<i>i.e. – donating time/equipment, funding, etc.</i>).</p>
	<p align="center">Community Wildfire Protection Plan (CWPP)</p> <p>Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (<i>check one</i>) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is this project part of the plan? (<i>check one</i>) <input type="checkbox"/> yes <input type="checkbox"/> no</p>
	<p> </p>
	<p> </p>

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).

Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) ☐ yes ☐ no

Is this project part of the plan? (check one) ☐ yes ☐ no

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated: 19 acres		Estimated cost per acre:	
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	TOTAL:	\$0	\$ 0

Grant funding may only be used for Contractual Service.

8	Total Project Expense (Non-Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	Indirect Costs:		\$ 0
	TOTAL:	\$0	\$ 0

Grant funding may only be used for Contractual Service and Indirect.

Attach Project Map Showing Specific Treatment Areas

attn: Brian Baer
(303)-823-5768

Sally Elliott

470 BROOK CIRCLE
BOULDER, COLORADO 80302
(303) 443-6224

To: BRIAN BAER

(303) 823-5768

5 pages



ATLANTIC BOND



**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION**

Form A-ES

PROJECT NUMBER: 5308400-80-19
(For Official Use Only)

NAME: SARAH ELLIOTT

MAILING ADDRESS: 470 BROOK CIRCLE

City: Boulder State: CO

Zip code: 80307

TELEPHONE NO: 303-443-6224

PROJECT ADDRESS/LEGAL DESCRIPTION: T1N, R 71W, Section #3

PRACTICES TO BE COMPLETED BY: 12/31/2011
Date

Landowner and CSFS forester:

CSFS forester;

Practice No. & Component Title	Quantity Requested	Quantity Approved
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. **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. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: Miss Elliott

DATE: Nov 29, 20

To be completed by CSFS forester.

CSFS FIELD REVIEW SIGNATURE:

DATE: _____

(Additional USFWS guidelines addressed)

PROGRAM:

ESF:

Funding Allocated:

Your Open Burning Permit Application (Slash Burns - Form BC-01) has been successfully submitted to Boulder County Public Health for final authorization. The Permit information that you entered is displayed below. This email serves as confirmation of your submission. You will either receive your permit or be contacted by our staff with any questions in the next 2 to 3 business days.

X

Open Burning Permit Application (Slash Burns - Form BC-01)

Sections I must be filled out and returned to the Boulder County Public Health (BCPH) for final authorization for slash burns. This application addresses air quality issues only. Please check with your local fire department for their recommendations on fire safety.

I. General Information:

Name: Stanley Mullen **Email Address:** sdelliott@mindspring.com
Mailing Address: 470 Brook Circle, boulder 80302
Phone: 303-443-6224 **Fax:**

Location of Burn: 470 Brook Circle Boulder Heights

Elevation of Burn: Above 6400 ft

Subdivision: Boulder Heights **Local Fire Dept:** Boulder Mountain FPD

Type of Debris: Slash

Number of Piles: 10

Diameter of Pile(s): 6 ft

Height of Pile(s): 4 ft

Type of Burn: Mitigation Burn (November 1 - March 31)

Proposed Starting Date: November 01, 2010

Proposed Completion Date: March 30, 2011

Signature of Applicant: Signed by Stanley Mullen

Date: 11/30/2010 11:10:23 AM

For approved permits, deliver permit by: Email

II. Authorization for Permitted Burns:

Permit Expires:

Signature of BCPH Granting Authority:

NOTE: Boulder County Public Health and employees or agents thereof, in issuing this permit, do not assume any responsibility or liability for any hazardous condition(s) created by the permittee which result in damage to the person or property of any third person. Boulder County Public Health shall have final authority for issuing or denying this permit. The Colorado Air Quality Control Commission's Regulation No.9 prohibits open burning unless an Open Burning Permit has first been obtained. In granting or denying any such permit, Boulder County Public Health shall base permit approval on the potential contribution of the burn to air pollution in the area, climate conditions of the day or days of such burning, and satisfaction that there is no practical alternative method for the disposal of the material to be burned. All applicable State and local regulations must be met. This permit is for compliance with the State air pollution control requirements only and is not a permit to violate any existing State or local laws, rules, regulations or ordinances regarding fire, zoning or building.

III. Exempt Burns

Your Open Burning Permit Application (Slack Burn - Form BC-01) has been successfully submitted to Boulder County Public Health for final authorization. The Permit information that you entered is displayed below. This email serves as confirmation of your submission. You will either receive your permit or be contacted by our staff with any questions in the next 2 to 3 business days.

