

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 -9th 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 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

Deen BIN As for four lete dated 4/15/2006, I am enclosing an involve for ing time sont proposed the rebublic taken Plan. I am gled that a settlement was reached and that replanting cano beging. Plane ciel if you have an greations thinks cc: cun our Cy Loves



936 Lefthand Canyon Drive Boulder, Colorado 80302

Boulder District

(303) 442-0428

MEMORANDUM

DATE: April 20, 1999

TO: Ron

1

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

Page 1							ORM APP 10. 0560	
0-245 U.S. DEPARTMENT OF (09-11-95) REQUEST FOR C	F AGRICULTURE OST-SHARES			: ST. & (CO. & C/D 123 3	CONTROL N	IO.(F/Y 0024	& NO.)
AC-245 replaces ACP-245 and SIP-245)								
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PPLICANTS REQUEST								• ••• ••• ••• ••• •• •• ••
request cost-share assistance under the pro ithout Federal cost-sharing. If cost-sharin aid to me as datermined by the Approving Off pproved practice, or (b) voluntarily relingu nd the new owner and/or operator of the land ts lifespan. I have not yet started this pr eceiving written approval I may be denied fu understand that form "CONTINUATION FOR AD-2	IS IS APProved for the pr Picial, if, before expira tish control or title to 4 does not agree in writi actice, and except for 2 inding. I authorize a re	actice req tion of th the land o ng to prop CP request oresentati	uested n whic erly m s, I u va of	, I agree t ified pract h the appro aintain the nderstand t	o refund a ice lifesp ved practi practice	ll or part an I, (a) ce has bee for the re	of the destroy n establ mainder	funds the lished of
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INVOIGE

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

80504

Brenda (573)472-0048

CRAIG OUEN

BILL TO:

10107 WCR-15 1/2 LONGMONT. CO. 10107 WCR-15 1/2 LONGMONT, CO.

SHIPPED TO: Phone: 303-661-3793

CRAIG OWEN

Lease notity, in writing, DeWitt Company of any shortages or damaged merchandise elivered. Failure to make a claim within 10 days of delivery shall constitute a aiver of your right to a refund.

80504

SHIP DATE	PURCHASE ORDER NO.	TERMS	VIA	SALESMAN	ORDER D	ATE	RDER NO.
04/03/97		NET 30	HOLMES	193 0	3/14/97		MDS71544
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						TOTAL	\$2689.20

Terra Enterprises, Inc.	INVOICE	353 Chestnut Street Genesee, Idaho 83832 Telephone: (208) 285-1000 Telefax: (208) 285-1017
Invoice Date: 07/07/97 PO No.: VISA Invoice # TE 7289	of 1.5	VISA Finance charge 5% monthly on unpaid balance Date: 08/06/97
Sold To: Cable Labs 10170 WCR 15 1/2 Longmont, CO 80504		D To: Cable Labs L0170 WCR 15 1/2 Longmont, CO 80504

PLEASE PAY FROM THIS INVOICE

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Description	otv	UM	Price	Extension
12"x2" 10 Gauge Wire Staples	3.50	M	73.97	258.90
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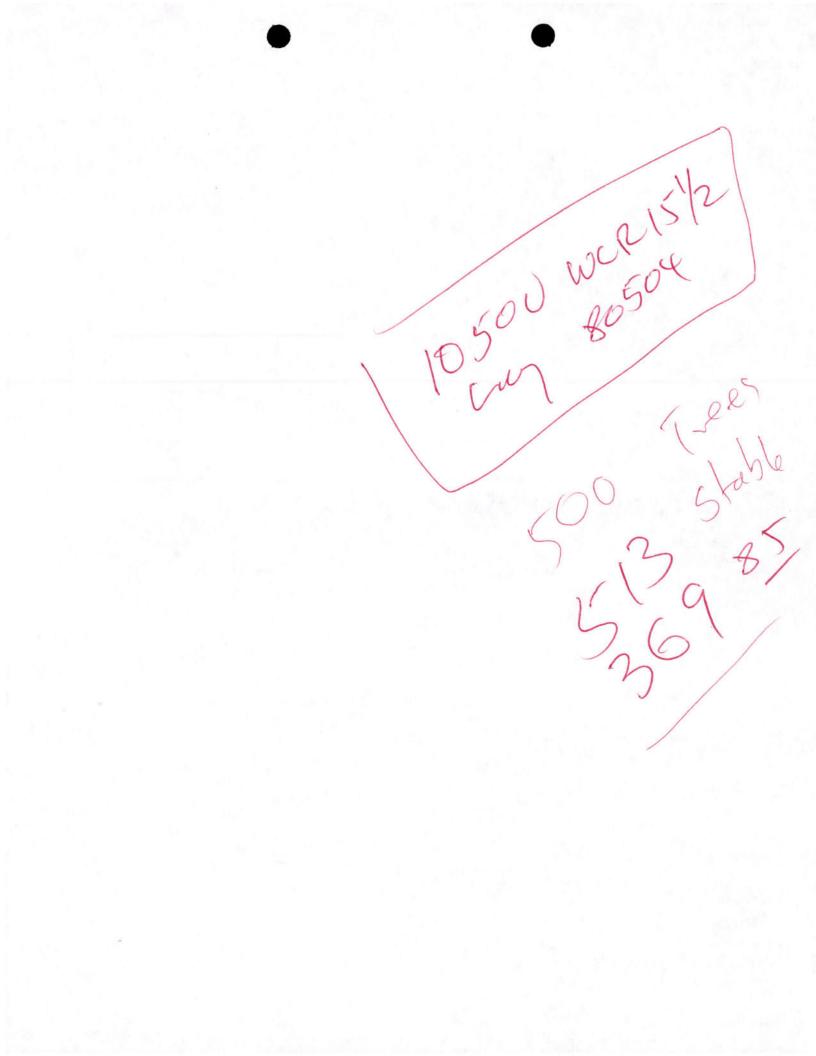
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Subtotal 361.19 SEND ALL PAYMENTS AND CORRESPONDENCE TO: TERRA ENTERPRISES, INC. 353 W. CHESTNUT STREET **GENESEE, IDAHO 83832** Total Invoice 361.19 Cash In Bank - Visa 361.19-0.00 Net Due

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.

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



Terra	•
Enterprises,	Inc.

355-7. Chestnut Street Genesee, Idaho 83832 Telephone: (208) 285-1000 Telefax: (208) 285-1017



Invoice Date: 03/27/97 PO No.: VISA Invoice # TE 7087 Sold To: Cable Labs 10170 WCR 15 1/2 Longmont, CO 80504	Terms: VISA Finance charge of 1.5% monthly on unpaid balance Due Date: 04/26/97 Ship To: Cable Labs 10170 WCR 15 1/2 Longmont, CO 80504				
PLEASE PAY FROM THIS INVOICE	i thread the first				
Description	Qty UM	Price	Extension		
12"x2" 10 Gauge Wire Staples	10.00 M	73.97	739.70		
reight .	1.00	153.00	153.00		
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SEND ALL PAYMENTS AND CORRESPONDENCE TO: TERRA ENTERPRISES, INC. 353 W. CHESTNUT STREET	Subtotal		892.70		
GENESEE, IDAHO 83832	Total Invoice Cash In Bank -	Visa	892.70 892.70-		

INVOICE

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.

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LONGMONT, CO.

DEWITT COMPANY

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Highway 61 S Toll Free	COMPANY South, RR3 Scx 31 • Sikeston, Missouri 63801 • 800-888-9669 • MO Res. 314-472-0048 Fax 1-314-471-6715	Invoice No.: Customer No.: Invoice Date: Page No.:	70022 CDCOAE 07/08/97 1
BILL TO:	CRAIG OWEN	SHIPPED TO: Phone: 303-661-3793 CRAIG CWEN	
	10170 WCR-15 1/2	10170 LICP_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.

80504

SHIP DATE	PURCHASE ORDER NO.	TERMS		VIA	SALESMAN		ORDER DATE	OR	DER NO.
07/03/97	CRAIG	NET 30		HOLMES	193	6/3	30/97		MOS7506
TY. ORDERED	. QTY. SHIPPED	ITEM NUMB	ER	E	ESCRIPTION		UNIT PRICE	DISC.%	EXTENDED AMOUNT
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freight exc DUE: August	ge of 1.5% w	yment is in	our of	fice by	July 08, 1	.997	Paid	SALE TOTAL SALES TAX DISCOUNT FREIGHT	\$923.40 \$0.00 \$0.00 \$0.00 \$0.00
						F		TOTAL	\$923.40

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 - 250
SUMAC	BR	50	\$ 21.00
EUROPEAN SAGE	BR	50	\$ 21.00 120
PONDEROSA PINE	LP	600	\$ 564.00
ROCKY MTN. JUNIPER	LP	720	\$ 676.80 360

Plant when be der programmer the start we have been been bereard of the pick on 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	BAL
	_		

BALANCE: \$____

sledling pick up date: fuday, 4-4-97

FY <u>46/47</u> CSFS OI	RIGINATOR	TREM	aryplack	
CATEGORY	ACCOUNT	SUBCODE	AMOUNT	
TREES	1-93600	0622	1551.42	
SALES TAX	0-24200	2020	46,54	
SHIPPING	1-93600	0601		
OTHER	1-93600		3.88	024200-2023
REFUND TREES	1-93600	0622		
REFUND TAX	0-24200	2020		

DEWITT COMPANY

2002

INVOIGE

Invoice No.56570 Customer No.5DC0AE Invoice Date95/03/96 Page No.1

SHIPPED TO: PHONS: 303-661-3793 CRAIG OWEN

CRAIG OWEN

BILL TO:

10107 WCR-15 1/2 LONGMONT, CO.

Highway 61 South, RR3 Box 31 • Sikeston, Missouri 63801

Toll Free 800-888-9669 . MO Res. 314-472-0048

Fax 1-314-471-6715

DeWitt

COMPANY

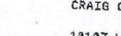
80504

10107 WCR-15 1/2 LONGMONT, CO.

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.

