



*Knowledge to Go Places*

Boulder District  
5625 Ute Highway  
Longmont, Colorado 80503-9130  
(303) 823-5774

April 22, 2002

William L. Crosier  
Attorney at Law  
1010 -9<sup>th</sup> Avenue  
Greeley, CO 80631

Dear Bill:

In reference to your letter of April 15, 2002, I am enclosing an invoice for my time spent preparing the rehabilitation plan. I am glad a settlement was reached and that replanting can now begin.

Please call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig Jones". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Craig Jones  
Special Projects Coordinator

/mm

enclosure

WILLIAM L. CROSIER  
ATTORNEY AT LAW  
1010 9TH AVENUE  
GREELEY, COLORADO 80631  
(970) 356-1115  
FAX (970) 356-2202

April 15, 2002

Craig Jones  
5625 Ute Highway  
Longmont, CO 80503

**RE: Craig Owen vs. Larry and Greg Bickle- Weld County District Case No. 00 CV 670**

Dear Mr. Jones,

Please be advised that a compromised settlement has been achieved in the above referenced case. You will recall you had been contacted as a potential witness in this matter.

On behalf of Craig Owen and myself, I wish to thank you for your information, conversations and most of all, your willingness to participate in this matter by getting "involved". In this day and age, so many people choose not to get involved and turn their back on problems.

Thank you for being willing to stand up for what is right and factual.

Very truly yours,



William L. Crosier  
Attorney at Law

WLC/jmb

cc: Craig Owen

Dear Bill

As per your letter dated 4/15/2002,  
I am enclosing an invoice for my  
time spent preparing the rebuttal  
plan. I am glad that a settlement  
was reached and that repleting  
can begin. Please call if you have  
any questions. Thanks

cc: Craig Owen

Craig Jones  
CSJS



MEMORANDUM

Boulder District

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

DATE: April 20, 1999  
TO: Ron  
FROM: Craig  
RE: Craig Owen – SIP

I have conferred with Jan Hackett and Arnold Germann (FSA Executive Director – Weld County) and I am requesting that \$807.00 be allocated to the Weld County FSA office.

As per the enclosed copies, Mr. Owen was approved for this practice in June, 1998. He has completed the practice and paid for the components (materials and labor). The AD862 is complete and signed by Doug Stevenson (February 1999).

Upon receipt of the \$807.00 to the Weld County ledger, we will submit the original paperwork and paid receipts and reimburse Craig Owen his cost share amount.

Please call me if you have any questions.

/mm

cc: Jan Hackett

Enclosures



AD-245 U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
(09-11-95) 08 123 3 98 0024

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

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / YES /X/No
7736	CRAIG OWEN	78.0					
TRACT No. 10732	10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	CROPLAND 72.7	SIP			OTHER ASSISTANCE	
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE  
TREE STRIP ESTABLISHMENT 833-2150/HOME 661-3793/OFFICE  
PRACTICE LOCATION PT S2SE4 8-2-67 D 30/4 833-2150/OFF 661-3793

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
SIP4	Agroforestry estab/main/renovate (AS)	.8	0		F	04-30-97
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.8		450.000		
MUL	MULCHING - WEED BARRIER FABRIC	.8		775.000		I plan to complete the practice 04-30-98

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

## APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE of operator: *Craig Owen* DATE: 3/13/98 Estimated \$ C/S Value 948 C/S Willing to Approve \$ 948

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

FOR THE APPROVING OFFICIAL: *[Signature]* DATE: June 19 1998 Practice Expiration Date 4/30/99

REMARKS

RECEIVED BY WELD  
COUNTY FSA OFFICE

FEB - 3 1999

For SIP and FIP Only: I certify that I / do / do not own more than 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

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



### A. REFERRAL INFORMATION

1. Farm No. 7736	Name and Address CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	2. Telephone Number	3. Contract Id.
Tract No. 10732		4. Practice to Begin 04-30-97	5. Referral Expires 04-30-97
6. Practice Location PT S2SE4 8-2-67 D 30/4 833-2150/OFF 661-3793		7. Needs Statement <i>The practice is needed &amp; feasible</i>	

Practice Description	Extent Requested	Extent Needed
SIP4 Agroforestry estab/main/renovate (AS)	8	10
FFW FARMSTEAD AND FEEDLOT WINDBREAK	8	8
MUL MULCHING - WEED BARRIER FABRIC	8	8

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

### B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 948	7. Est. Cost-Share 948
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8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	12. Technical Practices Applied
1 .81	IIIe-1	2	2 8	Technical Practice 380

### 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 0.8
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.8
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before

RECEIVED BY WELD COUNTY FSA OFFICE  
FEB - 3 1999

### D. WATER CONSERVATION

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

### E. WATER QUALITY

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

### F. WOOD PRODUCTION

1. Site Description a. Site Index 50	b. Den. Prod. 1	2. Stand Condition a. Forest Cover Before After none 130	b. Stocking Level Before After 0 100	3. Site Preparation a. Acres none	b. Cost-Share none	4. Trees 691	Purpose Farmstead Windbreak
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### H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost 1240	2. Cost-Share 807	3. Date Performed 2/1/99
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### I. PERFORMANCE REPORT

This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.  
*Practice completed as specified*  
Douglas Stevenson 2/1/99

Craig  
what is this?  
the cone I  
have it?

Jer

8/11/11 2:10 PM J.E. Cobb  
(2011) 1/1/11





# DeWitt

## COMPANY

Highway 61 South, RR3 Box 31 • Sikeston, Missouri 63801  
Toll Free 800-888-9669 • MO Res. 314-472-0048  
Fax 1-314-471-6715

# INVOICE

Invoice No.: 55709  
Customer No.: CDCOAE  
Invoice Date: 04/03/97  
Page No.: 1

### BILL TO:

CRAIG OWEN

10107 WCR-15 1/2  
LONGMONT, CO.

### SHIPPED TO:

Phone: 303-661-3793  
CRAIG OWEN

10107 WCR-15 1/2  
LONGMONT, CO.

*Brenda*  
*(573) 472-*  
*0048*

80504

80504

Please notify, in writing, DeWitt Company of any shortages or damaged merchandise delivered. Failure to make a claim within 10 days of delivery shall constitute a waiver of your right to a refund.

SHIP DATE	PURCHASE ORDER NO.	TERMS	VIA	SALESMAN	ORDER DATE	ORDER NO.
04/03/97		NET 30	HOLMES	193 03	14/97	MDS71544

QTY. ORDERED	QTY. SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISC. %	EXTENDED AMOUNT
7.00	7.00	EM12	12' x 300' Earthmat	\$129.60		\$907.20
11.00	11.00	EM15	15' x 300' Earthmat	\$162.00		\$1782.00

*Note: 3.6 rolls for 1998  
Planting (\$360.00)*

PLEASE REMIT PAYMENT TO:  
DeWitt Company  
P.O. Box 66712  
St. Louis, MO 63166-6712

*pd via phone on  
Visa Card  
4/25/97*

You may deduct \$0.00 from this invoice (merchandise only, freight excluded) if payment is in our office by April 03, 1997 or May 03, 1997.  
Late Charge or 1.5% will be added to all invoices 30 days past due and over.