Open Burning Permit Application

(Slack Burn - Form BC-01)

Section I must be filled out and returned to the Boulder County Public Health (BCPH) for final authorization for slack burn. This application addresses air quality issues only. Please check with your local fire department for their recommendations on fire safety.

I. General Information:

Name: Stanley Mullen Email Address: edellott@mindspring.com

Mailing Address: 470 Brook Circle, Boulder, CO 80502

Phone: 303-443-8824 Fax:

Location of Burn: 470 Brook Circle, Boulder, CO 80502

Elevation of Burn: Above 8,000 ft

Subdivision: Boulder Heights Local Fire Dept: Boulder Mountain FPD

Type of Debris: Slack Number of Piles: 10

Diameter of Pile(s): 6 ft Height of Pile(s): 4 ft

Type of Burn: Mitigation Burn (November 1 - March 31)

Proposed Starting Date: November 1, 2010

Proposed Completion Date: March 30, 2011

Signature of Applicant: signed by Stanley Mullen

Date: 11/20/2010 11:02:23 AM

For approved permits, deliver permit by Email

II. Authorization for Permitted Burns:

Permit Expires:

Signature of BCPH Granting Authority:

NOTE: Boulder County Public Health and employees or agents thereof, in issuing this permit, do not assume any responsibility or liability for any hazardous condition(s) created by the permittee which result in damage to the person or property of any third person. Boulder County Public Health shall have final authority for issuing or denying this permit. The Colorado Air Quality Control Commission's Regulation No. 9 prohibits open burning unless an Open Burning Permit has first been obtained. In granting or denying any such permit, Boulder County Public Health shall base permit approval on the potential contribution of the burn to air pollution in the area. Climate conditions of the day or days of such burning and satisfaction that there is no practical alternative method for the disposal of the material to be burned. All applicable State and local regulations must be met. This permit is for compliance with the State air pollution control regulations only and is not a permit to violate any existing State or local laws, rules, regulations or ordinances regarding fire, zoning or building.

III. Exempt Burns

If your burn meets the qualifications for an EXEMPT burn (see descriptions below), no authorization from Boulder County Public Health is required. **Please call Boulder County Dispatch at 303-441-4444, and your local fire department on the day(s) of your exempt burn(s).**

Agricultural Recreational Training

Agricultural Burns – The open burning of ground cover vegetation for the purpose of preparing the soil for crop production and livestock grazing, for the clearing of irrigation ditches and fence lines, and for controlling noxious weeds for "commercial agricultural operations." Commercial agricultural operations are those operations in which the growing of crops or livestock is a "gainful occupation," such that the income received from the agricultural operation is greater than \$500 per year. Properties that are "agriculturally zoned" but do not have commercial income > \$500/year will not be considered "agricultural" and are not exempt. The burning of tree trimmings from commercial orchards for disease control is considered "agricultural."

Recreational Fires – Fires used for non-commercial cooking of food for human consumption (barbeques), for instructional or religious purposes (bonfires), or for recreational purposes (campfires on private lands). This applies only to the burning of clean, dry wood (no treated wood, trash, etc.)

Training Fires – Fires utilized by fire management agencies for training exercises.

IV. CONDITIONS /RESTRICTIONS

Spring/Summer/Fall - STANDARD SLASH BURNS March 1st - October 31st

No burning is allowed November 1-February 28 of each year.

The following conditions must be met:

1. Materials to be burned include only clean, dry slash (branches) less than 3" in diameter.
2. No household trash, weeds, leaves, stumps, or lumber shall be burned.
3. Contact Boulder County Communications at (303)441-4444 on the day of the burn and your local fire department at least 3 days prior to burning.
4. Reasonable alternatives for disposal of the material, other than burning, do not exist. Please go to: http://www.bouldercounty.org/foresthealth/pages/collection_sites.htm for more information on disposal alternatives.
5. All burning activities must be started at least 2 hours after sunrise and must be completely extinguished 2 hours before sunset (refer to local paper for sunrise and sunset times).
6. During publicly announced periods of an air pollution emergency, alert, or burning bans, all permits will be suspended in the alert areas. Please go to: <http://apcd.state.co.us/advisory.aspx> to check for air pollution alerts.
7. During the month of March, burning is prohibited during an Air Quality Action Day. Please call the Air Pollution Forecast at (303) 758-4848 or go to <http://apcd.state.co.us/advisory.aspx> to determine if it is an Air Quality Action Day and what hours you can burn.
8. During the months of June, July and August, burning is prohibited during an "Ozone Action Day" for the Denver Ozone Attainment/Maintenance Area (including Boulder County). Please call 303-782-0211 or go to: <http://www.ozoneaware.org/ozone-information/ozone-action-alerts> for the current Ozone Alert.
9. No burn permits will be issued for the Coal Creek Canyon Fire Protection District (CCCYPD) unless a permit is first obtained from CCCYPD and there is at least four (4) inches of snow on the ground. Please call CCCYPD at (303) 642-3121 or go to <http://www.coalcreekcanyonfd.org> for more information.