TERMS SALESMAN ORDER DATE 1.20 05/01/95 ORDER NO. NET 30 HOLMES Dale 04/25/96 OTY: SHIPPED ITEM NUMBER MDS3651 DESCRIPTION UNIT PRICE EXTENDED 14.00 DISC.% 14.00 EMG AMOUN 6 1 x 300' Earthmat \$73.50 \$1029.00 POL 5-30-96 CXF OLETY \$1029.00 12 2 ou may deducit \$0.00 from this invoice (merchandise caly, reight excluded) if payment is in our office by May 03, 1996 029 00 SALE TOTAL Late Charge of 1.5% will be added to all Invoices 30 days \$0.00 SALES TAX \$2.00 ast due and over. DISCOUNT \$0.00 FREIGHT \$1029.00 TOTAL

Thank al.



No. or Fages	please	Dato Time	
Company Location Fax # Original Cisposition:	Cestroy	Dept. Charge Telephone #	Call for pickup
INVOICE	Genesee, lo Telephone: Telefax. (20	iaho 83832 (208) 285-1000	SEND PAYMENT TO
Terms: of 1.5	VISa % monthly	on unpaid b	
	able Labs 0170 WCR	15 1/2	
THIS INVOICE]
4	9ty UM .50 K	73.97	Extension 332.87
	From Company Location Fax # Orginal Disposition: INVOICE	From Heather Company Location Fax # Original Ciscostion: Centroy INVOICE S53 W. Che Genessee, Io Telephone: Telefax. (20 TEGI2(Terms: VISa of 1.5% monthly Due Date: 05/1 Ship To: Cable Labs 10170 WCR Longmont,	From Heather Company Location Det Charge Fax I Telephoner Original Oseantion: Dennoy Paum Descention: Dennoy Paum INVOICE 353 W. Chestnut Street Genesee, Idaho 83932 Telephone: (208) 285-1000 Telefax. (208) 285-1000 Telefax. (208) 285-1017 TEGIA Terms: VISa Finance of 1.5% monthly on unpaid b Due Date: 05/15/96 Ship To: Cable Labs 10170 WCR 15 1/2 Longmont, CO 80504 ITHIS INVOICE

SEND ALL PAYMENTS AND CORRESPONDENCE TO: TERRA ENTERPRISES, INC.	Subtotal	431.89
353 W. CHESTNUT STREET GENESEE, IDAHO 83832	Total Invoice Cash In Bank - Visa	431.89 431.89
The purchaser agrees to pay all expenses, charges and costs including to place this account for collection. Net 30 days from this invoice. If n	Net Due	0.00 any for the seller
annum of 18% will be charged.	or paid for as agreed, a relation charge of 1 1/2/3 per mont	n which is a per

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 -O+. 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-862 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

age.1								RM APPROVED . 0560-0082
0-245 09-11-	95) U.S. DEPARTMEN REQUEST FO					0. & C/D 1 23 3	CONTROL NO 98 0	.(F/Y & NO.)
AD-245	replaces ACP-245 and SIP-245)							
ARM NO 7736 RACT N 10732	CRAIG OWEN 10170 COUNTY ROAD 15 1/2 LONGMONT, CO 80504-5438		FARMLAND 78.0 CROPLAND 72.7			CONTRACT/ & ITEM NC		OSE !FARMS !/ /YE! !/X/No ER !
REE ST	TION OF PRACTICE OBJECTIVE	661-3793/0FFIC 30/4 833-2150/0FF 661-						
DR USE	BY THE APPROVING OFFICIAL							
umber	Practice Title	A SHARE SHE		ested ! A	pproved	! Rate !	C/S Approved	! start the
IP4	Agroforestry estab/main/renovate FARMSTEAD AND FEEDLOT WINDBREAK MULCHING - WEED BARRIER FABRIC	(AS)	AC	.8 .8 .8		450.000		04-30-97
								I plan to complete th practice 04-30-98
ONSERV	ATION PLAN: Farm Plan By NRCS / /Yes /X/No	Forest Plan By F / /Yes /X/No		ther Plan Yes / /No		! PARTNERS	HIP //	Yes /X/No Yes /X/No
PPLICA	NTS REQUEST							
ithout aid to pprove nd the ts lif eceivi	est cost-share assistance under the Federal cost-sharing. If cost-sh me as determined by the Approving ed practice, or (b) voluntarily rel e new owner and/or operator of the 'espan. I have not yet started thi ing written approval I may be denie stand that form "CONTINUATION FOR TRE: of operator	aring is approved for t Official, if, before e inquish control or titl land does not agree in s practice, and except d funding. I authorize	he practice r expiration of e to the land writing to pr for ECP reque a representa incorporated	equested, the specif on which operly mai sts, I und tive of US	I agree t 'ied pract the appro intain the lerstand t DA to hav	o refund a ice lifesp ved practice practice hat if I t re access t C/S	ll or part an I, (a) d ce has been for the rem egin the pr	of the funds estroy the established ainder of actice before
PPROVA	L ACTION The Approving Official	approved the extent sho	1110			!		K F above for
OR THE	this practice.	No						
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EMARKS						RIC	ECEIVED BY DUNTY FSA	NELD FFFICE 1999

SEX, MARITAL STATUS, OR DISABILITY.

1

CONCEDENTIATION OF DODTING AND PUALITA	TURE				D !Con	trol No. (FY & No.)
1-21-94) CONSERVATION REPORTING AND EVALUA	A. REFERRAL	TNEODWATT		08 123 3	!	98 0024
Farm No. Name and Address	H. REFERRE			ne Number	13. Con	tract Id.
7736 CRAIG OWEN 10170 COUNTY ROAD 15 1/2					!	
Tract No. LONGMONT, CO 80504-5438 10732			!4, Practic	e to Begin -30-97		erral Expires 04-30-97
Practice Location PT S2SE4 8-2-67 D 30/4 833-2150/OFF 661-3793			17. Needs 8	statement	ice	1.7
Practice Description	! Extent !Requested		need	pract. led t te	<i>qqib</i>	10
P4 Agroforestry estab/main/renovate (AS) W FARMSTEAD AND FEEDLOT WINDBREAK AC	.8	.8	i •			
IL MULCHING - WEED BARRIER FABRIC AC	.8	18	!The practi !in item A1 !	ices shown in it 0 are needed an	em A8 wi d practi	th the units shown cal for the farm.
			11. Signal	ture	0	!Date
	B. GENERAL	! INFORMATIO	N Day	fas f	teve	sn 3/24
Primary Purpose 2. Program 2. Program Practic G ! SIP ! SIP4						
8. Practice Extents	Soil Loss <mark>!1</mark>	Land Co	ver/Use	12. Technical P	ractices	Applied
1 18/ THE-1	2		10!		! Cost- !Shared?	Units Planned/ Applied
C. EROSION CONTROL				380	14	0.810.8
a. Before (Tons/Ac./Yr.) b. After (To	ns/Ac./Yr.)		s to which Applies			
Erosion		0			1	
Wind I Before (Tons/Ac./Yr.) b. After (To	ns/Ac./Yr.)	! Rate	Applies !		 	D BY OFFICE
Erosion ! (!	(. 8			CENTY FST 1999
Other !a. Problem Type!b. Before (Tons/Yr.)!c. Af Erosion !	ter(lons/Yr	.)!d. Acre	s Affected		! C	CEB- 2
Range !a. Condition Code !b. Condition Code!c Condition !Before !After !B		d.!d. Tren !After	d. Cond.	13. Endangered 14. Hydrologic	Species Unit Code	FEB - 3 1953
D. WATER CONSERVATION		Sec. Int.			; (E. WATER QUALITY
a, Irrigation'b. Water Applied(Ac Irrigation Situation Before				(%)!d. Water Co ! Acres		roblem Type
Water Conservation			inter	i		ype of Water Body
la. Primary b. Capaci Increased Water Use Before	ty(Acre-Incl	1es)	13.	Soil Moisture Measures?		reated/Protected
Storage		HILEF		nedsures:	13. P	ollution Severity
F. WOOD PRODUCT	ION				! G	OTHER ASSISTANCE
1. Site Description ! 2. Stand Condi Site Index! b. Poten. Prod. !a. Forest Cover ! b. St	tion	- ! 3.	Site Prepa	Cast-Shappi Tr	opc I	
50 (Before After Befo	re After	3 Mo	ne !	! Pr	/Ac! Ta	armstead Vind Grealc
H. ACTUAL COST AND PERFORMANCE DATA		OPMANCE P	грорт			ς.
Total Install. Cost!2. Cost-Share 13. Date Perfo 1240 ! 807 ! 20119	rmed D	raite	ie c	avplet	ed a	a sperific