SALE TOTAL \$0.00  
SALES TAX \$0.00  
DISCOUNT \$0.00  
FREIGHT

TOTAL

\$2689.20



Terra  
Enterprises, Inc.

# INVOICE

353 W. Chestnut Street  
Genesee, Idaho 83832  
Telephone: (208) 285-1000  
Telefax: (208) 285-1017

SEND  
PAYMENT  
TO

Invoice Date: 07/07/97

PO No.: VISA  
Invoice # TE 7289

Terms: VISA Finance charge  
of 1.5% monthly on unpaid balance

Due Date: 08/06/97

Sold To:  
Cable Labs  
10170 WCR 15 1/2  
Longmont, CO 80504

Ship To:  
Cable Labs  
10170 WCR 15 1/2  
Longmont, CO 80504

PLEASE PAY FROM THIS INVOICE

Description	Qty	UM	Price	Extension
12"x2" 10 Gauge Wire Staples	3.50	M	73.97	258.90
Freight	1.00		102.29	102.29

Note: 1080 staples for  
1998 Planting (\$756.00)

SEND ALL PAYMENTS AND CORRESPONDENCE TO:  
TERRA ENTERPRISES, INC.  
353 W. CHESTNUT STREET  
GENESEE, IDAHO 83832

Subtotal 361.19

-----  
Total Invoice 361.19  
Cash In Bank - Visa 361.19-

-----  
Net Due 0.00

The purchaser agrees to pay all expenses, charges and costs including a reasonable attorneys fee in the event it becomes necessary for the seller to place this account for collection. Net 30 days from this invoice. If not paid for as agreed, a finance charge of 1 1/2% per month which is a per annum of 18% will be charged.



Page 2

FORM APPROVED  
DHS NO. 0560-0082AD-245  
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/O  
08 123 3CONTROL NO. (F/Y & NO.)  
1998 0024

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

FARM NO. 7734	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	FARMLAND 78.0	PROGRAM CODE SIP	FUND CODE 00	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 06-30-1999
TRACT No. 10732		CROPLAND 72.7				OTHER ASSISTANCE	
Telephone No.		ID 374 76 5603 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

TREE STRIP ESTABLISHMENT 833-2150/HOME

661-3793/OFFICE

## FOR APPROVING OFFICIAL USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	Cost-Shares Approved F	Extent Performed G	Cost-Shares Earned H
SIP4	Agroforestry estab/main/renovate (AS)	.8	.8		807*		
FFW	FARMSTEAD AND FENCELOT WINDBREAK	.8	.8	450.000	300		
MUL	MULCHING - WEED BARRIER FABRIC	.8	.8	775.000	507		

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount

FFW - 65% of cost not to exceed rate in column E.

MUL - 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 CEO

DATE

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 Rec? 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

ACH/Check Number

(For SIP) Calc. Verif. By/Date

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

SIGNATURE:

DATE:

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

10500 wcr 15 1/2  
cuy 80504

500 Trees  
513 stable  
369 85





Terra  
Enterprises, Inc.

# INVOICE

353 W. Chestnut Street  
Genesee, Idaho 83832  
Telephone: (208) 285-1000  
Telefax: (208) 285-1017

SEND  
PAYMENT  
TO

Invoice Date: 03/27/97

PO No.: VISA  
Invoice # TE 7087

Terms: VISA Finance charge  
of 1.5% monthly on unpaid balance

Due Date: 04/26/97

**Sold To:**

Cable Labs  
10170 WCR 15 1/2  
Longmont, CO 80504

**Ship To:**

Cable Labs  
10170 WCR 15 1/2  
Longmont, CO 80504

PLEASE PAY FROM THIS INVOICE

Description	Qty	UM	Price	Extension
12"x2" 10 Gauge Wire Staples	10.00	M	73.97	739.70
Freight	1.00		153.00	153.00

10500 WCR 15 1/2  
Longmont 80504

5

369.85

SEND ALL PAYMENTS AND CORRESPONDENCE TO:

TERRA ENTERPRISES, INC.  
353 W. CHESTNUT STREET  
GENESEE, IDAHO 83832

Subtotal 892.70

Total Invoice 892.70  
Cash In Bank - Visa 892.70-

Net Due 0.00

The purchaser agrees to pay all expenses, charges and costs including a reasonable attorneys fee in the event it becomes necessary for the seller to place this account for collection. Net 30 days from this invoice. If not paid for as agreed, a finance charge of 1 1/2% per month which is a per annum of 18% will be charged.



**DeWitt**  
**COMPANY**

Highway 61 South, RR3 Box 31 • Sikeston, Missouri 63801  
Toll Free 800-886-9669 • MO Res. 314-472-0048  
Fax 1-314-471-6715

# INVOICE

Invoice No.: 70022  
Customer No.: CDC0AE  
Invoice Date: 07/08/97  
Page No.: 1

## BILL TO:

CRAIG OWEN

10170 WCR-15 1/2  
LONGMONT, CO.

## SHIPPED TO:

Phone: 303-661-3793  
CRAIG OWEN

10170 WCR-15 1/2  
LONGMONT, CO.

80504

80504

Please notify, in writing, DeWitt Company of any shortages or damaged merchandise delivered. Failure to make a claim within 10 days of delivery shall constitute a waiver of your right to a refund.

SHIP DATE	PURCHASE ORDER NO.	TERMS	VIA	SALESMAN	ORDER DATE	ORDER NO.
07/03/97	CRAIG	NET 30	HOLMES	193	06/30/97	MOS75068
QTY. ORDERED	QTY. SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISC. %	EXTENDED AMOUNT
3.00	3.00	EM12	12' x 300' Earthmat	\$136.80		\$410.40
3.00	3.00	EM15	15' x 300' Earthmat	\$171.00		\$513.00
<p>You may deduct \$0.00 from this invoice (merchandise only, freight excluded) if payment is in our office by July 08, 1997 DUE: August 07, 1997 A Late Charge of 1.5% will be added to all Invoices 30 days past due and over.</p>						\$923.40
<p><i>Paid</i></p>						SALE TOTAL \$0.00 SALES TAX \$0.00 DISCOUNT \$0.00 FREIGHT \$0.00
TOTAL						\$923.40

Thank You



COLORADO STATE FOREST SERVICE  
COLORADO STATE UNIVERSITY  
FOOTHILLS CAMPUS - BLDG #1060  
FORT COLLINS, CO 80523  
TELE: (303)491-8429

INVOICE: L97 0099  
DATE: 01/06/97

SOLD TO: OWEN, CRAIG  
10170 WCR 15 1/2  
LONGMONT, CO 80504

CHECK #: 0750 CHECK DATE: 01-03-97

SPECIES	TYPE	QUANTITY	COST
NATIVE PLUM	BR	1050	\$ 441.00
SUMAC	BR	50	\$ 21.00
EUROPEAN SAGE	BR	50	\$ 21.00
PONDEROSA PINE	LP	600	\$ 564.00
ROCKY MTN. JUNIPER	LP	720	\$ 676.80

