

AD-245 (09-11-95)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 013 6	CONTROL NO. (F/Y & NO.) 96 0002
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(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1107	NAME AND ADDRESS MARIE CECCHINI PO BOX 3005 ELDORADO SPRINGS, CO 80025-3005	FARMLAND 35.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
TRACT No. 9365		CROPLAND					
Telephone No. 303-499-5158							

DESCRIPTION OF PRACTICE OBJECTIVE

WILDFIRE HAZARD

PRACTICE LOCATION Tract 95, T1S, R71W - SIP

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice 05-01-96
SIP3 DES	Forest improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	35.0 1.0		750.000		
						I plan to complete the practice 11-01-96

CONSERVATION PLAN:	Farm Plan By NRCS / /Yes /X/No	Forest Plan By FS / /Yes /X/No	Other Plan / /Yes /X/No	PARTNERSHIP Joint Venture	/ /Yes /X/No / /Yes /X/No
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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: X Marie A. Cecchini	DATE: X 11-22-95	Estimated \$ C/S Value 750	C/S Willing to Approve \$
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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
OFFICIALDATE: Practice Expiration
Date

REMARKS

This is a duplicate of Joe Costello
Farm # 1109, Tract # 9367.
D. Stevenson
3/25/96

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: X Marie A. Cecchini	DATE: 11-22-95	Acres if more than 1,000	Date Waiver Approved
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PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

County

PROGRAM YEAR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11</
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**STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW**

State

19 96

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.

E 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

12. Entity Identification Number

3. Date Entity Formed

Marie Cecchini
P.O. Box 3005
El Dorado Springs, CO 80025-3005

118-54-7329

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 _____

ENTITY'S SIGNATURE
X Marie A. Cecchini

X 11-22-95

A. REFERRAL INFORMATION

1. Farm No. 1107	Name and Address MARIE CECCHINI PO BOX 3005 Tract No. ELDORADO SPRINGS, CO 80025-3005 9365	2. Telephone Number 303-499-5158	3. Contract Id.
6. Practice Location Tract 95, T1S, R71W - SIP		4. Practice to Begin 05-01-96	5. Referral Expires 05-01-96
		7. Needs Statement	

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	9	10
DES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	35.0 1.0	

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

11. Signature _____ Date _____

B. GENERAL INFORMATION

1. Primary Purpose F	2. Program SIP	3. Program Practice No. SIP3	4. VC/SL	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 750								
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>8. Practice Extents</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>Ac. Served/Treated</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>19</td> </tr> </tbody> </table> </div> <div style="width:45%;"> <p>9. Land Capability Class & Subclass</p> <p>10. Soil Loss Tolerance</p> <p>11. Land Cover/Use Before After</p> </div> </div>							Number	Ac. Served/Treated	1	19				
Number	Ac. Served/Treated													
1	19													
<p>12. Technical Practices Applied</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Technical Practice</th> <th>Cost-Shared?</th> <th>Units Planned/Applied</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>b</td> <td>c</td> </tr> </tbody> </table>							Technical Practice	Cost-Shared?	Units Planned/Applied	a	b	c		
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a	b	c												
<p>C. EROSION CONTROL</p>														
<p>1. Sheet & Rill Erosion</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. Before (Tons/Ac./Yr.)</th> <th>b. After (Tons/Ac./Yr.)</th> <th>c. Acres to which Rate Applies</th> </tr> </thead> <tbody> <tr> <td>19</td> <td>110</td> <td></td> </tr> </tbody> </table>							a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	19	110			
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<p>2. Wind Erosion</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. Before (Tons/Ac./Yr.)</th> <th>b. After (Tons/Ac./Yr.)</th> <th>c. Acres to which Rate Applies</th> </tr> </thead> <tbody> <tr> <td>9367</td> <td></td> <td></td> </tr> </tbody> </table>							a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	9367				
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9367														
<p>3. Other Erosion</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. Problem Type</th> <th>b. Before (Tons/Yr.)</th> <th>c. After (Tons/Yr.)</th> <th>d. Acres Affected</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected				
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<p>4. Range Condition</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>a. Condition Code Before</th> <th>b. Condition Code After</th> <th>c. Trend Cond. Before</th> <th>d. Trend. Cond. After</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After				
a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After											
<p>13. Endangered Species</p> <p>14. Hydrologic Unit Code</p>														

