



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

July 21, 2000

Scott Lehman
914 Pine Glade Rd
Nederland, CO 80466

RE: Forest Stewardship Incentive Cost-Share Program
SIP-3, Woodland Improvement (WIM)
SW4NW4: 14 & SE4 NE4: 15 1S-72W, Boulder County
Control #95 0029

Dear Mr. Lehman,

This letter shall serve as notification of practice cancellation, effective **immediately**, per paragraph 222, page 5-103, FSA SIP Guideline Handbook. The practice for which you had been funded, had an 18 month time period in which you were to complete the project. The expiration date of the approved practice was December 22, 1997.

Sincerely,

A handwritten signature in black ink, appearing to read "Allen Owen".

Allen Owen
District Forester

cc: Ron Gosnell, CSFS Area Forester
Jean Turner, FSA

December 30, 1998

Scott Lehman and Bay Roberts
914 Pine Glade Road
Nederland, CO 80466-9631

Dear Scott and Bay:

I just discovered that your SIP file is still active. There is \$860.00 still being held for you. If we finish the paperwork, you can get at least part of it.

From you I need:

1. Form SIP-245, Page 2. Answer questions "X" and "Y," sign, date and send it to me along with
2. Your record of hours worked and dates, and
3. A record of expenses.

The expenses and hours worked must show which function they were for: (1) felling, limbing and bucking; (2) pruning dwarf-mistletoe; or (3) cleaning up slash.

If you don't have this information in this detail, send me what you have and I'll see what I can do with it.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson

SIP-245
(07-20-93)U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESST. & CO. & C/D
08 013 6CONTROL NO. (F/Y & NO.)
95 0029

FARM NO. 1094	NAME AND ADDRESS SCOTT LEHMAN 914 PINE GLADE RD NEDERLAND, CO 80466-9631	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / / YES /X/No
TRACT No. 9352		CROPLAND				
Telephone No.						

DESCRIPTION OF PRACTICE OBJECTIVE
MISTLETOE CONTROL

FOR CED 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 04-01-95
SIP3 WIM	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.3 4.3	4.3	200.000	860.00	I plan to complete the Practice 07-01-96

☒ Yes
☐ No

 PARTNERSHIP / / Yes /X/No
 Joint Venture / / Yes /X/No

APPLICANTS 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

Date

Estimated \$
C/S Value

3/8/95

860

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.FOR THE STATE
FORESTER

Greg Lindstrom Acting Area Forester

Date

6/22/95

Practice Expiration

Date 12/22/97

REMARKS

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

SIGNATURE

Acres if more
than 1,000Date Waiver
Approved by FS

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

SIP-245 (07-20-93)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 013 6	CONTROL NO. (F/Y & NO.) 95 0029
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FARM NO. 1094	NAME AND ADDRESS SCOTT LEHMAN 914 PINE GLADE RD NEDERLAND, CO 80466-9631	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / / YES /X/No
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☒ FS Plan
☐ Yes ☐ No

PARTNERSHIP / / Yes /X/No
Joint Venture / / Yes /X/No

APPLICANTS 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

Date

Estimated \$
C/S Value

3/8/95

860

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.FOR THE STATE
FORESTER

Greg Lindstrom Acting Area Forester

Date

6/22/95

Practice Expiration

Date 12/22/97

REMARKS

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

Acres if more
than 1,000Date Waiver
Approved by FS

SIGNATURE:

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SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
(07-20-93) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 013 6 95 0029

FARM NO. 1094	NAME AND ADDRESS SCOTT LEHMAN 914 PINE GLADE RD NEDERLAND, CO 80466-9631	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 12-22-97
TRACT No. 9352		CROPLAND				ID 090 50 1902 S
Telephone No.						

Your request for program cost-sharing to perform the practice shown below is approved for the land identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the State Forester at once. Upon certification of practice completion by the State Forester, payment shall be made within 30 days.

DESCRIPTION OF PRACTICE OBJECTIVE
MISTLETOE CONTROL

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
A	B	C	D	E	F	G	H
SIP3	Forest improvement (Ac)	4.3	4.3		860*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.3	4.3	200.000	860		

* - 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 MAILED BY CED

John Turner

DATE 8-15-95

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.)

YES /_/_ NO /_/_

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any other entity that is or will be receiving a SIP payment. (If yes, report State, County and amount of each).

YES /_/_ NO /_/_

Total Cost-Shares Earned	
Payment Advance (Partial Payment)	
Setoff	
Debt Assignment	
Net Payment	
C/S Earned Approved By/Date	Calc. Verified 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 State Forester has determined that the practice has been performed. 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 State Forester, if before the 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.