*250*  
*120*  
*360*

*Craig - please call if you'd like to make more than one pick up day. The bare root only lasts 3 days once opened.*

GROSS AMOUNT: \$ 1723.80  
DISCOUNT: \$ 172.38  
TOTAL: \$ 1551.42  
TAX: \$ 50.42  
SHIPPING: \$ 0.00  
AMOUNT DUE: \$ 1601.84  
AMOUNT PAID: \$ 1601.84

BALANCE: \$ e

*seedling pick up date: friday, 4-4-97*

FY	CSFS ORIGINATOR	CATEGORY	ACCOUNT	SUBCODE	AMOUNT
96/97	<i>Rosemary Black</i>	TREES	1-93600	0622	1551.42
		SALES TAX	0-24200	2020	46.54
		SHIPPING	1-93600	0601	
		OTHER	1-93600		3.88
		REFUND TREES	1-93600	0622	
		REFUND TAX	0-24200	2020	

*024200-2023*

DEPOSIT # \_\_\_\_\_ DATE: \_\_\_\_\_  
BR - Bare Root; LP - Large Potted; SM - Small Potted



**DeWitt  
COMPANY**

Highway 61 South, RR3 Box 31 • Sikeston, Missouri 63801  
Toll Free 800-888-9669 • MO Res. 314-472-0048  
Fax 1-314-471-6715

**INVOICE**

Invoice No. 56570  
Customer No. EDCOAE  
Invoice Date 05/03/96  
Page No. 1

**BILL TO:**

CRAIG OWEN

10107 WCR-15 1/2  
LONGMONT, CO.

80504

**SHIPPED TO:**

Phone: 303-661-3793  
CRAIG OWEN

10107 WCR-15 1/2  
LONGMONT, CO.

80504

Please notify, in writing, DeWitt Company of any shortages or damaged merchandise delivered. Failure to make a claim within 10 days of delivery shall constitute a waiver of your right to a refund.

SHIP DATE	PURCHASE ORDER NO.	TERMS	VIA	SALESMAN	ORDER DATE	ORDER NO.
05/01/96		NET 30	HOLMES		04/25/96	MDS3651
QTY. ORDERED	QTY. SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISC. %	EXTENDED AMOUNT
14.00	14.00	EMS	6' x 300' Earthmat	\$73.50		\$1029.00
<p>pd 5-30-90 CKT 0074 \$1029.00 - 0 -</p>						
<p>you may deduct \$0.00 from this invoice (merchandise only, freight excluded) if payment is in our office by May 03, 1996 UE: June 02, 1996 Late Charge of 1.5% will be added to all Invoices 30 days past due and over.</p>						\$1029.00
						SALE TOTAL \$0.00 SALES TAX \$0.00 DISCOUNT \$0.00 FREIGHT
						<b>TOTAL</b> \$1029.00

THANK YOU



Post-it Fax Note 7677

To *Craig Olsen*

Company

Location

Fax # *(303) 661-9199* Telephone #

Comments

*copy of invoice as requested.*

No. of Pages

From

Company

Location

Fax #

Original Disposition:

☐ Destroy

Dept. Charge

Telephone #

☐ Return

☐ Call for pickup



**Terra**  
**Enterprises, Inc.**

# INVOICE

353 W. Chestnut Street  
Genesee, Idaho 83932  
Telephone: (208) 285-1000  
Telefax: (208) 285-1017

**SEND  
PAYMENT  
TO**

*TE 6121*

Invoice Date: 05/14/96

PO No.: VISA

Invoice # TE 6121

Terms: VISA Finance charge  
of 1.5% monthly on unpaid balance

Due Date: 05/15/96

**Sold To:**

Cable Labs  
10170 WCR 15 1/2  
Longmont, CO 80504

**Ship To:**

Cable Labs  
10170 WCR 15 1/2  
Longmont, CO 80504

**PLEASE PAY FROM THIS INVOICE**

Description	Qty	UM	Price	Extension
12"x2" 10 Gauge Wire Staples	4.50	K	73.97	332.87
Freight-UPS/CWT	1.00		99.02	99.02

SEND ALL PAYMENTS AND CORRESPONDENCE TO:

**TERRA ENTERPRISES, INC.**  
353 W. CHESTNUT STREET  
GENESEE, IDAHO 83932

Subtotal 431.89

Total Invoice 431.89  
Cash In Bank - Visa 431.89

Net Due *5/14/96* 0.00

The purchaser agrees to pay all expenses, charges and costs including a reasonable attorney's fee in the event it becomes necessary for the seller to place this account for collection. Net 30 days from this invoice. If not paid for as agreed, a finance charge of 1 1/2% per month which is a per annum of 18% will be charged.



U S DEPARTMENT OF AGRICULTURE  
Weld County FSA Office  
4302 West 9th Street Road  
Greeley, Colorado 80634  
Phone (970) 356-8097

March 29, 1999

Douglas J Stevenson  
Colorado State Forest Service  
Boulder district  
936 Lefthand Canyon Dr  
Boulder, Co 80302

RE: SIP  
Craig Owen

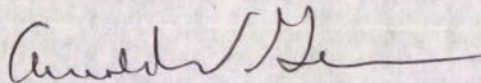
Dear Mr. Stevenson,

The Weld County District Director, Bruce Hiatt, has instructed this office to return the enclosed forms to your office to expedite payment to Mr. Owen. We were also instructed to indicate to you that they need to be forwarded to Jan Hackett, St Forest Service, Ft Collins. As of this date, the balance available for distribution from Weld County is -0-. The page 2 of the AD-245, application, cannot be created until the funds are made available and entered through our ledger.

The funding for the SIP program must be confirmed by returning the applicable AD-852 timely to this office prior to final payment request. By doing so is the ONLY way our account can be credited with the amount needed for each individual.

If you have any questions regarding this matter please contact this office.

Cordially,



Arnold V Germann  
County Executive Director

AVG/dp

807



AD-245 (09-11-95)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 123 3	CONTROL NO. (F/Y & NO.) 98 0024
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(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 7736	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	FARMLAND 78.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES /X/No
TRACT No. 10732		CROPLAND 72.7	SIP			OTHER ASSISTANCE	
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE  
TREE STRIP ESTABLISHMENT 833-2150/HOME 661-3793/OFFICE  
PRACTICE LOCATION PT S29E4 8-2-67 D 30/4 833-2150/OFF 661-3793

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	
SIP4	Agroforestry estab/main/renovate (AS)	.8				04-30-97
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.8		450.000		
MUL	MULCHING - WEED BARRIER FABRIC	.8		775.000		
						I plan to complete the practice 04-30-98

CONSERVATION PLAN:	Farm Plan By NRCS / / Yes /X/No	Forest Plan By FS / / Yes /X/No	Other Plan /X/Yes / / 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 of operator X Craig Owen	DATE: 3/13/98	Estimated \$ C/S Value	948	C/S Willing to Approve	\$ 948
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APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK E above for this practice.