			the second s	lo. 0596-0120
SIP-100 (10-01-91)	U.S. DEPARTMENT OF AGRICURE Stewardship Incentive Program	Weld	2. STATE CO	010 015
	SIP ELIGIBILITY WORKSHEET	3. ASCS FARM NO. 1898 5. LANDOWNER NAME AND ADDRESS	4. CONTROL NO. (from 96 - 54 H	sip-245)
		Craig Owen E	Jananiant	16 -5 7
NOTE: This wo	orksheet should be attached to the SIP-245 and remain	attached throughout the cost-share pr	rocess.	e one
The following state (36 CFR Part 230). program may be d furnished to other U	ments are made in accordance with the Privacy Act of 1974 (5 USC 552a). The The information is necessary to determine eligibility to participate in the Stewars enied. Any fraudulent claim made hereunder may subject the applicant to Feder JSDA agencies, IRS, Department of Justice, or other State and Federal law enforc	Food, Agriculture, Conservation, and Trade Act of 1990 a tship Incentive Program (SIP). Furnishing this data is volu al, criminal and civil penalties as provided in 18 USC 287 ement agencies, and in response to orders of a court mag	authorizes the collection of the untary; however, without it par 7, 1001; and 31 USC 231. Th istrate or administrative tribun	e following data ticipation in the be data may be al.
Public reporting bu maintaining the da suggestions for rea Reduction Project	Inden for this collection of information is estimated to average 15 minutes per re ta needed, and completing and reviewing the collection of information. Send cou ducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0596-0120), Washington, D.C. 20503.	esponse, including the time for reviewing instructions, see mments regarding this burden estimate, or any other asp Room 404-W, Washington, D.C. 20250; and to the Off	arching existing data sources, ect of this collection of inform fice of Management and Bud	, gathering and ation, including get, Paperwork
		ST - TO BE COMPLETED BY ASCS		
Check "Yes" or	r "No" for each:		YES	NO
6. The applica	nt actually owns the land.		X	
7. The landow	ner is not a Federal, State, or local government agency	or other governmental organization.	X	
8. The landow	ner, if a corporation, is not a publicly traded corporation	n.	n/a	
9. The landow	ner is not principally engaged in the production of wood	d products.	X	
	wner does not own more than 1,000 acres of NIPF (No acres of NIPF with an eligibility waiver signed by the S		more X	
11. The landow State Fores	wner owns at least the minimum acreage of NIPF that I ster.	has been established for SIP eligibility t	by the X	
12. The practic	ce is voluntary, or is not required by Federal, State, or I	ocal government laws or regulations.	X	Subset
	ce was not started prior to submission of the application		X	
Federal co	ce has not been established and currently does not exi ost-sharing.	st on the site as a result of previous	X	
15. Other (exp	plain)			
	nformation above is provided by ASCS for use by the S			information
	ly as a recommendation, and is only based on informat (Landowner)	Ion made available at the time of applic		~
X	haig Owe	~ '*	1/16/96	5
17. Signature	(CED or designee)	Date /-	-17-96	
Supporting sta	tements or documents, if any, are attached by ASCS.			
Chack "Vee" a	PART 2 - ELIGIBILITY DETERMINATION - TO r "No" for each:	BE COMPLETED BY THE SERVICE FOR	ESTER YES	NO
			120	
and the second sec	ce requested was determined to be needed and pract		X	
higher pri	cation meets all explicit eligibility criteria and is eligible f ority and ample funds are available. ("No" should be che f priorities, or ample funds are not available.)			1
20. Other (exp	plain)		, W	ELE
(ENED BY OF	FID
ELIGIBLE	"No"	ermination is based on the following from ite (Enter numbers). (Note: Servic	m(s) 615 or 18-20 the	and checked
		eterminations for items 6-15 regardless of A	SCS's recommendatio	n.)
21. Signature	e (Service Forester)	Date		
DA	Alevenson		2/16/9	6
Supporting sta	tements or documents, if any, are attached by the Service Foresters: The original signed copy of this form mu	vice Forester.	ce with each SIP-24	5 so that
ASCS can pro	perly notify the applicant of their application approval/d	isapproval.		
	activity will be conducted on a nondiscriminatory basis without re		e, sex, marital status, o	handicap.

			OMB No	0.0596-0120
SIP-100	U.S. DEPARTMENT OF AGRIC URE Stewardship Incentive Provin	1. COUNTY /// 2.	STATE	
(10-01-91)		3. ASCS FARM NO. 4.	. CONTROL NO. (from S	IP-245)
•	SIP ELIGIBILITY WORKSHEET	1898	96-54 Ha	1 210
	SIP ELIGIBILITT WORKSTILLT	5. LANDOWNER NAME AND ADDRESS	10 01 10	V-ET
		R C L'O	170 CutyRo	6-31
		Craig Owen Zy	CARCOMMAN +C	To sasa
NOTE: This wor	rksheet should be attached to the SIP-245 and remain	attached throughout the cost-share pro	cess.	0 0-0-1
The following statem (36 CFR Part 230). program may be den furnished to other 115	ents are made in accordance with the Privacy Act of 1974 (5 USC 552a). The F The information is necessary to determine eligibility to participate in the Stewards nied. Any fraudulent claim made hereunder may subject the applicant to Federal SDA anencies. IBS. Department of Justice, or other State and Federal law enforce	ood, Agriculture, Conservation, and Trade Act of 1990 au hip Incentive Program (SIP). Furnishing this data is volun I, criminal and civil penalties as provided in 18 USC 287. ment agencies, and in response to orders of a court magis	thorizes the collection of the f tary; however, without it partic 1001; and 31 USC 231. The trate or administrative tribunal.	ollowing data pation in the data may be
Public reporting burg maintaining the data suggestions for redu Reduction Project (0	den for this collection of information is estimated to average 15 minutes per res, needed, and completing and reviewing the collection of information. Send com- icing this burden, to the Department of Agriculture, Clearance Officer, OIRM, R DMB No. 0596-0120), Washington, D.C. 20503.	ponse, including the time for reviewing instructions, sear ments regarding this burden estimate, or any other aspec loom 404-W, Washington, D.C. 20250; and to the Offic	ching existing data sources, g it of this collection of informat ie of Management and Budge	athering and ion, including et, Paperwork
	PART 1 - ELIGIBILITY CHECKLIST			
Check "Yes" or	"No" for each:		YES	NO
6. The applicant	t actually owns the land.		X	
7. The landown	er is not a Federal, State, or local government agency	or other governmental organization.	X	
8. The landown	er, if a corporation, is not a publicly traded corporation.		n/a	
	er is not principally engaged in the production of wood		X	n C.
10. The landow than 5.000	ner does not own more than 1,000 acres of NIPF (Non acres of NIPF with an eligibility waiver signed by the St	-Industrial Private Forestland), or not m ate Forester.	nore X	
11. The landow State Forest	mer owns at least the minimum acreage of NIPF that ha	as been established for SIP eligibility b	y the X	3.8
NAME OF TAXABLE PARTY AND DESCRIPTION OF TAXABLE PARTY.	e is voluntary, or is not required by Federal, State, or lo	cal government laws or regulations.	X	
	e was not started prior to submission of the application		X	
14. The practic Federal cos	e has not been established and currently does not exis st-sharing.	t on the site as a result of previous	X	
15. Other (expl	lain)		1.162.1	
The eligibility in	formation above is provided by ASCS for use by the Se	ervice Forester for making eligibility det	erminations. This ir	formation
is provided only	as a recommendation, and is only based on information	on made available at the time of applica	ation.	
16. Signature	(Landowner)	Date	1/16/96	<u></u>
X	(OFD as designed)	Date	//0/-0	,
	(CED or designee) Church De	/>	17-96	
Supporting stat	ements or documents, if any, are attached by ASCS.		OTED	
04	PART 2 - ELIGIBILITY DETERMINATION - TO	BE COMPLETED BY THE SERVICE FORE	YES	NO
Check "Yes" or	No for each.		120	1
18. The practic	ce requested was determined to be needed and practic	cal (from AD-862).	X	
19. The applica	ation meets all explicit eligibility criteria and is eligible fo	or cost-sharing at this time because it is	\$	
higher pric	prity and ample funds are available. ("No" should be chec	cked when eligible applications are not appro	oved X	
20. Other (exp	lain)		BY WI	FICE
			CEINED ESA	0
ELIGIBLE	"No"	rmination is based on the following from iten (Note: Service	n(s) 6 05 or 18-20 that e Foresters have the	are checked
	(1	Enter numbers)	FED	
		terminations for items 6-15 regardless of AS Date	US s recommendation	.)
21. Signature	(Service Forester)	Date	11/10	1
DA	Alevenson		2/16/96	2
Supporting stat	ements or documents, if any, are attached by the Serv	ice Forester.		an that
NOTE to Servic	ce Foresters: The original signed copy of this form mus	st be returned to the county ASCS offici	e with each SIP-245	so that
ASCS can prop	perly notify the applicant of their application approval/dis	sapproval.	eav marital status	handican
This program or a	ctivity will be conducted on a nondiscriminatory basis without reg	jara to race, color, religion, national origin, age	, sex, manual status, or	androap.