SIGNATURE DATE

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

A. REFERRAL INFORMATION

1. Farm No. 1094 Name and Address SCOTT LEHMAN 914 PINE GLADE RD Tract No. NEDERLAND, CO 80466-9631 9352	2. Telephone Number	3. Contract Id.
6. Practice Location Part of SW4NW4: 14 & SE4NE4: 15-1S-72W SIP	4. Practice to Begin 04-01-95	5. Referral Expires 04-01-95
7. Needs Statement <div style="font-size: 1.2em; font-family: cursive;">The practice is needed and feasible</div>		

Practice Description	Extent Requested 9	Extent Needed 10
SIP3 Forest improvement (Ac)	4.3	
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.3	4.3

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

11. Signature *Douglas Stovasa* Date 8/2/95

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 1200.00	7. Est. Cost-Share 860
8. Practice Extents Number Ac. Served/Treated 1 4.3/		9. Land Capability Class & Subclass 7	10. Soil Loss Tolerance 1	11. Land Cover/Use Before After 7 7	12. Technical Practices Applied	

C. EROSION CONTROL				12. Technical Practices Applied		
	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	Technical Practice a	Cost-Shared? b	Units Planned/ Applied c
1. Sheet & Rill Erosion	3	3	4.3	666	Y	4.3/
2. Wind Erosion	1	1	4.3			
3. Other Erosion	N/A					
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					E. WATER QUALITY	
	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres		
1. Irrigation Water Conservation					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						G. OTHER ASSISTANCE	
1. Site Description		2. Stand Condition		3. Site Preparation		4. Purpose	
a. Site Index	b. Poten. Prod.	a. Forest Cover Before After	b. Stocking Level Before After	a. Acres	b. Cost-Share	Trees Pr/Ac	
80	50	77 77	70 60	—	—	175	

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 _____

SIP-100
(10-01-91)U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>Boulder</i>	2. STATE <i>CO</i>
3. ASCS FARM NO.	4. CONTROL NO. (from SIP-245)
5. LANDOWNER NAME AND ADDRESS <i>Scott Lehman & Bay Roberts</i> <i>914 Pine Glade Rd Nederland 80466 - 9631</i>	

NOTE: This worksheet should be attached to the SIP-245 and remain attached throughout the cost-share process.

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The Food, Agriculture, Conservation, and Trade Act of 1990 authorizes the collection of the following data (36 CFR Part 230). The information is necessary to determine eligibility to participate in the Stewardship Incentive Program (SIP). Furnishing this data is voluntary; however, without it participation in the program may be denied. Any fraudulent claim made hereunder may subject the applicant to Federal, criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 231. The data 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 15 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 Project (OMB No. 0596-0120), Washington, D.C. 20503.

PART 1 - ELIGIBILITY CHECKLIST - TO BE COMPLETED BY ASCS

Check "Yes" or "No" for each:	YES	NO
6. The applicant actually owns the land.	✓	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	✓	
8. The landowner, if a corporation, is not a publicly traded corporation.	✓	
9. The landowner is not principally engaged in the production of wood products.	✓	
10. The landowner does not own more than 1,000 acres of NIPF (Non-Industrial Private Forestland), or not more than 5,000 acres of NIPF with an eligibility waiver signed by the State Forester.	✓	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	✓	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	✓	
13. The practice was not started prior to submission of the application to ASCS.	✓	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	✓	
15. Other (explain)		

The eligibility information above is provided by ASCS for use by the Service Forester for making eligibility determinations. This information is provided only as a recommendation, and is only based on information made available at the time of application.

16. Signature (Landowner)	Date <i>March 8, '95</i>
17. Signature (CED or designee) <i>Jean Turner</i>	Date <i>3-9-95</i>

Supporting statements or documents, if any, are attached by ASCS.

PART 2 - ELIGIBILITY DETERMINATION - TO BE COMPLETED BY THE SERVICE FORESTER

Check "Yes" or "No" for each:	YES	NO
18. The practice requested was determined to be needed and practical (from AD-862).	X	
19. The application meets all explicit eligibility criteria and is eligible for cost-sharing at this time because it is higher priority and ample funds are available. ("No" should be checked when eligible applications are not approved because of priorities, or ample funds are not available.)	X	
20. Other (explain)		

ELIGIBLE ☒ INELIGIBLE ☐

An INELIGIBLE determination is based on the following from item(s) 6-15 or 18-20 that are checked "No". _____ (Enter numbers) (Note: Service Foresters have the

authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

21. Signature (Service Forester) <i>Douglas Stevenson</i>	Date <i>6/15/95</i>
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Supporting statements or documents, if any, are attached by the Service Forester.

NOTE to Service Foresters: The original signed copy of this form must be returned to the county ASCS office with each SIP-245 so that ASCS can properly notify the applicant of their application approval/disapproval.

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

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

County

Boulder

State

Colorado

[illegible]

19 95

STEWARDSHIP INCENTIVE PROGRAM PAYMENT LIMITATION REVIEW

NOTE

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in the Stewardship Incentive Program (SIP). This program is authorized by the Food, Agriculture, Conservation, and Trade Act of 1990 which will be used in applying statutory payment limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments unless this report is completed and filed as required by existing law and regulations (36 CFR Part 230). Any fraudulent claim made hereunder may subject the applicant to Federal, criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 231. The data 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 Project (OMB No. 0596-0120), Washington, D.C. 20503.

1. Entity's Name and Address

Scott Lehman & Ray Roberts
914 Pine Glade Rd
Nederland, CO 80466-9631

12. Entity Identification Number

090-50-1902 (Scott)
136-46-5510 (Bay)

3. Date Entity Formed

4. Type of Entity (Check One)

A. Individual ☒ C. Revocable Trust ☐ E. Limited Partnership ☐ G. Joint Venture ☐ I. Other (Specify) ☐
B. Irrevocable Trust ☐ D. Corporation ☐ F. General Partnership ☐ H. Estate ☐ _____

5. Member - List all stockholders, members, heirs, or beneficiaries having an interest in the entity.

[illegible]

6. Entity Certification

I certify that all information provided on this form is true and correct to the best of my knowledge and belief.

ENTITY'S SIGNATURE

DATE _____

March 8, 95