FOR THE APPROVING OFFICIAL X	DATE: June 19 1998	Practice Expiration Date	4/30/99
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REMARKS

RECEIVED BY WELD  
COUNTY FSA OFFICE  
FEB - 3 1999

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.



### A. REFERRAL INFORMATION

1. Farm No. 7736 Name and Address CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438  
 2. Telephone Number  
 3. Contract Id.  
 4. Practice to Begin 04-30-97  
 5. Referral Expires 04-30-97  
 6. Practice Location PT S2SE4 8-2-67 D 30/4 833-2150/OFF 661-3793  
 7. Needs Statement

*The practice is needed & feasible*

Practice Description	Extent Requested	Extent Needed
SIP4 Agroforestry estab/main/renovate (AS)	.8	.8
FFW FARMSTEAD AND FEEDLOT WINDBREAK	.8	.8
MUL MULCHING - WEED BARRIER FABRIC	.8	.8

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

11. Signature *Douglas J. Stearns* Date 3/24/98

### B. GENERAL INFORMATION

1. Primary Purpose G 2. Program SIP 3. Program Practice No. SIP4 4. VC/SL N 5. Fund Code 6. Estimated Total Cost 948 7. Est. Cost-Share 948

8. Practice Extents	9. Land Capability	10. Soil Loss	11. Land Cover/Use	12. Technical Practices Applied
Number Ac. Served/Treated	Class & Subclass	Tolerance	Before After	Technical Practice Cost-Shared? Units Planned/Applied
1 .81	IIIe-1	2	2 8	380 Y 0.8/0.8

### C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	
1	1	1	0.8	
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	
1	1	1	0.8	
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

RECEIVED BY WELD COUNTY FSA OFFICE  
 FEB - 3 1999

### D. WATER CONSERVATION

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

### E. WATER QUALITY

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

### F. WOOD PRODUCTION

1. Site Description	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
50 1	none 130 0 100	none none	681

Farmstead Windbreak

### H. ACTUAL COST AND PERFORMANCE DATA

### I. PERFORMANCE REPORT

1. Total Install. Cost 1240 2. Cost-Share 807 3. Date Performed 2/1/99

practice has been performed to the extent shown in item B12c and program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I. *Douglas J. Stearns* Date 2/1/99



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

## SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>Weld</i>	2. STATE <i>Co</i>
3. ASCS FARM NO. <i>1898</i>	4. CONTROL NO. (from SIP-245) <i>96-54 three</i>
5. LANDOWNER NAME AND ADDRESS <i>Craig Owen</i> { <i>10170 City Rd 96-57</i> <i>Longmont Co 80504</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.	X	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	X	
8. The landowner, if a corporation, is not a publicly traded corporation.	n/a	
9. The landowner is not principally engaged in the production of wood products.	X	
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.	X	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	X	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	X	
13. The practice was not started prior to submission of the application to ASCS.	X	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	X	
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) <i>Craig Owen</i>	Date <i>1/16/96</i>
17. Signature (CED or designee) <i>Chuck</i>	Date <i>1-17-96</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 <b>needed</b> and <b>practical</b> (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". (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

(Enter numbers)

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

21. Signature (Service Forester) <i>D. J. Stevenson</i>	Date <i>2/16/96</i>
---	---------------------

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-100  
(10-01-31)U.S. DEPARTMENT OF AGRICULTURE  
Stewardship Incentive Program

## SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>Weld</i>	2. STATE <i>CO</i>
3. ASCS FARM NO. <i>1898</i>	4. CONTROL NO. (from SIP-245) <i>96-54 three</i>
5. LANDOWNER NAME AND ADDRESS <i>Craig Owen</i> { <i>10170 Century Rd 96-57</i> <i>Longmont CO 80504</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.	X	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	X	
8. The landowner, if a corporation, is not a publicly traded corporation.	n/a	
9. The landowner is not principally engaged in the production of wood products.	X	
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.	X	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	X	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	X	
13. The practice was not started prior to submission of the application to ASCS.	X	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	X	
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) <i>Craig Owen</i>	Date <i>1/16/96</i>
17. Signature (CED or designee) <i>Amelia</i>	Date <i>1-17-96</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 <b>needed</b> and <b>practical</b> (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". \_\_\_\_\_ (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

(Enter numbers)

21. Signature (Service Forester) <i>D. Stevenson</i>	Date <i>2/16/96</i>
--	---------------------

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

Used

State

C.

PROGRAM YEAR

PROGRAM YEAR

**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

Craig Owen  
10170 County Rd 57 1/2  
Longmont Co 80504

## 12. Entity Identification Number

374-76-5603

### 3. Date Entity Formed

#### 4. Type of Entity (Check One)

### A Individual



### C. Revocable Trust



### E. Limited Partnership

☐

### G. Joint Venture

1

I. Other (Specify)

1

### B. Irrevocable Trust

9

#### D. Corporation

☐

#### F. General Partnership



### H. Estate

1

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

Stockholder's, Member's, Heir's, or Beneficiary's Name

Social Security/ Employer ID Number(s)

% Share

Executor's or Grantor's Name

## 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

SIGNATURE Craig Owens

DATE \_\_\_\_\_

1/16/96

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.

RECEIVED BY WELD  
COUNTY FSA OFFICE  
FEB - 3 1999



AD-245  
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE  
REQUEST FOR COST-SHARESST. & CO. & C/O  
08 123 3  
CONTROL NO. (F/Y & NO.)  
98 0024

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

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / /YES /X/NO
7736	CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	78.0					
TRACT No. 10732		CROPLAND 72.7	SIP			OTHER ASSISTANCE	
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE  
TREE STRIP ESTABLISHMENT 833-2150/HOME 661-3793/OFFICE  
PRACTICE LOCATION PT S2SE4 8-2-67 D 30/4 833-2150/OFF 661-3793

## FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	G
SIP4	Agroforestry estab/main/renovate (AS)	.8				04-30-97
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.8		450.000		
MUL	MULCHING - WEED BARRIER FABRIC	.8		775.000		
						I plan to complete the practice
						04-30-98

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

## APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ELP 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 of operator: *Craig Owen* DATE: 3/13/98 Estimated \$ C/S Value 948 C/S Willing to Approve \$ 948

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

FOR THE APPROVING OFFICIAL: *Don Lomel* DATE: June 19, 1998 Practice Expiration Date 4/30/99

REMARKS

For SIP and FWP 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: DATE: Acres if more than 1,000 Date Waiver Approved

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



A. REFERRAL INFORMATION

1. Farm No. 7736	Name and Address CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	2. Telephone Number	3. Contract Id.
Tract No. 10732		4. Practice to Begin 04-30-97	5. Referral Expires 04-30-97
6. Practice Location PT S2SE4 8-2-67 D 30/4 833-2150/OFF 661-3793		7. Needs Statement <i>The practice is needed &amp; feasible</i>	

Practice Description	Extent Requested	Extent Needed
SIP4 Agroforestry estab/main/renovate (AS)	.8	.8
FFW FARMSTEAD AND FEEDLOT WINDBREAK	.8	.8
MUL MULCHING - WEED BARRIER FABRIC	.8	.8

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

11. Signature *Douglas Stewart* Date *3/24/98*

B. GENERAL INFORMATION

1. Primary Purpose 6	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 948	7. Est. Cost-Share 948
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8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	12. Technical Practices Applied
1 .81	VIIe-1	2	2	8

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 0.8
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.8
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
			d. Trend. Cond. After

13. Endangered Species  
14. Hydrologic Unit Code

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres
2. Increased Water Storage	a. Primary Use	b. Capacity (Acres-Inches) Before After	13. Soil Moisture Measures?	