SIP-502 ULS EPARTNENT CLUCK INTER County During PROGRAM YEAR 100-131 STEWARDSHIP INCENTIVE PROGRAM Caunty During Product				-		OMB No. 0596-0120
(10) STEWARDSHP INCENTIVE PROGRAM DAYNET UNITATION DEVISE State 139 946 N State Col 19 946 N Impaire animation of the food Activity of State (State). The additional models of a constraint of the state (State) and the state (State). The additional models of a constraint of the state (State). The additional models of a constraint of the state (State) and the state (State) and the state (State) and the state (State). The additional models of a constraint of the state (State) and the state (State) and the state (State). The additional models of the state (State) and the state) and the state (State) and the state) and the state (State) and the sta	SIP-502			County	laid	PROGRAM YEAR
Normality and the set of	(10-01-91)	STEWARDSHIP INCENTIVE PROGRAM			Co	19 <u>94</u>
	N program is autho however, without	ements are made in accordance with the Privacy Act of 1974 (5 USC 5522 rized by the Food, Agriculture, Conservation, and Trade Act of 1990 wi it we may be unable to establish your maximum eligibility for program pag	nich will be used in appiyi yments unless this report is al and civil panalties as pro	completed and filed as i	equired by existing law a 01: and 31 USC 231. T	and regulations (36 CFR Part The data may be furnished to
1. Entity's Name and Address 2. Entity Identification Number 3. Date Entity Formed Curring Owen South State 3. Date Entity Formed Worth Counting Rel. 57% 3. Date Entity Identification Number 3. Date Entity Formed 4. Type of Entity (Check One) 3. Joint Venture 1. Other (Speedy) A Individual C. Revocable Trust E. Limited Partnership G. Joint Venture 1. Other (Speedy) B. Invocable Trust D. Corporation F. General Partnership H. Estate	E maintaining the o	tata needed, and completing and reviewing the collection of information.				
Cruig Owen Rd. 57% 374-76-5603 4. Type of Entity (Check One)	1. Entity's N	ame and Address	2. Entity Iden	tification Num	ber 3. C	Date Entity Formed
A Individual A. 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. Stockholder's, Member's, Heir's, or Beneficiary's Name Social Security/ Employer ID Number(s) % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Image: Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Image: Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Image: Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Image: Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Image: Social Security/ Employer ID Number(s) % Share Image: Stockholder's, Member's, Heir's, or Beneficiary's Name Image: Social Security/ Employer ID Number(s)			374-	-76 -56	03	
A molocal constraint of the second state of th	4. Type of E	ntity (Check One)				
B. medicable from the second	A. Individual	C. Revocable Trust E. Limite	ed Partnership	G. Joint Ver	nture 🔲 I. (Other (Specify)
Stockholder's, Member's, Heir's, or Beneficiary's Name Social Security/ Employer ID Number(s) % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Social Security/ Employer ID Number(s) % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Stockholder's % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Stockholder's % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Stockholder's % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Stockholder's % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Stockholder's % Share Stockholder's, Member's, Heir's, or Beneficiary's Name Stockholder's % Share Stockholder Stockholder Stockholder % Share Stockholder Stockholder Stockholder % Stockholder Stockholder Stockholder Stockholder <td>B. Irrevocable Tr</td> <td></td> <td></td> <td></td> <td></td> <td></td>	B. Irrevocable Tr					
Stockholder's, weinder's, hein's, or denencedly a ream Stockholder's, weinder's, hein's, or denencedly a ream	5. Member	 List all stockholders, members, heirs, or be 	eneficiaries havi	ng an interest i	n the entity.	
Executor's or Grantor's Name	Stockholde	er's, Member's, Heir's, or Beneficiary's Name	Social Security	// Employer ID N	umber(s)	% Share
Executor's or Grantor's Name						
Executor's or Grantor's Name						
Executor's or Grantor's Name			1	2 - 7	19	
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Executor's or Grantor's Name					RECEIVE	DESA OF
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.					CODIN	3 1995
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.					FER)
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.						
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.						
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.						
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.						
6. Entity Certification I certify that all information provided on this form is true and correct to the best of my knowledge and belief.						
I certify that all information provided on this form is true and correct to the best of my knowledge and belief.	Executor's or G	rantor's Name				
I certify that all information provided on this form is true and correct to the best of my knowledge and belief.	6 Entity C	ortification				
DATE	I certify that a	ll information provided on this form is true and c	correct to the best	of my knowledge	and belief.	
			0		DATE	16/96

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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.

age 1				nd ar we have been set and may use			OMB NO. 05	
0-245 09-11-	U.S. DEPARTME 95) REQUEST FI	NT OF AGRICULTURE DR COST-SHARES			ST. & (08 :	:0, & C/O ! CON L23 3	TROL NO.(F/ 98 0024	Y & NO.) !
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10732			72.7	SIP		1	OTHER ASSISTANC	!
SCRIP	TION OF PRACTICE OBJECTIVE RIP ESTABLISHMENT 833-2150/HOME	661-3793/0FFICE						
RACTIC	E LOCATION PT S2SE4 8-2-67) 30/4 833-2150/0FF 661-37	793					
	SY THE APPROVING OFFICIAL		1 5.1		·		C/C 1 T	
umber	Practice Title		Reque	sted Ap	proved	Rate App	roved 1 st	art the actice
IP4 FW	Agroforestry estab/main/renovat FARMSTEAD AND FEEDLOT WINDBREAK MULCHING - WEED BARRIER FABRIC	e (AS) Δι	1	.8 .8 .8		450.000 775.000	04	-30-97
							1 C0 1 pc	plan to . uplete ti <u>actice</u> -30-98
ONSERV	/ATION PLAN: Farm Plan By NRCS / /Yes /X/No	Forest Plan By FS / /Yes /X/No	0t /X/Y	her Plan es / /Nó	- 196 an an in an in an an an	! PARTNERSHIP ! Joint Ventur	/ /Yes re / /Yes	/X/No /X/No
	NTS REQUEST							
ithout	est cost-share assistance under th E Federal cost-sharing. If cost-s D me as datermined by the Approvin ad practice, or (b) voluntarily re	haring is approved for the g Official, if, before ax linquish control or title	e practice re piration of t to the land riting to pro	quested, 1 he specifion which is perly main	l agree led prac the appro ntain th	to refund all o tice lifespan l oved practice f e practice for	or part of t [, (a) destr has been est the remaind	he funds by the
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For SIC and FIC Only: I sertify that I //do //do not own more 1000 acres of eligible "Acres if more" (Oate Valver Thresiland in the United States or any territory or possession of the U.S. STGMATURE: DATE: DATE:

PARTICIPATION IN USEA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT DEGARD TO RACE, COLOR, RELIGION, MATIONAL ORIGIN, AGE, SEX, MARINAL STATUT, OR DISABILITY.

A0-862 U.S. DEPARTMENT OF AGRICUL (11-21-94) CONSERVATION REPORTING AND EVALUA	TURE TION SYSTEM		!ST.	å CO. Code & C/O 08 123 3	Control No. (FY & No.) 98 0024
	A. REFERRAL	INFORMATI	אכ		
1. Farm No. Name and Address 7736 CRAIG OWEN 10170 COUNTY ROAD 15 1/2 Tract No. LONGMONT, CO 80504-5438 10732				!	. Contract Id. . Referral Expires 04-30-97
6. Practice Location PT S2SE4 8-2-67 D 30/4 833-2150/DFF 661-3793					
			need	practice practice led + feag	ible
SIP4 Agroforestry estab/main/renovate (AS) FFW FARMSTEAD AND FEEDLOT WINDBREAK AC MUL MULCHING - WEED BARRIER FABRIC AC	1 01	. 8	The pract in item A	ices shown in item 10 are needed and p	A8 with the units shown ractical for the farm.
	B. GENERAL I	NFORMATIO		las Alte	Tueson 3/2.
1. Primary Purpose 22. Program 13. Program Practic G SIP 1 SIP		/SL 15. F	und Cade	6. Estimated Total	
8. Practice Extents 19. Land Capability 110. Number 1Ac. Served/Treated! Class & Subclass 1	Seil Less!11	, Land Co	ver/Use	12. Technical Prac	tices Applied
1.81 IIte-1	1		1	! Technical ! C	ost- ! Units Planned/ ared?! Applied
C. EROSION CONTROL				380	Y 0.810.
a. Before (Tons/Ac./Yr.) !b. After (To Erosion (ons/Ac./Yr.)	lc. Acre Rate	Applies	[[
a. Sefore (Tons/Ac./Yr.) b. After (To 2. Wind Erosion	ons/Ac./Yr.)				
3. Other !a. Problem Type!b. Before (Tons/Yr.)!c. At Erosion !	fter(Tons/Yr.	lid dera	e Affected		1
Erosion ! ! ! 4. Range !a. Condition Code !b. Condition Code!c Condition !Before !After !f	c. Trend Cond Before	.d. Tren !After	d, Cond,	13. Endangered Spe 14. Hydrologic Uni !	cies t Code
D. WATER CONSERVATION					E. WATER QUALITY
a. Irrigation/b. Water Applied(Ac 1. Irrigation Situation Sefore - Water Situation Sefore - Conservation	in./4c.) !	. System	Ffficiency	y(%)id. Water Cons. r Acres	1. Problem Type
la. Primary 1 b. Capaci 2. Increased Water Use 1 Before	ity(Acre-Inch	es) Afier	[3	. Soil Moisture Measures?	Treated/Protected
Storage	1		Ţ		13. Pollution Severity
F. WOOD PRODUCT	TION				G. OTHER ASSISTANCE
50 (130) C	ition tocking Lavel re After 2 100	3. 3. Acr	Site Prep	Aration4, Cost-Share! Trees Pr/Ac Mone 691	Farmaticad Wind Greak
			· · · · · · · · · · · · · · · · · · ·	an a	and has defined but the loss and any and any and any and has been but the of a root but the part of
H. ACTUAL COST AND PERFORMANCE DATA 1. Total Install. Cost(2. Cost-Share 13. Date Performance 12. $12402 + 507 + 21119$ This spacetice has been performed to the extent shaws in	g P	acte	ie c	avpleted	as sperifi
This practice has been performed to the extent shown in meets program requirements. If the practice does not n specifications or the identional work is required, expl	in item 312c meet practice	indisig (Tingle	as Atter	2/1/

	HE TREE FARM RSERY • GARDEN CENTER 11868 Mineral Rd. (Hwy. 52) ONGMONT, COLORADO 80501 (303) 652-2961 • Metro/Boulder 447-9138 FAX (303) 652-2960	
	PRICE	QUOTE
PRICE QUOTE#:129867-Q		
DATE:07/30/98 14:18:07	7	
PAGE: 1		
CUSTOMER #: 45316		
PRICE QUOTE FOR :		
CRAIG OWEN	HM:303-833-2150 WK:	

HM:303-833-2150 WK: JOB NAME:

7751 WCR 22 2/6 LONGMONT, CO 80504

CUSTOME	ER P.O.	# REP	SHIP VIA TERMS	OPERATOR RI	EG DE	LIVER
			PRICE QUOTE Q CASH/COD	liz Ø	6 /	/
Qty Taken	Qty Order	Size	Product Description	Price Each		Extended Price
	250.00	#05B18	CARAGANA, PYGMY PEASHRUB	28.95	23.16	5790.00
	250.00	#05B18	LILAC, COMMON PURPLE	28.95	23.16	5790.00
Skines	250.00	#05STK	HONEYSUCKLE, HALL'S	26.50	21.20	5300.00
	375.00	2CFBAG	BAGGED-MULCH, PINE BARK CON	D 3.75	3.75	1406.25

SUB	TOTAL	18286.25
TAX		758.88

19045.13

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

QUOTE

RETAIL COPY - SEE WARRANTY ON BACK

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Page 1				FORM AP OMB NO: 056	
AD-245 U.S. DEPARTMENT OF AGRICULTURE (09-11-95) REQUEST FOR COST-SHARES			CO. & C/D ! CON 123 3 !		& NO.) :
(AD-245 replaces ACP-245 and SIP-245)				The second	
FARM NO. NAME AND ADDRESS 1898 CRAIG OWEN 10170 COUNTY RD 15 1/2 TRACT No. LONGMONT, CO 80504 1357	FARMLAND 170.0 CROPLAND 158.0			PRIMARY PURPOSE	OTHER FARMS // /YES //X/No
Telephone No.		SIP		ASSISTANCE	
DESCRIPTION OF PRACTICE OBJECTIVE TREE STRIP ESTABLISHMENT 833-2150/HOME PLANTING T PRACTICE LOCATION SWSE4 8-2-67 D30/4 833-2150/DFF 661-2793 P	CANT "1 061-	3793/OFFICE			
FOR USE BY THE APPROVING OFFICIAL	A				
Number Practice Tife A/CC 124	2 Exte Reques	ted ! Approved	I Rate App	F! sta	lan to rt the ctice
SIP4 Agroforesty establication (AS) FFW FARMSTEAD AND FEEDLGT WINDBREAK MUL MULCHING LEED BARRIER FABRIC	AC	.8 0.8		360 04- 520	01-96
			8	ece ! com	lan to plete the <u>ctice</u> 30-96
CONSERVATION PLAN: Farm Plan By NRCS Forest Plan By FS //Yes /X/No Yes Wes	i om	er Plan s /XNo	PARTNERSHIP Joint Ventur		
APPLICANTS REQUEST					
I request cost-share assistance under the program to meet the ob- without Federal cost-sharing. If cost-sharing is approved for the paid to me as determined by the Approving Official, if, before en- approved practice, or (b) voluntarily relinquish control or title and the new owner and/or operator of the land does not agree in the its lifespan. I have not yet started this practice, and except to receiving written approval I may be denied funding. I authorize I understand that form "CONTINUATION FOR AD-245" is by reference	he practice req xpiration of th e to the land o writing to prop for ECP request a representati	uested, I agree e specified pra n which the app erly maintain t s, I understand ve of USDA to b	to refund all o octice lifespan I roved practice h he practice for that if I begin	or part of th (a) destro has been esta the remainde the practic	e funds y the blished r of e before
SIGNATURE VIAIN ONES	16/96 Estima		C/S Will to Appro	IVP	800
APPROVAL ACTION The Approving Official approved the extent show this practice,		bove and the co	st-shares shown	in <u>BLOCK F</u> a	bove for
FOR THE APPROVING OFFICIAL		! DATE	: ! Practice ! Date	e Expiration	
REMARKS	Sector Mart				
For SIP and FIP Only: I certify that I / /do Y do not own more SIGNATURY PARTICITATION IN USED ROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS SEX, MARITAL STATUS OR DISABILITY.	the U.S.	/96 tha	es if more n 1,000 R, RELIGION, NAT	Date Waiv Approved	

Farm Stead Windbreak (L-shaped)

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

D-862 U.S. DEPARTMENT OF AGRICULT 11-22-94) CONSERVATION REPORTING AND EVALUAT	ION SYSTEM		!	08 123 3	!	ntrol No. (FY & No 96 0055		
f	REFERRAL	INFORMATI	ОМ					
Farm No. Name and Address 1898 CRAIG OWEN			12. Telepho	ne Number	13. Con	ntract Id.		
10170 COUNTY RD 15 1/2 Tract No. LONGMONT, CO 80504 1357				e to Begin 01-96	!5. Ref	ferral Expires		
Practice Location SWSE4 8-2-67 D30/4 833-2150/OFF 661-3793 PLANT "T"			7. Needs S	tatement	S. A.			
	! Extent !	Extent						
Practice Description 8	!Requested!							
IP4 Agroforestry estab/main/renovate (AS) FW FARMSTEAD AND FEEDLOT WINDBREAK AC UL MULCHING - WEED BARRIER FABRIC AC	.8		 					
UL MULCHING - WEED BARRIER FABRIC AC	.8		The practi in item A1	ces shown in i O are needed au	tem A8 w nd pract:	ith the units show ical for the farm.		
			11, Signat	ure		!Date		
	3. GENERAL I							
. Primary Purpose 2. Program 2. Program Practice G 2. SIP 2. SIP4	2 No. 14. VC	/SL 15, F N 1	und Code !&	. Estimated lo	tal Cost	7. Est. Cost-Shar 948		
8. Practice Extents 19. Land Capability 110. S Number 1Ac. Served/Treated! Class & Subclass 1 To	ioil Loss!11	, Land Co	ver/Use	12. Technical H	ractice	s Applied		
Technical Compared to the second seco					! Cost- !Shared	! Units Planned		
C. EROSION CONTROL								
a. Before (Tons/Ac./Yr.) b. After (Ton Sheet & Rill Erosion	is/Ac./Yr.)		s to which Applies					
a. Before (Tons/Ac./Yr.) b. After (Ton Wind Erosion	ns/Ac,/Yr.)		res to which te Applies					
. Other !a. Problem Type!b. Before (Tons/Yr.)!c. Aft Erosion !		1	and the second se		1			
Range !a. Condition Code !b. Condition Code!c. Condition !Before !After !Be	Trend Cond	. Id. Tren	d. Cond. !	13. Endangered 14. Hydrologic	Species Unit Co	de		
D. WATER CONSERVATION	3				!	E. WATER QUALITY		
a. Irrigation!b. Water Applied(Ac. Situation ! Before !	-in./Ac.) ! After !	c. System Before	Efficiency After	(%)!d. Water Co Acre	ons. 1. 1	Problem Type		
Conservation !			!	1	2.	2. Type of Water Body Treated/Protected		
a. Primary b. Capacit Increased Water Use Before Storage		After		Measures?	3. 1	Pollution Severity		
F. WOOD PRODUCTI	ION STATES				; (G. OTHER ASSISTANC		
1. Site Description 1. Site Description 2. Stand Condit Site Index! b. Poten. Prod. a. Forest Cover ! b. Sto Before ! After ! Befor	tion cking Level e ! After	- 3. !a. Acr	Site Prepa es !b.	ration ! -/ Cost-Share! Ti Pi	4! Pun rees! /Ac!	rpose		
H. ACTUAL COST AND PERFORMANCE DATA	I. PERF	ORMANCE R	EPORT					
. Total Install. Cost!2. Cost-Share !3. Date Perfor	med							
his practice has been performed to the extent shown in sets program requirements. If the practice does not me			ture			!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. planted 2050 feet.	Criag actually
Cost-shared portion only: Planting Costs: 330 plum seedlings @ \$0.40 ea.: 220 juniper seelings @ \$0.97 ea.: 165 pine seedlings @ \$0.97 ea.: TOTAL SEEDLING COST: 34.5 man-hours labor @ \$8.00/hour: TOTAL PLANTING COST: Cost-share rate:	$ \begin{array}{r} \$ 132.00 \\ 213.40 \\ \underline{160.05} \\ \$ 505.45 \\ \underline{276.00} \\ \$ 781.45 \\ \underline{X0.65} \\ \$ 507.94 \\ \end{array} $
Cost-shares allocated:	\$ 360.00
Mulching Costs: Mulch (\$881.28+1101.60)*(1340/2050): Staples (\$721.35)*(1340/2050): TOTAL MATERIALS COST:	\$1296.13 <u>471.52</u> \$1767.65
123.5 man-hours labor @ \$8.00/hour: TOTAL MULCHING COST:	<u>988.00</u> \$2755.65

Cost-share rate:	<u>X0.65</u> \$1791.17
Cost-shares allocated:	\$ 620.00
Combined cost-shared expenses (\$781.45+2755.65) Cost-share rate:	\$3537.10 <u>X0.65</u> \$2299.12
Total allocated:	\$ 800.00
Pay:	\$ 800.00
Wildlife Thickets: Control Number: 96 0057	
Plum Thicket: Seedlings & Materials: Labor 118 hours @ \$8.00/hr.: Total plum thicket costs:	\$ 429.88 <u>1062.00</u> \$1491.88
Pine Thicket: Seedlings & Materials: Labor* 164 hours @ \$8.00/hr.: Total pine thicket costs:	\$ 345.01 <u>1312.00</u> \$1657.01
Total wildlife thicket costs: Cost-share rate:	\$3148.89 <u>X0.65</u> \$2046.78
Cost-shares allocated:	\$ 560.00
Pay:	\$ 560.00
* Most of the labor for the pine thicket went into out a ditch. This was not a cost-shared activit really doesn't matter since the actual costs of planting portion are far over the cost-shared am	y, but it the
West Windbreak (Planting Q): Control Number: 96 0056	
Planting: Seedlings (\$127.01+204.67+153.26): Labor, 63.5 hours @ \$8.00/hour: Total Planting Costs:	\$ 484.94 \$ 776.94