D. WATER CONSERVATION

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

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. Trees Pr/Ac
a. Site Index	b. Poten. Prod.	a. Acres	b. Cost-Share
	a. Forest Cover Before After		
	b. Stocking Level Before After		

G. OTHER ASSISTANCE

Purpose

H. ACTUAL COST AND PERFORMANCE DATA

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

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 _____

Colorado State Forest Service
936 Lefthand Canyon
Boulder, CO 80302
April 6, 1998

Jean Turner
USDA - FARM SERVICE AGENCY
9595 Nelson Road
Longmont, CO 80501

Dear Jean:

Enclosed is the paperwork for Joe Costello/Marie Cecchini. Joe's record-keeping isn't any better than CSFS'. Here's how I calculate his cost-sharing:

Labor; 49 hrs @ \$8.88/hr.:	\$435.12
Saw Depreciation (22% of \$321.15):	70.65
Saw Repair (He ran it without oil.):	210.25
2 Chains @ \$15.00 ea.:	30.00
Gas, Oil, etc.	30.00
Brush Whacker disallowed:	<u>0.00</u>
TOTAL:	\$776.02

Because he didn't keep records by practice, I pro-rated the above expenses by acreage. \$194.01 (25%) went to the Defensible Space practice and \$582.02 (75%) went to the Woodland Improvement practice. An additional \$24.02 in depreciation on the pole saw went to Woodland Improvement. This yields expenses of \$194.01 for Defensible Space and \$606.22 for Woodland Improvement. Cost share (65%) on these amounts comes to \$127 for Defensible Space and \$395 for Woodland Improvement.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson

AD-245
(09-11-95)

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

ST. & CO. & C/D
08 013 6

CONTROL NO. (F/Y & NO.)
96 0009

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

FARM NO. 1109 NAME AND ADDRESS
JOE COSTELLO
1006 KNEALE RD
TRACT No. BOX 3005
9367 ELDORADO SPRINGS, CO 80025-3005
Telephone No. 303-444-2951

FARMLAND
36.0

PROGRAM
CODEFUND
CODE

CONTRACT/LTA
& ITEM NO.

PRIMARY
PURPOSE

1 OTHER
1 FARMS
1 / YES
1 / X / No

SIP

WOOD
PRODUCTION

DESCRIPTION OF PRACTICE OBJECTIVE
WOODLAND IMPROVEMENT AND WILDFIRE HAZARD
PRACTICE LOCATION 36 acre tract 95 T1S-R71W

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B		Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice 02-01-96
SIP3	Forest improvement (Ac)		4.2				
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	AC	3.0		200.000	600	
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	NU	1.0		750.000	750	
					Total:	1350	I plan to complete the practice 07-31-97

CONSERVATION PLAN:									
Farm Plan By NRCS			Forest Plan By FS			Other Plan		PARTNERSHIP	
/ /Yes /X/No			/ /Yes /X/No			/ /Yes /X/No		/ /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:	DATE:	Estimated \$	C/S Willing to Approve	\$
X <i>Joseph L. Costello</i>	X 1/10/96	C/S Value 1,500		1350

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: 3/26/46 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:

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.~~

AD-245
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D
08 013 6CONTROL NO. (F/Y & NO.)
96 0009

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

FARM NO. 1109	NAME AND ADDRESS JOE COSTELLO 1006 KNEALE RD BOX 3005 ELDORADO SPRINGS, CO 80025-3005	FARMLAND 36.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 09-22-97
TRACT No. 9367	Telephone No. 303-444-2951	CROPLAND					ID 501 70 4184 S

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 AND WILDFIRE HAZARD

FOR APPROVING OFFICIAL 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)	4.2	4.2		1350*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	3.0	3.0	200.000	600	3.0	395
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0	1.0	750.000	750	1.0	127

* - 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.