E. WATER QUALITY

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

F. WOOD PRODUCTION

1. Site Description a. Site Index 50	b. Poten. Prod. 1	2. Stand Condition a. Forest Cover Before After none 130	b. Stocking Level Before After 0 100	3. Site Preparation a. Acres none	b. Cost-Share none	4. Trees Planted 681	Purpose Farmstead Windbreak
--	----------------------	---	--	---	-----------------------	-------------------------	--------------------------------

G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost 1240	2. Cost-Share 807	3. Date Performed 2/1/99
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I. PERFORMANCE REPORT

*Practice completed as specified*

This practice has been performed to the extent shown in item H12c and Signature meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.

Signature *Douglas Stewart* Date *2/1/99*





# THE TREE FARM

NURSERY • GARDEN CENTER

11868 Mineral Rd. (Hwy. 52)

LONGMONT, COLORADO 80501

Longmont (303) 652-2961 • Metro/Boulder 447-9138

FAX (303) 652-2960

## PRICE QUOTE

PRICE QUOTE#:129867-Q

DATE:07/30/98 14:18:07

PAGE: 1

CUSTOMER #: 45316

--- PRICE QUOTE FOR : ---

CRAIG OWEN

HM:303-833-2150 WK:

JOB NAME:

7751 WCR 22  
LONGMONT, CO 80504

CUSTOMER P.O. #	REP	SHIP VIA	TERMS	OPERATOR	REG	DELIVER
---	---	---	---	---	---	---
---	---	PRICE QUOTE	Q CASH/COD	liz	06	/ /
---	---	---	---	---	---	---
Qty Taken	Qty Order	Size	Product Description	Price Each	Extended Price	
---	---	---	---	---	---	---
250.00	250.00	#05B18	CARAGANA, PYGMY PEASHRUB	28.95	23.16	5790.00
250.00	250.00	#05B18	LILAC, COMMON PURPLE	28.95	23.16	5790.00
250.00	250.00	#05STK	HONEYSUCKLE, HALL'S	26.50	21.20	5300.00
375.00	375.00	2CFBAG	BAGGED-MULCH, PINE BARK COND	3.75	3.75	1406.25

SUB TOTAL 18286.25  
TAX 758.88

GRAND TOTAL 19045.13

THIS QUOTE GOOD FOR 30 DAYS. WE LOOK FORWARD TO SERVING YOU.

RETAIL COPY - SEE WARRANTY ON BACK

Quote



AD-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
(09-11-95) REQUEST FOR COST-SHARES 08 123 3 96 0055

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

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	OTHER
TRACT No.		CROPLAND	CODE	CODE	& ITEM NO.	PURPOSE	FARMS
							/ /YES
							/X/No
1898	CRAIG OWEN	170.0					
1357	10170 COUNTY RD 15 1/2	158.0					
	LONGMONT, CO 80504		SIP			OTHER ASSISTANCE	
	Telephone No.						

DESCRIPTION OF PRACTICE OBJECTIVE  
TREE STRIP ESTABLISHMENT 833-2150/HOME  
PRACTICE LOCATION SWSE4 8-2-67 D30/4 833-2150/OFF 661-3793 PLANT "T" 661-3793/OFFICE

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	04-01-96
SIP4	Agroforestry estab/maint/renovate (AS)	.8				
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.8	0.8	450,000	360	
MUL	MULCHING - WEED BARRIER FABRIC	.8	0.8	775,000	620	
					800	I plan to complete the practice 12-30-96

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

## APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Craig Owen* DATE: 1/16/96 Estimated \$ C/S Value 948 C/S Willing to Approve 800

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

FOR THE APPROVING OFFICIAL DATE: Practice Expiration Date

REMARKS

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

SIGNATURE: *Craig Owen* DATE: 1/16/96 Date Waiver Approved

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



# Farmstead Windbreak (L-shaped)

## Labor

## Materials

225	bare root plum seedlings	90.15
150	potted juniper seedlings	145.50
112	potted ponderosa pine seedlings	108.64
3	rolls 15' fabric mulch	486.00
3	rolls 12' fabric mulch	388.80
3,500	12" x 2" 10 gauge wire staples	361.19
Total Materials:		\$1,580.28



### A. REFERRAL INFORMATION

1. Farm No. 1898	Name and Address CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	2. Telephone Number	3. Contract Id.
Tract No. 1357		4. Practice to Begin 04-01-96	5. Referral Expires
6. Practice Location SWSE4 8-2-67 D30/4 833-2150/OFF 661-3793 PLANT "T"		7. Needs Statement	

Practice Description	Extent Requested	Extent Needed
8	9	10
SIP4 Agroforestry estab/main/renovate (AS)	.8	
FFW FARMSTEAD AND FEEDLOT WINDBREAK	.8	
MUL MULCHING - WEED BARRIER FABRIC	.8	

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

11. Signature	Date
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### B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 948
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8. Practice Extents Number	9. Land Capability Ac. Served/Treated	10. Soil Loss Class & Subclass	11. Land Cover/Use Tolerance	12. Technical Practices Applied
			Before After	Technical Practice a
				Cost-Shared? b
				Units Planned/ Applied c

### C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
			d. Acres Affected

4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After
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13. Endangered Species	14. Hydrologic Unit Code
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### D. WATER CONSERVATION

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

### E. WATER QUALITY

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

### F. WOOD PRODUCTION

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

### H. ACTUAL COST AND PERFORMANCE DATA

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

This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I.	Signature	Date
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December 3, 1997



Debby Peonio  
USDA - Farm Service Agency  
4302 West Ninth Street Road  
Greeley, CO 80634

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

Dear Debby:

Sorry about the delay getting this to you. The sky fell on us with a lot of big projects all at once - all of them "urgent," of course.

Craig Owen's costs are summarized below. When Craig didn't separate costs out, I simply pro-rated the amounts based on acres or length of planting. Labor costs were charged at \$8.00 per hour, with one-third going to planting and two-thirds going to weed barrier installation. Craig's costs are quite high due to his if-one-works-use-two philosophy. The work quality is second to none.

North Windbreak (Planting L):  
Control Number: 96 0054

\*1340 feet of this planting was cost-shared. Criag actually planted 2050 feet.