For more information on air quality: <http://apcd.state.co.us/psi/main.html>

WINTER - WILDFIRE MITIGATION BURNS >6,400 FEET November 1st - March 31st

Open burning permits will be issued during the High Pollution season for wood debris/slash generated during wildland hazardous fuel reduction activities (i.e. thinning, defensible space, and forest health) only for projects at an elevation of 6,400 feet or higher.

The following conditions must be met:

1. Materials to be burned includes only clean, dry slash (branches) 6" or less in diameter.
2. No household trash, weeds, leaves, stumps, or lumber shall be burned.
3. Contact Boulder County Communications at (303) 441-4444 on the day of the burn and your local fire department at least 3 days prior to the burn.
4. Reasonable alternatives for disposal of the material, other than burning, do not exist. Please go to: http://www.bouldercounty.org/foresthealth/pages/collection_sites.htm for more information on disposal alternatives.
5. Burning can only occur between 10:00 A.M. and 4:00 P.M. or as allowed by the burn forecast. Fires must be completely out without any significant residual smoke by 4:00 P.M.
6. During publicly announced periods of an air pollution emergency, alert, or burning bans, all permits will be suspended in the alert areas. Please go to: <http://apcd.state.co.us/advisory.aspx> to check for air pollution alerts.
7. During the period of November 1st - March 31st - burning is prohibited during an Air Quality Action Day. Please call the Air Pollution Forecast at (303) 758-4848 or go to <http://apcd.state.co.us/advisory.aspx> to determine if it is an Air Quality Action Day and what hours you can burn.
8. For land management burning projects above 7000 feet: Burning may occur on Air Quality Action Days only if local dispersion conditions are listed as "fair" or better. Local fire managers are responsible for obtaining information about local dispersion conditions and fire weather forecasts.
9. No burn permits will be issued for the Coal Creek Canyon Fire Protection District (CCCYPD) unless a permit is first obtained from CCCYPD and there is at least four (4) inches of snow on the ground. Please call CCCYPD at (303) 642-3121 or go to <http://www.coalcreekcanyonfd.org> for more information.

For more information on air quality: <http://apcd.state.co.us/psi/main.html>

Subject: Open Burning Permit Application - Stanley Mullen

Date: Sunday, November 28, 2010 10:17 PM

From: openburnapp@co.boulder.co.us

To: <sdelliott@mindspring.com>

Conversation: Open Burning Permit Application - Stanley Mullen

Open Burning Permit Application - Stanley Mullen

Date: 11/28/2010 10:17:39 PM

Name: Stanley Mullen

Phone Number: (303)443-6224

Fax Number: (303)443-6224

Mailing Address:

Street: 470 Brook circle

City: Boulder

Zip Code: 80302-9465

E-Mail: sdelliott@mindspring.com

Burn Location: 470 Brook Circle

Boulder Heights

Approx. Elevation: Above 6400'

Subdivision: boulder Heights

Local Fire Dept: Boulder Heights FPD/Mountain Fire Authority

Burn Description:

Type of Debris: Debris/slash

Diameter of Piles: 6 feet

Height of Piles: 4 feet

Number of Piles: 1-10

Type of Burn: Standard Slash Burn (3/1-10/31)

Duration:

Proposed Starting Date:

Month: 11

Day: 30

Day: 2010

Proposed Completion Date:

Month: 3

Day: 30

Day: 2011

Exempt Burns:

Type of Exempt Burn: Not Exempt

Applicant Signature:

Signature of Applicant: Sign

Receive permit method: Email

Boulder County Public Health and employees or agents thereof, in issuing this permit, do not assume any responsibility or liability for any hazardous condition(s) created by the permittee which result in damage to the person or property of any third person. Boulder County Public Health shall have final authority for issuing or denying this permit. The Colorado Air Quality Control Commission's Regulation No.9 prohibits open burning unless an Open Burning Permit has first been obtained. In granting or denying any such permit, Boulder County Public Health shall base permit approval on the potential contribution of the burn to air pollution in the area, climate conditions of the day or days of such

burning, and satisfaction that there is no practical alternative method for the disposal of the material to be burned. All applicable State and local regulations must be met. This permit is for compliance with the State air pollution control requirements only and is not a permit to violate any existing State or local laws, rules, regulations or ordinances regarding fire, zoning or building.