DES - 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

DATE

Jean Turner, CEO

5-22-96

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)

(For SIP) C/S Earned Approved By/Date

Check Number

(For SIP) Calc. Verif. By/Date

DJS

522

DJS 4/6/98

DJS

4/6/98

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:

Joseph Costello

DATE:

3/10/98

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-862
(11-21-94)U.S. DEPARTMENT OF AGRICULTURE
CONSERVATION REPORTING AND EVALUATION SYSTEMIST. & CO. Code & C/D
08 013 6Control No. (FY & No.)
96 0009

A. REFERRAL INFORMATION

1. Farm No. 1109	Name and Address JOE COSTELLO 1006 KNEALE RD BOX 3005 ELDORADO SPRINGS, CO 80025-3005	2. Telephone Number 303-444-2951	3. Contract Id.
Tract No. 9367		4. Practice to Begin 02-01-96	5. Referral Expires 02-01-96
6. Practice Location 36 acre tract 95 T1S-R71W		7. Needs Statement <i>The practice is needed & feasible.</i>	
Practice Description 8		Extent Requested 9	Extent Needed 10
SIP3 Forest improvement (Ac)		4.2	—
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC		3.0	3.0
DES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU		1.0	1.0
The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.			
11. Signature <i>D. Stevenson</i>		Date 4/25/96	

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 1800	7. Est. Cost-Share 1,500
8. Practice Extents Number	Ac. Served/Treated	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	After	12. Technical Practices Applied
1	4.0/4.0	VII s 1	1	7	7	Technical Practice a 660 666 Cost-Shared? b Y Y Units Planned/ Applied c 3.0/3.0 1.0/1.0
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.) 0	b. After (Tons/Ac./Yr.) 0	c. Acres to which Rate Applies 4.0			
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected		
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After	13. Endangered Species 14. Hydrologic Unit Code	

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before N/A	After	c. System Efficiency (%) Before After	d. Water Cons. Acres	E. WATER QUALITY
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before N/A	After	3. Soil Moisture Measures?	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. Trees Pr/Ac	Purpose DMT control
a. Site Index	b. Poten. Prod.	a. Forest Cover Before	b. Stocking Level After	a. Acres	b. Cost-Share		
40	1	131	131	40	30	80	

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
801	522	4/6/98

I. PERFORMANCE REPORT

1. Total Install. Cost		2. Cost-Share		3. Date Performed		Practice completed as specified	
801		522		4/6/98		Signature <i>D. Stevenson</i>	
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.						Date 4/6/98	

1. Entity's Name and Address	2. Entity Identification Number	3. Date Entity Formed
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4. Type of Entity (Check One)

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

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 _____

X *José Estrella*

95101/1

March 10, 1998

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

Dear Douglas:

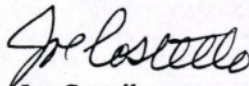
I am enclosing the requested information in order to receive reimbursement from Colorado State Forest Service for mistletoe control and safescaping work done our land in Eldorado Canyon. I am continuing the work even though it may never be completely done!

I did not do a good job of keeping track of my expenses. I kept good track of the hours I put in doing the work, but that's about it. I'm sending you what I have and listing the other expenses I know I incurred even though I don't have good receipts for them.

Total Labor Hours:	49.00	
Expenses:	Chain Saw:	321.15
	Pole Saw:	110.00 No Receipt, but you should remember it, it was orange, we looked at it. Purchased Fall of 1996.
	Chain Saw Repair:	210.25
	Chain Saw Chains:	30.00 two chains
	Chain Saw Gas/Oil	30.00 estimate on gas and oil for two years
	Ryobi Brush Whacker	155.00 large brush whacker purchased at Hugh M. Woods for safescaping, grass cutting, etc. No Receipt. Purchased spring of 1996.

Doug, I'm sorry my record keeping on this is so poor. If you have any questions please call me. I can best be reached at 444-2951. Please make a check out to Joe Costello. Marie is gone for a couple of months and it would be tedious to get her to co-sign a check. Thanks.