Cost-shared portion only:

Planting Costs:

330 plum seedlings @ \$0.40 ea.:	\$ 132.00
220 juniper seedlings @ \$0.97 ea.:	213.40
165 pine seedlings @ \$0.97 ea.:	<u>160.05</u>
TOTAL SEEDLING COST:	\$ 505.45

34.5 man-hours labor @ \$8.00/hour:	<u>276.00</u>
TOTAL PLANTING COST:	\$ 781.45

Cost-share rate:	<u>X0.65</u>
	\$ 507.94

Cost-shares allocated:	\$ 360.00
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Mulching Costs:

Mulch $(\$881.28 + 1101.60) * (1340/2050)$ :	\$1296.13
Staples $(\$721.35) * (1340/2050)$ :	<u>471.52</u>
TOTAL MATERIALS COST:	\$1767.65

123.5 man-hours labor @ \$8.00/hour:	<u>988.00</u>
TOTAL MULCHING COST:	\$2755.65



Cost-share rate:	<u>X0.65</u>
	\$1791.17
Cost-shares allocated:	\$ 620.00
Combined cost-shared expenses (\$781.45+2755.65)	\$3537.10
Cost-share rate:	<u>X0.65</u>
	\$2299.12
Total allocated:	\$ 800.00
Pay:	\$ 800.00

Wildlife Thickets:  
Control Number: 96 0057

Plum Thicket:	
Seedlings & Materials:	\$ 429.88
Labor 118 hours @ \$8.00/hr.:	<u>1062.00</u>
Total plum thicket costs:	\$1491.88

Pine Thicket:	
Seedlings & Materials:	\$ 345.01
Labor* 164 hours @ \$8.00/hr.:	<u>1312.00</u>
Total pine thicket costs:	\$1657.01

Total wildlife thicket costs:	\$3148.89
Cost-share rate:	<u>X0.65</u>
	\$2046.78

Cost-shares allocated:	\$ 560.00
Pay:	\$ 560.00

\* Most of the labor for the pine thicket went into cleaning out a ditch. This was not a cost-shared activity, but it really doesn't matter since the actual costs of the planting portion are far over the cost-shared amount.

West Windbreak (Planting Q):  
Control Number: 96 0056

Planting:	
Seedlings (\$127.01+204.67+153.26):	\$ 484.94
Labor, 63.5 hours @ \$8.00/hour:	<u>292.00</u>
Total Planting Costs:	\$ 776.94

Cost-share rate:	<u>X0.65</u>
	\$ 505.01



Amount allowed (\$450/Ac*1.1 acres):	\$ 495.00
Mulching:	
Mulch (\$685.26+621.81):	\$1307.07
Staples	<u>486.79</u>
Total materials:	\$1793.86
Labor, 126.5 hours @ \$8.00/hr.:	<u>1012.00</u>
Total mulching Cost:	\$2805.86
Cost-share rate:	<u>X0.65</u>
	\$1823.81
Amount allowed (\$775/Ac*1.1 acres):	\$ 852.50
Total Planting Cost (\$776.94+2805.86):	\$3582.80
Cost-share rate:	<u>X0.65</u>
	\$2328.82
Amount allocated:	\$ 865.00
Pay:	\$ 865.00

Hedgerow Planting:  
Control Number: 96 0162  
Cancelled at Landowner's Request.

House Windbreak (Planting T):  
Control Number: 96 0055  
According to my records, no money was ever allocated for this planting. What do your records say? If FSA records show that money was allocated, Craig can qualify for it. Please let me know.

I do not have a complete list of codes for the 862s. If the ones I've filled in don't work, give me a call; maybe we can figure out what to put in the blanks.

Thanks for your time and help.

Sincerely,

  
Douglas J. Stevenson



AD-245 (09-11-95)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 123 3	CONTROL NO. (F/Y & NO.) 96 0054
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(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1898	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	FARMLAND 170.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS / /YES /X/No
TRACT No. 1357		CROPLAND 158.0					
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE  
TREE STRIP ENHANCEMENT 661-3793/OFFICE PLANTING L 833-2150/HOME  
PRACTICE LOCATION S2SE4 8-2-67 D30/4 661-3793/OFFICE 833-2150/HOME

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice 04-01-96
SIP4	Agroforestry estab/main/renovate (AS)	.8	360	450.000	7	I plan to complete the practice 12-30-96
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.8	620	775.000	800	
MUL	MULCHING - WEED BARRIER FABRIC	.8				

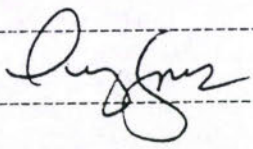
CONSERVATION PLAN	Farm Plan By NRCS / /Yes /X/No	Forest Plan By FS / /Yes /X/No	Other Plan /X/Yes / /No	PARTNERSHIP Joint Venture / /Yes /X/No
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APPLICANTS REQUEST

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 EOP 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 Craig Owen	DATE X 1/16/96	Estimated # C/S Value 948	C/S Willing to Approve \$ 800
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APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK E above for this practice.

FOR THE APPROVING OFFICIAL 	DATE 1/20/96	Practice Expiration Date
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REMARKS

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

SIGNATURE X Craig Owen	DATE 1/16/96	Acres if more than 1,000 X	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.



AO-245  
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/O CONTROL NO. (F/Y & NO.)  
08 123 3 96 0054

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

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE
1898	CRAIG OWEN	170.0					Practice must be completed and reported by 12-30-96
TRACT No. 1357	10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	CROPLAND 158.0	SIP			OTHER ASSISTANCE	
Telephone No.							ID 374 76 5603 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

TREE STRIP ENHANCEMENT 661-3793/OFFICE

PLANTING L

833-2150/HOME

## 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
SIP4	Agroforestry estab/main/renovate (AS)	.8	.8		800*		
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	.8	.8	450,000	440	.8	800
MUL	MULCHING - WEED BARRIER FABRIC	.8	.8	775,000	360		

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount

FFW - 65% of cost not to exceed rate in column E.

MUL - 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

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

800

Payment Advance (Partial Payment)

Is Partic. on FSA Debt Res. Y / / N / /

Setoff

Debt Assignment

Net Payment

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 AO-245? (If yes, report State, County, and amount by farm).

YES / / NO / /

Payment Approved (initials)

Check Number

(For SIP) E/S Earned Approved By/Date (For SIP) Calc. Verif. By/Date

DPS 800 DPS 12/21/97 E/S 12/21/97

**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 AO-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE:

Craig Owen

DATE:

8/15/97



A. REFERRAL INFORMATION

1. Farm No. 1898	Name and Address CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	2. Telephone Number	3. Contract Id.
Tract No. 1357		4. Practice to Begin 04-01-96	5. Referral Expires
6. Practice Location S2SE4 8-2-67 D30/4 661-3793/OFFICE 833-2150/HOME		7. Needs Statement <i>The practice is needed &amp; feasible</i>	
Practice Description SIP4 Agroforestry estab/main/renovate (AS) FFW FARMSTEAD AND FEEDLOT WINDBREAK MUL MULCHING - WEED BARRIER FABRIC		Extent Requested 9 .8 .8 .8	Extent Needed 10 0.8 <del>0.8</del> 0.8
FFW - 360 } \$1800 MUL - 4620 }		The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.	
11. Signature <i>Douglas Stearn</i>		12. Date 2/29/96	

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 2370	7. Est. Cost-Share 948
8. Practice Extents Number 1	9. Land Capability Class & Subclass 6.9 / 0.8	10. Soil Loss Tolerance 3	11. Land Cover/Use Before 1	12. Land Cover/Use After 3	13. Technical Practices Applied a. Practice 380	14. Units Planned/ Applied 0.8 / 0.8
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 0.8			
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.8			
3. Other Erosion	a. Problem Type N/A	b. Before (Tons/Yr.) N/A	c. After (Tons/Yr.) N/A	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

E. WATER QUALITY

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

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description a. Site Index 999	2. Stand Condition a. Forest Cover Before After	3. Site Preparation a. Acres b. Cost-Share	4. Purpose Trees Pr/Ac
			<i>K</i>

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost 1753	2. Cost-Share 900	3. Date Performed 12/2/97	4. Signature <i>D. Stearn</i>	5. Date 12/2/97
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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.