Cost-share rate:

X0.65 \$ 505.01

Amount allowed (\$450/Ac*1.1 acres):	\$ 495.00
Mulching:	
Mulch (\$685.26+621.81):	\$1307.07
Staples Total materials:	<u>486.79</u> \$1793.86
iotal materials.	\$1793.00
Labor, 126.5 hours @ \$8.00/hr.:	1012.00
Total mulching Cost:	\$2805.86
Cost shows wether	W0 65
Cost-share rate:	<u>X0.65</u> \$1823.81
	\$1023.01
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
	\$2320.02
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,

rylos Asterer

Douglas J. Stevenson

Page 1 AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE EEQUEST FOR COST-SHARES (AD-245 replaces ACF-245 and SIP-245) FARM MO. NAME AND ADDRESS 1999 CRAIG OWEN CRAIG OWEN 1999 FARMLAND CROBEND 1999 FARMLAND CROBEND 1500 PROBBAN 170.0 FARM MO. NAME AND ADDRESS 1999 CRAIG OWEN CROBEND 1357 FARMLAND CROBEND 1350 FARMLAND CROBEND 1350 FARMLAND CROBEND 1350 FORDBAN 1350 TeleBRONG MO. CROBELAND TELEBRONG OFFICIAL Requested FOR USE BY THE APPROVING OFFICIAL Requested FARMSTEAD AND FEEDUOT UNDORFAK MUL FORDERST FARMSTEAD AND FEEDUOT UNDORFAK MUL FORDERST AC 8 6 CONSERVATION PLAN FARMSTEAD CAND FEEDUOT UNDORFAK MUL FORDERST Forest Flan E, FS (X/Ves //Me Other Flan (X/Ves //Me PAPLICANTS REBUGST Forest Flan E, FS (X/Ves //Me Other Flan (X/Ves //Me Cher Flan (X/Ves //Me SIGNATURE FOR USES INTER SISTANCE UNDER LABY DE GARTER FARSIC ID THE APPROVAL ACTION THE APPROVAL THE APPROVAL CONTRACTOR OFFICIAL (X/Ves //Me Cher Flan (X/Ves //Me	-		and the second second
AD-245 U.S. DEPARTMENT OF AGRICULTURE (07-11-95) U.S. DEPARTMENT OF AGRICULTURE (AD-245 replaces ACF-245 and SIP-245) FARM MO. NAME AND ADDRESS 1898 CRAIG DUEM 10170 COUNTY RD 15 1/2 TACT NO. LONGNONT, CD 80504 1357 Telephone Mo. DESCRIPTION OF PRACTICE OBJECTIVE FREE STRIP ENHANCEMENT AGG-3793/OFFICE PLANTING L SIP SIP SIP SIP SIP SIP SIP SIP		FORM A OME NO. 05	APPROVED 560-0082
CAD-245 replaces ACP-245 and SIP-245) FARM NO. NAME AND ADDRESS 1898 CRAIG DUEM 10170 COULTY RD 15 1/2 TRACT NO. LONGMONT, CO 80504 1357 Telephone Mo. DESCRIPTION OF FRACTICE DELECTIVE FRACTICE LOCATION SIP Telephone Mo. SIP DESCRIPTION OF FRACTICE DELECTIVE FRACTICE LOCATION SIE 49-267 D30/4 661-3793/0FFICE 833-2150/HOHE FOR USE BY THE APPROVING OFFICIAL Requested Number Practice Title TARKSTEAD AND FEEDLOT WINDBREAK AC FFW FARMSTEAD AND FEEDLOT WINDBREAK FFU FARMSTEAD AND FEEDLOT WINDBREAK MUL HULCHING - WEED BARRIER FABRIC MUL Yfes /X/Mo Yfes /X/Mo /Yfes /X/MO Yfes /X/Mo /Yfes /X/MO Yfes /Z/MO /Yfes /X/MO Yfes /Z/MO /Yfes /Z/MO COMSERVATION PLAN Farm Plan By NRCS Forest Plan E, FS Other Flan Yfes /Z/MO /Yfes /Z/MO Yfes /Z/MO /Yfes /Z/MO Yfes /Z/MO /Yfes /Z/MO I paquesi cost-share assistance	ST. & CO. & C/D ! 08 123 3	CONTROL NO.(F/ 96 0054	/Y & NO.) :
FARM NO. NAME AND ADDRESS FARMLAND PROGRAM 1898 CRAIG QUENT ND 15 1/2 ICODE ICODE 1357 Telephone Mo. CROPLAND ISS.0 SIP Telephone Mo. SECARTY STATUS RACTING L R33-2150/HOHE PRACIICE LOCATION SSECA 8-2-67 DS0/4 661-3793/OFFICE 833-2150/HOHE R33-2150/HOHE FOR USE BY THE APPROVING OFFICIAL Requested App Number Practice Title Requested App TARNSTEAD AND FEEDLOT UNDBREAK AC .8 3/ FWU FARMSTEAD AND FEEDLOT UNDBREAK AC .8 3/ CONSERVATION PLAN Farm Plan By NRCS Forest Plan B; FS Other Flan CONSERVATION PLAN Farm Plan By NRCS /Yes /X/Ma /Yes /X/Ma /Y/Yes / Ma APPLICANTS REQUEST I request cest-sharing is approved for the practice prequested; I paic to approve and the the objective described above, without feest approval I may be denied funding; I authorize a representative of USD I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. ICONE CESTING ACC .8 I paic to ae as determined by the Approving Official approved for the practice prequest; I under to			
IOID 10120 COUNTY RD 15 1/2 CROPLAND 158.0 INFORMATION INCOURTY RD 15 1/2 CROPLAND 158.0 INFORMATION OF PRACTICE OBJECTIVE PLANTING L RESCRIPTION PLAN Age of orestry establemain/removate (AS) APPLICANTS REQUEST AC I Peuest cest-share assistance under the program to meet the objective described above. without Federal cest-sharing. If cest-sharing is approved for the practice requested. APPLICANTS REQUEST I peuest cest-share assistance under the program to meet the objective described above. without Federal cest-sharing. If cest-sharing is approved for the practice escribed above. without Federal cest-sharing. If cest-sharing is approved for the practice			
1357 158.0 SIP Telephone No. DESCRIPTION OF PRACTICE OBJECTIVE PLANTING L 8333-2150/HOME RECESTRIP ENHANCEMENT 661-3793/OFFICE 833-2150/HOME 8333-2150/HOME FRACTICE LOCATION S28E4 8-2-67 D30/4 661-3793/OFFICE 833-2150/HOME FOR USE BY THE APPROVING OFFICIAL Requested App Number Practice Title Extent Ex Agroforestry estably main/removate (AS) FW FAULT FORMETED AND FEEDLOT WINDBREAK Agroforestry estably main/removate (AS) FW FAULT Form Plan By NRCS Forest Plan B, FS Cother Flam Conservation of the synchronic of th	CODE ! & ITEM NO	/LTA PRIMARY PURPOSE	OTHER FARMS / /YES /X/No
DESCRIPTION OF PRACTICE OBJECTIVE TREE STRIP ENHANCEMENT 661-3793/OFFICE PLANTING L 833-2150/HOME TRACTICE LOCATION S2SE4 8-2-67 D30/4 661-3793/OFFICE 833-2150/HOME 833-2150/HOME FOR USE BY THE APPROVING OFFICIAL Extent ! Extent ! Number Practice Title Requested App A B		ASSISTANC	CE
FOR USE BY THE APPROVING OFFICIAL Number Practice Title Extent Ex Agroforestry estab/main/renovate (AS) Requested App FFW FARMSTEAD AND FEEDLOT UINDBREAK AC .8 3 MUL WULCHING - WEED BARRIER FABRIC AC .8 3 CONSERVATION PLAN: Farm Plan By NRCS Forest Plan B; FS Other Flan CONSERVATION PLAN: Farm Plan By NRCS / Yes /X/Ma /X/Yes / /Ma CONSERVATION PLAN: Farm Plan By NRCS Forest Plan B; FS Other Flan //Yes /X/Ma / Yes /X/Ma /X/Yes / /Ma /X/Yes / /Ma APPLICANTS REQUEST I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested, I approves practice, or (b) voluntarily relinguism control or title to the land on which the and the awown and/or operator of the land does not agree in writing to properly main its lifespan. I have not yet started this practice, and except for CDP request, I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. SIGNATUP			
Number Practice Title Requested App SIP4 Agroforestry estab/main/renovate (AS) .8 3 FFW FARMSTEAD AND FEEDLOT WINDBREAK AC .8 3 MUL MULCHING - WEED BARRIER FABRIC AC .8 3 CONSERVATION PLAN Farm Plan By NRC5 Forest Plan B, FE Other Flan CONSERVATION PLAN Farm Plan By NRC5 Forest Plan B, FE Other Flan APPLICANTS REQUEST / Yes /X/Na / /Yes /X/Na /X/Yes / /No I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested. I paid to me as determined by the Approving Official, if, before expiration of the specific approved practice, or (b) voluntarily relinquism control or title to the land on which the and the new owner and/or operator of the land does not agree in writing to properly main its lifespan. I have not yet started this practice, and except for ECP requests. I under the composited the form "CONTINUATION FOR A0-245" is by reference incorporated herein. SIGNATURE !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			
SIP4 Agroforestry estab/main/removate (AS) AC .8 3 FFW FARMSTEAD AND FEEDLOT WINDBREAK AC .8 3 MUL MULCHING - WEED BARRIER FABRIC AC .8 3 CONSERVATION PLAN: Farm Plan By NRCS Forest Plan B; FS Other Flan CONSERVATION PLAN: Farm Plan By NRCS Forest Plan B; FS Other Flan APPLICANTS REQUEST / Yres /X/No / /Yres /X/No /X/Yes / /No I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested, I paic to me as determined by the Approving Official, if, before expiration of the specific approves practice, or (D) voluntarily relinquisn control or title to the land on which th and the new owner and/or operator of the land does not agree in writing to properly main "its lifeshar. I have not yet started this practice, and except for ECP requests, I under receiving written approval I may be denied funding. I authorize a representative of USDI I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. SIGNATURE	pproved Rate	C/S I Approved s	plan to start the ractice
APPLICANTS REQUEST I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested, I paid to me as determined by the Approving Official, if, before axpiration of the specific approved practice, or (b) voluntarily relinquisn control or title to the land on which the and the new owner and/or operator of the land does not agree in writing to properly maint its lifespan. I have not yet started this practice, and except for ECP requests, I under receiving written approval I may be denied funding. I authorize a representative of USOF I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. SIGNATURE APPROVAL ACTION The Approving Official approved the extent snoun in <u>PLOCK E</u> above and this practice. FOR THE APPROVINC OFFICIAL			4-01-96
APPLICANTS REQUEST I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested, I paid to me as determined by the Approving Official, if, before axpiration of the specific approved practice, or (b) voluntarily relinquisn control or title to the land on which the and the new owner and/or operator of the land does not agree in writing to properly maint its lifespan. I have not yet started this practice, and except for ECP requests, I under receiving written approval I may be denied funding. I authorize a representative of USOF I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. SIGNATURE APPROVAL ACTION The Approving Official approved the extent snoun in <u>PLOCK E</u> above and this practice. FOR THE APPROVINC OFFICIAL			plan to complete the practice 12-30-96
APPLICANTS REQUEST I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested, I paid to me as determined by the Approving Official, if, before expiration of the specific approved practice, or (b) voluntarily relinquisn control or title to the land on which the and the new owner and/or operator of the land does not agree in writing to properly maint its lifespan. I have not yet started this practice, and except for ECP requests, I under receiving written approval I may be denied funding. I authorize a representative of USOF I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. SIGNATURE APPROVAL ACTION TO Approving Official approved the extent snoun in <u>PLOCK E</u> above and this practice. FOR THE APPROVINC OFFICIAL	PARTNERS Joint V	SHIP / /Yes enture / /Yes	: /X/No : /X/No
I request cost-share assistance under the program to meet the objective described above, without Federal cost-sharing. If cost-sharing is approved for the practice requested, I paid to me as determined by the Approving Official, if, before expiration of the specific approved practice, or (b) voluntarily relinquism control or title to the land on which the and the new owner and/or operator of the land does not agree in writing to properly main its lifespan. I have not yet started this practice, and except for ECP requests, I under receiving written approval I may be denied funding. I authorize a representative of USDA I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein. SIGNATURE APPROVAL ACTION TO Approving Official approved the extent snoun in <u>BLOCK E</u> above and this practice. TOR THE APPROVIND OFFICIAL			
SIGNATURE SIGNATURE APPROVAL ACTION TO Approving Official approved the extent snoun in <u>BLOCK 0</u> above and this practice. FOR THE APPROVIND OFFICIAL	ied practice lifes the approved pract ntain the practice erstand that if I	pan I, (a) dest ice has been es for the remain begin the pract	troy the stablished nder of tice before
APPROVAL ACTION The Approving Official approved the extent snown in <u>BLOCK D</u> above and this practice.	948 C/S	Willing \$ Approve	700
FOR THE APPROVINC OFFICIAL	i the cost-shares s		
	DATE DATE Dat	actice Expiratio Le	0 D
For SIP and FIP Unly: I certify that I / /do K do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. SIGNATURE: DATE: ULLCLOCC	le !Acres if more !than 1,000	Date W Approv	
Y () 400 1/16/96	X CE, COLOR, RELIGION	1.	105