Sincerely,


Joe Costello

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D
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Joe Costello
350 Broadway #110
Boulder CO 80303

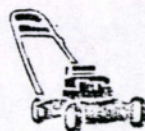
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INVOICE DATE		CUSTOMER'S P.O. NO.		TELEPHONE NO.	ORDERED BY	SALESMAN	ORDER TAKEN BY	
				494 3108				

	Ordered	B.O.	Shipped	Description	Net Price	Net Amount
1	1			Husqvarna 41 Ser no. 22700027		275.99
2						
3	1 spk			OPTIMOL OIL 5 pack w/warranty	4.95	
4						
5	1			WEDGE	3.59	
6						
7	1			GAS CAN	3.99	
8						
9	1			4.5 mm Chain Sharpen file	7.99	
10						
11	1			BAR Guard	4.59	
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

TERMS: _____ _____ SHIPPING AGENT'S SIGNATURE:	SHIPPING INSTRUCTIONS: _____			SUB TOTAL		301.10
	FREIGHT PREPAID <input type="checkbox"/>			FREIGHT		
	FREIGHT COLLECT <input type="checkbox"/>			LESS CREDIT		
	DATE SHIPPED	SHIPPED VIA	SHIPPER NUMBER	OTHER	TAX	20.05
				TOTAL AMOUNT		321.15

THANK YOU!
YOUR BUSINESS IS APPRECIATED



EARL'S SAW SHOP & MOWERS

1970 31st St.
BOULDER, COLORADO 80301
(303) 443-7598

Do Not Pay Off This Form

DATE

3/11/96

NAME

Joe Costello

ADDRESS

8956

CITY

PHONE

444-2951

DATE OF ORIGINAL INSTALLATION

MAKE

MODEL

SERIAL NO.

DATE PROMISED

4/1
22700027

☐ ESTIMATE

☐ WARRANTY

☐ CONTRACT

NATURE OF SERVICE

Was running, quit, won't start.

Called 4/30/96 AA

Called 3/14/96 no in
left M.

Ign module bad ordered 4/8/96

TOTAL MATERIALS

13075

TECHNICAL SERVICE TIME: ☒ SHOP ☐ HOME

7000

☐ PICK UP OR DELIVER

☐ SERVICE CALL CHARGE

TECHNICIAN

DATE COMPLETED

4/29/96

TAX

950

CASH

ON COMPLETION
OF WORK

TOTAL

21025

SIGNATURE

TOTAL MATERIALS

13075

QTY. DESCRIPTION PRICE AMOUNT

Saw was run with straight
- gas !!!

decks new piston 1 cyl,
approx cast is in the
\$150 \$200 price range.
*ok for Joe 3/14/96

Estimate Change if not required

#2000

1 Piston

2995

1 Cyl. pin

5995

1 Ign module

2990

1 Spark plug

295

2 Screws

400

800

called 5-2-96

Items Left Over 30 Days Are
Subject To Be Sold.

Guaranty on other side

INVOICE

THANK YOU

Signature above constitutes acceptance of above work as being
satisfactory and that equipment has been left in good condition

MEETINGS/NOTES

SUBJECT Mittler Control & Safecopying
 EXPENSES Chainsaw, pole saw, gas, chains,
 PARTICIPANTS chains,
gloves,

DATE 1996-97 LOCATION Tract

Nov 9	3 hrs	Joe
Nov 10	4 hrs	Joe
	2 hrs	Marie
Nov 11	2.5 hrs	Joe
Dec 2	1.5 hrs	Joe
Dec 7	4.0 hrs	Joe
Feb 9	3.5 hrs	Joe
March 29	4.5 hrs	Joe
April 5	2.0 hrs	Joe
April 6	3.0 hrs	Joe
October 11	4.5 hrs	Joe
October 18	1.0 hr	Joe
October 19	3.0 hrs	Joe
November 15	3.5 hrs	Joe
December 2	1.5 hrs	Joe
December 3	1.5 hrs	Joe
December 13	2.0	Joe
December 14	2.0	Joe
Total: 49 hours		