*Practice completed as specified.*



AD-245  
(09-11-95)

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

ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
08 123 3 96 0057

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

FARM NO. 1898	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	FARMLAND 170.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS / / YES / / X/NO
TRACT No. 1357		CROPLAND 158.0					
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE  
WILDLIFE HABITAT 833-2150/HOME 661-3793/OFFICE  
PRACTICE LOCATION S2SE4 8-2-67 D30/4 833-2150/HOME 661-3793/OFFICE

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	04-01-96
SIP8 WH2	Wildlife habitat enhancement (Ac) WILDLIFE HABITAT 1/10 ACRES SHRUB THICKET	1 2.0	2	280.000	560	I plan to complete the practice 12-30-96

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

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECF 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: *Craig Owen* DATE: 1/16/96 Estimated \$ C/S Value 560 C/S Willing to Approve

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

FOR THE APPROVING OFFICIAL: *[Signature]* DATE: 1/20/96 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.  
SIGNATURE: *Craig Owen* DATE: 1/16/96 Acres if more than 1,000 Date Waiver Approved  
PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.



AD-245  
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D  
08 123 3CONTROL NO. (F/Y & NO.)  
96 0057

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

FARM NO. 1898	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	FARMLAND 170.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 12-30-96
TRACT No. 1357		CROPLAND 158.0				OTHER ASSISTANCE	
Telephone No.		ID 374 76 5603 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  
WILDLIFE HABITAT 833-2150/HOME

661-3793/OFFICE

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
SIP8	Wildlife habitat enhancement (Ac)	.1	.1		560*		
WH2	WILDLIFE HABITAT 1/10 ACRES SHRUB THICKET NU	2.0	2.0	280.000	560	2	560

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
WH2 - 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

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, 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 ☒

Total Cost-Shares Earned 560

Payment Advance (Partial Payment)

Is Partic. on FSA Debt Reg.? Y / / N / /

Setoff

Debt Assignment

Net Payment

Payment Approved (Initials) Check Number  
(For SIP) C/S Earned Approved By/Date (For SIP) Calc. Verif. By/Date  
DP 560 DP 12/14/97 DP 12/21/97

**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 (s) 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:

Craig Owen

DATE 8/15/97

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



### A. REFERRAL INFORMATION

1. Farm No. 1898 Name and Address: CRAIG OWEN 10170 COUNTY RD 15 1/2 Tract No. LONGMONT, CO 80504 1357  6. Practice Location S2SE4 8-2-67 D30/4 833-2150/HOME 661-3793/OFFICE	2. Telephone Number  3. Contract Id.  4. Practice to Begin 04-01-96 5. Referral Expires  7. Needs Statement <p style="font-size: 1.2em; margin-top: 10px;">The practice is needed and feasible.</p>
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The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

### B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP8	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 560	7. Est. Cost-Share 560	
8. Practice Extents Number Ac. Served/Treated 2 6.0/0.2		9. Land Capability Class & Subclass 3		10. Soil Loss Tolerance 1		11. Land Cover/Use Before After H 3	

### C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 0	c. Acres to which Rate Applies 0.2	12. Technical Practices Applied 645	Cost-Shared? Y	Units Planned/Applied 21/2
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 0	c. Acres to which Rate Applies 0.2			
3. Other Erosion	a. Problem Type N/A					
4. Range Condition	a. Condition Code Before N/A	b. Condition Code After N/A	c. Trend Cond. Before N/A	d. Trend Cond. After N/A	13. Endangered Species	14. Hydrologic Unit Code

### D. WATER CONSERVATION

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

### E. WATER QUALITY

### F. WOOD PRODUCTION

1. Site Description a. Site Index 999	2. Stand Condition a. Forest Cover Before After 2 N/A 0 0	3. Site Preparation a. Acres 0	4. Purpose b. Cost-Share 0
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### H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost 1144	2. Cost-Share 560	3. Date Performed 12/2/97
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### I. PERFORMANCE REPORT

This practice has been performed to the extent shown in item 812c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item 8.

Signature: *D. Stevenson* Date: 12/2/97



Invoice No. 39600

Dwen  
WCR 15 1/2  
+ CO 80504

**Colorado**  
**State**  
 FOREST  
 SERVICE

ate: 3/20/96

Item	Unit Cost	Total
1 500 American plum	0 41	205 00
2		
3 Bulk Discount	5%	10 00
4		
5		194 50
6 Rest of Order Sold Out		
7 Refund Due:		
8		
9		
Tax Exempt No. _____	Sales Tax	3 90 5 34
		Total 200 34
		CK-CA-MO Amount Paid: 366 15
		Amount Due 165 81
Ck# 0642 Dated 3/19/96		
Rcv'd By <u>DJA</u> F.Y. 96		
Funding		Amount
1-93660 0622		194.50
0-24200 2020		5.84

Douglas J. Stevenson  
 CSFS Originator  
 Payment Due By \_\_\_\_\_

Remit to:

COLORADO STATE FOREST SERVICE  
 BOULDER DISTRICT  
 936 LEFTHAND CANYON DRIVE  
 BOULDER CO 80302

Deposit No.

Date

White-Customer copy; Yellow-State Office copy; Pink-Project copy



# Plum Thicket (Northwest Corner)

## Labor

5/18/96 , 5/19/96	_____	48 man.hrs
5/25/96 , 5/26/96	_____	48 man.hrs
6/1/96 , 6/2/96	_____	22 man.hrs

Labor Total: 118 man.hrs

## Materials

300	bare root plum seedlings	—	120.20
2.84	rolls 6' wide fabric mulch	—	208.74
1,051	12''x2'' 10 gauge wire staples	—	100.94

Materials Total: \$429.88



# Pine Thicket (Northeast Corner)

## Labor

Week of 6/9/97	37 man.hrs
Week of 6/16/97	42 man.hrs
Week of 6/23/97	48 man.hrs
Week of 6/30/97	31 man.hrs
7/16/97	6 man.hrs

( Labor Total: 164 man.hrs

## Materials

66	potted root ponderosa pine seedlings	64.02
2.7	rolls 6' wide fabric mulch	198.45
860	12" x 2" 10 gauge wire staples	82.54
Materials Total:		\$345.01