			All and a local				
	19		2				APPROVED .
				I ST 1	. co. & c/D ! (OMB NC. (
AD-245 U.S. DEPARTMENT OF A (09-11-95) PRACTICE APPROVAL AND PA		ATION		: 08	123 3	96 005	
(AD-245 replaces ACP-245 and SIP-245)			1. 				
FARM NO. NAME AND ADDRESS	! FARMLAND	! PROGRAM !		CONTRACT/LTA		! EXPIRATIO	
1898 CRAIG OWEN 10170 COUNTY RD 15 1/2 TRACT No. LONGMONT. CO 80504	170.0	CODE	CODE	& ITEM NO.	PURPOSE	<pre>! Practice # ! completed ! by 12-30</pre>	and reported
TRACT No. LONGHONT, CO 80504 1357	! CROPLAND ! 158.0	SIP	į		OTHER	DY 12 5	0-76
Telephone No.	!	51F	į		. 853131HR0C	ID 374	76 5603 S
Your request for program cost-sharing to perform not to perform this practice, or if you cannot co writing at once.	the practice mplete it by	shown below the expirat	is approv ion date,	ved for the please noti	farm identific fy the Approvi	ed above. If ing Official	you decide 's office in
DESCRIPTION OF PRACTICE OBJECTIVE TREE STRIP ENHANCEMENT 661-3793/OFFICE	PLANTING L	-	833-2150/1	HOME			
FOR APPROVING OFFICIAL USE							
Number Practice Title		! Requested !	! Extent ! Approved	d ! Rate !	Cost-Shares Approved	Performed	! Cost-Share: Earned H
SIP4 ! Agroforestry estab/main/renovate (AS) FFW ! FARMSTEAD AND FEEDLOT WINDBREAK	AC	.8		8 450.000	800* 440	.8	an
MUL MULCHING - WEED BARRIER FABRIC	AC !	.8		8 775.000	360	-0	ou
					-		ų
 Total Cost-Shares Approved For Practic FFW - 65% of cost not to exceed rate in co <u>INSTRUCTIONS TO PARTICIPANT</u> To receive payment of earned on this practice, report performance in co and Y below: date and sign the certification belo office by the date noted in EXPIRATION NOTICE. 	lumn E. r credit for 1. G and comp	MUL any cost-sha plete ITEMS X	- 65% ares! APPP K ! (FOR	of cost not	to exceed rat	OFFICIAL	E.
X. Did you bear all the expense (except for progr forming this practice? (If No, report name(s)	and address((as) of other	r !_Tota	al Cost-Shar	es Earned		800
person(s) or agency who bore any part of the e extent and value of their contribution.)	xpenses. Als	so shew kind,			(Partial Pays	nent)	1
1			1		SA Debt Res.?		<u>.</u>
			. Seto	off			· ·
YES /V NO /_/	74 . Karan yan	ancaiuad an	Debi	t Assignment			
Y. During the current fiscal year Oct. 1 - Sep. will you receive a cost-share payment under the any other farm other than through this AC-243 (If yes, report State, County, and amovat by the state).	ha same progr	ram on this o	ir ! Net		· Check	Number	
YES /_ / NO /_/	a: w/ , i	(Far SIP) E	/S Earner	d Approved B	y/Data 1(For 3	IP) Calc, Va	erif. By/Dat 12/2/97
CERTIFICATION BY PARTICIPANT I certify that the G shows that the practice was performed in according apply for payment to the extent that the Approvim- that this payment is not a duplicate of any other the year the practice is completed. I agree to re- Approving Official, if before expiration of the pr (b) voluntarily relinquish control or title to the and/or operator of the land does not agree in write I understand that form "CONTINUATION FOR AD-245" agreement between the parties.	above inform ance with the g Official ha earned by me efund all or ractice lifes e land on whi time to prope	nation is true e practice sp as datermined e. I agree t part of the span specifie ich the insta orly maintain	te and cor becificati that the to maintai cost-shar ed above, alled prac the prac	rrect. I fu ions and oth e practice h in this prac re assistanc I (a) destr ctice has be ctice for th	rther certify er program req as been perfor tice for at le e paid to me. oy the practic en established e remainder of this page cons	that the ent quirements. rmed and fur east 10 years as determine te installed, d and the neu f its specifi stitutes the	try in Colum I hereby ther certify s following ed by the , or # owner ied lifespan entire
SIGNATURE: (nong Out	-						115/97
PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIC	JIBLE APPLICA	NTS WITHOUT	REGARD TO	J RACE, COLO	R, RELIGION, N	ATIONAL ORIG	SIN, AGE,

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD SEX. MARITAL STATUS OF LEMETERAL