III. EXEMPT BURNS

No authorization is required for exempt burns:

Agricultural Burns- The open burning of ground cover vegetation for the purpose of preparing the soil for crop production and livestock grazing, for the clearing of irrigation ditches and fence lines, and for controlling noxious weeds for commercial agricultural operations. Commercial agricultural operations are those operations in which the growing of crops or livestock is a gainful occupation such that the income received from the agricultural operation is greater than \$500 per year. Properties that are agriculturally zoned but do not have commercial income > \$500/year will not be considered agricultural and are not exempt. The burning of tree trimmings from commercial orchards for disease control is considered agricultural.

Recreational Fires - Fires used for non-commercial cooking of food for human consumption (barbeques), for instructional or religious purposes (bonfires), or for recreational purposes (campfires on private lands). This applies only to the burning of clean, dry wood (no treated wood, trash, etc).

Training Fires - Fires utilized by fire management agencies for training exercises.

IV. CONDITIONS/RESTRICTIONS

Standard SLASH BURNS: March 1 thru October 31 (Spring/Summer/Fall)

Materials to be burned can only include clean, dry slash (branches less than 3 inches in diameter).

No household trash, weeds, leaves, stumps, or lumber shall be burned.

Contact Boulder County Communications at 303-441-4444 AND your local fire department before and after burning.

During publicly announced periods of an air pollution emergency, alert, or burning ban, all permits within the alert areas will be suspended.

Please call the Air Quality Bulletin at 303-782-0211 or the Air Quality Forecast at 303-758-4848 (November 1 - April 1) to determine if there is an air quality advisory or alert. Burning is prohibited during a Red Air Quality Advisory or during an Ozone Alert. No burn permits will be issued for the Coal Creek Canyon Fire Protection District unless there is a least four (4) inches of snow on the ground. Please call 303-642-3121 for more information.

WILDFIRE MITIGATION BURNS: November 1 thru March 31 (Winter) Open burning permits will be issued during the high pollution season for wood debris/slash generated during wildland hazardous fuel reduction activities (i.e. thinning, defensible space, and forest health) only for projects at an elevation of 6,400 feet or higher. The following conditions must be met:

Materials to be burned can only include clean, dry slash (branches 6 inches or less in diameter). No stumps, trunks, or logs are allowed to be burned.

Burning will only occur on a BLUE day as determined by the State Air Pollution Control Division. The air pollution forecast can be obtained by calling 303-758-4848. Burning is prohibited during a RED Advisory.

Burning can only occur between 10:00 A.M. and 4:00 P.M. Fires must be completely extinguished without any significant residual smoke by 4:00 P.M.

Reasonable alternatives for disposal of the material, other than burning, do not exist. Contact Boulder County Communications at 303-441-4444 AND your local fire department before and after the burn.

The permit shall be made available for inspection without unreasonable delay upon request by appropriate officials.

No burn permits will be issued for the Coal Creek Canyon Fire Protection District unless there is a least four (4) inches of snow on the ground. Please call 303-642-3121 for more information.



**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION**

Form A-ES

PROJECT NUMBER: 5308400-BO-19
(For Official Use Only)

NAME: SARAH ELLIOTT

MAILING ADDRESS: 470 BROOK CIRCLE

City: Boulder

State: CO

Zip code: 80307

TELEPHONE NO: 303-443-6224

PROJECT ADDRESS/LEGAL DESCRIPTION: T1N, R71W, Section #3

PRACTICES TO BE COMPLETED BY: 12/31/2011
Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. **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. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: *Sarah Ellis*

DATE: Nov 29, 2010

To be completed by CSFS forester

CSFS FIELD REVIEW SIGNATURE:

DATE: _____

(Additional USFWS guidelines addressed)

PROGRAM:

ESF:

Funding Allocated:

CSFS District Forester

AMOUNT: \$8,930.00 DATE: 12-8-10

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.