# West windbreak (1,268' long)

## Labor

6/2/96	26 man.hrs
Week of 6/3/96	48 man.hrs
Week of 6/10/96	38 man.hrs
Week of 6/17/96	21 man.hrs
4/6/97	
Week of 4/7/97	8 man.hrs
Week of 4/14/97	2 man.hrs
Week of 4/21/97	6 man.hrs
Week of 4/28/97	15 man.hrs
Week of 5/26/97	24 man.hrs
6/11/97	2 man.hrs

Labor Total: 190 man.hrs

## Materials

317	bare root plum seedlings	127.01
211	potted juniper seedlings	204.67
158	potted ponderosa pine seedlings	153.26
4,23	rolls 15' fabric mulch	685.26
8.46	rolls 6' fabric mulch	621.81
5,072	12"x2" 10 gauge wire staples	486.79

Materials Total: \$2,278.80



AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/O 08 123 3 CONTROL NO. (F/Y & NO.) 96 0056

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

FARM NO. 1898	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504	FARMLAND 170.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / / YES / / X/No
TRACT No. 1357		CROPLAND 158.0	SIP			OTHER ASSISTANCE	
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE  
TREE STRIP ESTABLISHMENT 833-2150/HOME PLANTING X 661-3793/OFFICE  
PRACTICE LOCATION S2SE4 8-2-67 030/4 833-2150/OFF661-3793/HOME "X"

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	G
SIP4	Agroforestry estab/main/renovate (AS)	2.9				04-01-96
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	2.9		450,000	865	
MUL	MULCHING - WEED BARRIER FABRIC	2.9		775,000		
				Total: 865		I plan to complete the practice 12-30-96

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

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Craig Owen* DATE: 1/16/96 Estimated \$ C/S Value 3,437 C/S Willing to Approve \$

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

FOR THE APPROVING OFFICIAL: *[Signature]* DATE: 3/26/96 Practice Expiration Date

REMARKS

For SIP and FIP Only: I certify that I / do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. SIGNATURE: *Craig Owen* DATE: 1/16/96 Acres if more than 1,000 Date Waiver Approved

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



AD-245  
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/O CONTROL NO. (F/Y & NO.)  
08 123 3 96 0056

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

FARM NO. 1898	NAME AND ADDRESS CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	FARMLAND 170.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE  OTHER ASSISTANCE	EXPIRATION NOTICE Practice must be completed and reported by 06-30-97
TRACT No. 1357		CROPLAND 158.0					ID 374 76 5603 S
Telephone No.							

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  
TREE STRIP ESTABLISHMENT 833-2150/HOME

PLANTING X

661-3793/OFFICE

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
SIP4	Agroforestry estab/main/renovate (AS)	2.9	1.1		865*		
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	2.9	1.1	450,000	322	1.1	
MUL	MULCHING - WEED BARRIER FABRIC	2.9	1.1	775,000	543	1.1	865

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

4-16-97

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 ☐

Total Cost-Shares Earned

865

Payment Advance (Partial Payment)

Is Partic. on FSA Debt Reg. ? Y / / N / /

Setoff

Debt Assignment

Net Payment

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

YES ☐ NO ☒

Payment Approved (initials)

ACH/Check Number

(For SIP) C/S Earned Approved By/Date (For SIP) Calc. Verif. By/Date

DPS 865 DPS 12/2/97 DPS 12/2/97

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 and use 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:

Craig Owen

DATE:

8/15/97

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



1. Farm No. 1898		Name and Address CRAIG OWEN 10170 COUNTY RD 15 1/2 LONGMONT, CO 80504		2. Telephone Number		3. Contract Id.	
Tract No. 1357				4. Practice to Begin 04-01-96		5. Referral Expires	
6. Practice Location S2SE4 8-2-67 D30/4 833-2150/OFF661-3793/HOME				7. Needs Statement <i>The practice is needed &amp; feasible.</i>			
Practice Description 8				Extent Requested 9		Extent Needed 10	
SIP4 Agroforestry estab/main/renovate (AS)				2.9			
FFW FARMSTEAD AND FEEDLOT WINDBREAK				2.9		1.1	
MUL MULCHING - WEED BARRIER FABRIC				2.9		1.1	
				The practices shown in item AS with the units shown in item A10 are needed and practical for the farm.			
				11. Signature <i>D. L. H. H.</i>		Date 5/16/96	
B. GENERAL INFORMATION							

## B. GENERAL INFORMATION

1. Primary Purpose 6	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost! \$2429	7. Est. Cost-Share 3,437
8. Practice Extents Number	9. Land Capability Ac. Served/Treated	10. Soil Loss Class & Subclass	11. Land Cover/Use Tolerance	12. Technical Practices Applied Before	13. Endangered Species	14. Hydrologic Unit Code
1	1.1/	III E 1	2	2 6	Technical Practice a 392	Cost-Shared? b 1
C. EROSION CONTROL					Units Planned/ Applied c 1.1 / 1.1	
1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 1.1			
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 1.1			
3. Other Erosion	a. Problem Type N/A	b. Before (Tons/Yr.) N/A	c. After (Tons/Yr.) N/A	d. Acres Affected		
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After		

#### D. WATER CONSERVATION

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

### F. WOOD PRODUCTION

1. Site Description		2. Stand Condition				3. Site Preparation		4. Purpose
a. Site Index	b. Poten. Prod.	a. Forest Cover Before	b. Stocking Level After	a. Acres	b. Cost-Share	Trees Pr/Ac		
40	1	999 None	131	0	0	1.1	0	783

## H. ACTUAL COST AND PERFORMANCE DATA

## !I. PERFORMANCE REPORT

1. Total Install. Cost	2. Cost-Share	3. Date Performed	Prostheses completed as specified.
2153	865	12/2/97	

This practice has been performed to the extent shown in item 812c and Signature meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I. *EJ*

Signature  
D. J. Stevens

Date 12/2/8



AD-862  
(11-21-94)

U.S. DEPARTMENT OF AGRICULTURE  
CONSERVATION REPORTING AND EVALUATION SYSTEM

ST. & CO. Code & C/D  
08 123 3

Control No. (FY & No.)  
96 0162

A. REFERRAL INFORMATION

1. Farm No. 1898	Name and Address CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438	2. Telephone Number	3. Contract Id.
Tract No. 1357		4. Practice to Begin 08-01-96	5. Referral Expires 08-01-96
6. Practice Location N2SE4 8-2-67 D 30/4		7. Needs Statement	

Practice Description	Extent Requested	Extent Needed
8	9	10
SIP4 Agroforestry estab/main/renovate (AS)	1.1	
HEP HEDGEROW PLANTING	4090.0	

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 G	2. Program SIP	3. Program Practice No. SIP4	4. NC SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 737
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8. Practice Extents Number	9. Land Capability Ac. Served/Treated	10. Soil Loss Class & Subclass	11. Land Cover/Use Tolerance Before After	12. Technical Practices Applied

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
		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

E. WATER QUALITY

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

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description	2. Stand Condition	3. Site Preparation	4. Purpose
a. Site Index	b. Potent. Prod.	a. Acres	b. Cost-Share
	a. Forest Cover Before After	b. Stocking Level Before After	c. Trees Pr/Ac

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 \_\_\_\_\_