U.S. DEPARTMENT OF AGRICULTURE ST. & CO. Code & C/O (Control No. (FY & No.)) CONSERVATION REPORTING AND EVALUATION SYSTEM 108 123 3 96 0054 AD-862 (11 - 21 - 94)A. REFERRAL INFORMATION 13. Contract Id. 1. Farm No. Name and Address 2. Telephone Number 1898 CRAIG OWEN 10170 COUNTY RD 15 1/2 4. Practice to Begin 15. Referral Expires Tract No. LONGMONT, CO 80504 04-01-96 1357 The practice is needed + teagible 5. Practice Location 17. Needs Statement 525E4 8-2-67 D30/4 661-3793/OFFICE 833-2150/HOME Planting L ! Extent ! Extent !Requested! Needed ! Practice Description - 0 ---- 1 ---- 8 --SIP4 Agroforestry estab/main/renovate (AS) FFW FARMSTEAD AND FEEDLOT WINDBREAK AC AC The practices shown in item A8 with the units shown MUL MULCHING - WEED BARRIER FABRIC in item A10 are needed and practical for the farm. FFW - 360 MUL - \$620 \$800 11 Signature alle B. GENERAL INFORMATION 1 948 SIP ! SIP4 N ! G 2370 9. Practice Extents 19. Land Capability 10. Soil Loss11. Land Cover/Use 12. Technical Practices Applied Number 1Ac. Served/Treated Class & Subclass 1 Tolerance Before After ! Cost- ! Units Planned/ Technical 8 6,9 10.8 !Shared?! Practice Applied 380 0,810,8 C. EROSION CONTROL !a. Before (Tons/Ac./Yr.) !b. After (Tons/Ac./Yr.) !c. Acres to which! 484 0.810,8 Rate Applies 1. Sheet & Rill! Erosion 0,8 c. Acres to which a. Before (Tons/Ac./Yr.) !b. After (Tons/Ac./Yr.) Rate Applies 2. Wind 0.8 Erosion 3. Other Is. Problem Typelb, Before (Tons/Yr.)!c. After(Tons/Yr.)!d. Acres Affected Erosion ! 4. Range !a. Condition Code !b. Condition ----- 13. Endangered Species Code!c. Trend Cond.!d. Trend. Cond. 114. Hydrologic Unit Code !Before !After E. WATER QUALITY D. WATER CONSERVATION !a, Irrigation!b, Water Applied(Ac.-in./Ac.) !c. System Efficiency(X)!d. Water Cons.!1. Problem Type Before ! After Before ! After Acres Situation ! 1. Irrigation Water 2. Type of Water Body Conservation Treated/Protected ---- b. Capacity(Acre-Inches) ----- !3. Soil Moisture la. Primary After Measures? 2. Increased Water Sefore Use 13. Pollution Severity Storage G. OTHER ASSISTANCE F. WOOD PRODUCTION a.Site Index! b. Foten. Prod. a. Forest Cover ! b. Stocking Level | a. Acres ! b. Cost-Share! Trees Before ! After ! Before ! After ! After ! After -4,--! Purcose 999 13. Data Performed Tractile completed as specified. 12/2/97 H. ACTUAL COST AND PERFORMANCE DATA 12. Cest-Share 1. Total Install. Cosc 900 1753 This practice has been performed to the extent shown in item B12c and Signature !Date 12/2/9 Alever meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item (

		•.		•		FOR	K APPROVED
age 1							0560-0082 (F/Y & NO.) !
U.S. DEPARTMENT OF AGRICULTU 09-11-95) U.S. DEPARTMENT OF AGRICULTU REQUEST FOR COST-SHARES	IRE			08 12	3 3	96 00	57 !
AD-245 replaces ACP-245 and SIP-245)							
ARM NO. NAME AND ADDRESS 1898 CRAIG OWEN 10170 COUNTY RD 15 1/2 RACT No. LONGMONT, CO 80504	CROF	ILAND 170.0	PROGR CODE		CONTRACT/L & ITEM NC	TA PRIMA PURPO	DSE !FARMS !/ /YES !/X/No
1357		158.0	SIP			ASSIS	TANCE
Telephone No. ESCRIPTION OF PRACTICE OBJECTIVE MILDLIFE HABITAT 833-2150/HOME RACTICE LOCATION S2SE4 8-2-67 D30/4 833-2150/HOME	661- 661-3793/0FFICE	-3793/OFF					
OR USE BY THE APPROVING OFFICIAL						C/S	! I clan to
Number Practice Title		Reque	ent ! sted !	0		Approved	! start the
BIP8 Wildlife habitat enhancement (Ac) WILDLIFE HABITAT 1/10 ACRES SHRUB THICKET	NU		.1 2.0	2	280.000	560	04-01-96
							I plan to complete the <u>practice</u> 12-30-96
CONSERVATION PLAN: Farm Plan 5y NRCS Fores	t Flam By FS Yes /X/No	01 /X/	her P es /	lan /No	I PARTMER Joint V		/Yes /X/Nu/ /Yes /X/Nu
APPLICANTS REQUEST I request cost-share assistance under the program to without Federal cost-sharing. If cost-sharing is app paid to me as determined by the Approving Official, i approved practice, or (b) voluntarily relinquish cont and the new owner and/or operator of the land does no its lifespan. I have not yet started this practice, receiving written approval I may be denied funding. I understand that form "CONTINUATION FOR AD-245" is b	f, before expira rol or title to t agree in writi and except for E	tion of the land ng to pro CF reque	the sp on wh operly sts, I tive a	ecified prac ich the appr maintain th understand f USDA to ha	tice lites oved pract e practice	ice has bee for the re	n established mainder of ractice before
SIGNATURED		4 Esti 96			! C/3	Willing Approve	\$
APPROVAL ACTION The Approving Official approved the	e extent shown in	16 BLOCK D	above	and the co	st-shares	enown in <u>BL(</u>	<u>ICK =</u> above for
TOR THE APPROVING	2 Junz				46	entice Expl te	retion
REMARKS	90						
For SIP and FIP Only: I certify that I / /do /X/do Torestland in the United States or any territory or SIGNATURE O	o not own more 10 possession of th DATE:	00 acres	of el	igible !Act !tha	res if more an 1,000	e !Da !Ar	ste Waiver oproved
PARTICIPATION IN USDA CHOGRAMS IS OPEN TO ALL ELIGIN SEX, MARITAL STATUS, OR DISABILITY.	BLE APPLICANTS WI	THOUT RE	GARD T	O RACE, COLO	DR, RELIGIO	DK, NATIONAL	ORIGIN, AGE,

				•			
Page 2						OMB NO. (APPROVED)560-0032
AD-245 U.S. DEPARTMENT O (09-11-95) PRACTICE APPROVAL AND	F AGRICULTURE PAYMENT APPLIC	ATION		' ST. & : 08	CO. & C/O C 123 3	ONTROL NO.(F 96 0057	/Y & NO.) :/
(AB-245 replaces ACP-245 and SIP-245)							
FARM NO. NAME AND ADDRESS 1898 CRAIG OWEN 10170 COUNTY RD 15 1/2 TRACT No. LONGMONT, CO 80504 1357	FARMLAND 170.0 CROPLAND 158.0			CONTRACT/LTA S ITEM NO.		EXPIRATION Practice completed by 12-30	nust be and reported)-96
Telephone No.	·	! !			! Pran idantifi		
Your request for program cost-sharing to perfo not to perform this practice, or if you cannot writing at once. DESCRIPTION OF PRACTICE OBJECTIVE	rm the practice complete it by	the expirat:	ion date.	please noti	fy the Approv	ing Official	's office in
WILDLIFE HABITAT 833-2150/HOME		661-379	P3/OFFICE				
FOR APPROVING OFFICIAL USE		! Extent ! Requested	Extent Approve	d ! Rate !	Cost-Shares Approved	Extent Performed	Cost-Share Earned
Number Practica Title A 8 SIP8 Wildlife habitat enhancement (Ac) WH2 WILDLIFE HABITAT 1/10 ACRES SHRUB THI	ICKET NU	C 2.0	0 -	E 1 0 280.000	F 560* 560	Z	560
							, ·
INSTRUCTIONS TO PARTICIPANT To receive payme earned on this practice, report performance is and Y below; date and sign the certification of office by the date noted in EXPIRATION NOTICE.	n col. G and com below; and file	plete liEno	X ! (FU	ROVAL ISSUE R SIP) APPRO	D BY APPROVING DVAL MAILED BY	OFFICIAL CED	DATE
X. Did you bear all the expense (except for pr forming this practice? (If No. report name	rogram cost-shar e(s) and address	(es) of otha	r : <u>iot</u>	al Cost-Sha	res Carned		560
person(s) or agency who bore any part of the extent and value of their contribution.)	he expenses. Al	30 SNGW KINU	'	ment Advanci	<u>e (Partial Pay</u>	ment)	<u> </u>
/			15	Partic, an I	FSA Debt Reg.?	<u>Y//N//</u>	
YES / NO / /			Set	off			1
Y. Ouring the current fiscal year Oct. 1 - S. will you receive a cost-share payment unde	er the same prog	received or		i <u>t Assignmen</u> . Payment	<u>l</u>		-
any other farm other than through this AO (If yes, report State, County, and amount YES /_ / NO ///	by farm).	(Ear SIP)	0/8 Earna 560	Approved AM	97/Date ((For 2/2/7/	A I	arif. 37/321 2/2/97
CERTIFICATION BY FARTICIPANI I certify that 6 shows that the practice was performed in ac- apply for payment to the extent that the Appr that this payment is not a duplicate of any o the year the practice is completed. I agree Approving Official, if before expiration of ti (b) voluntarily relinquish control or title t and/or operator of the land does not agree in I understand that form "CONTINUATION FOR AD-2 agreement between the parties.	ordance with the oving Official P ther earned by m to refund all or he practice life o the land on wh	mation is tr be practice s as determinance. I agree part of the span specifi hich the inst	ue and co pecificat d that th to mainta cost-sha ed above. alled pra	rract. I f tions and ot te practice oin this pra- are assistan . I (a) dest actice has b	urther certify her program re has been perfo ctice for at 1 ce paid to me, roy the practi een establishe he remainder o this page com	that the en quirements. rmed and fur east 10 year as determin ce installed d and the na f its specif stitutes the	try in Colney I hereby ther certify is following ted by the l, or w owner fied lifespan. e entire
SIGNATURE: (Marig Ou	ch.		000100			DATEL S	15/9 GIN, AGE,
PARTICIPATION IN-USDA PROGRAMS IS OPEN TO ALL SEX, MARITAL STATUS, OR HANDICAP.	ELIGIBLE APPLIC	ANTS WITHOUT	KESAKO 1	IU KALE, UUL	UN, NELIDIUN,	NALIONAC ON	

0-862 U.S. DEPARTMENT OF AGRICULTURE (11-21-94) CONSERVATION REPORTING AND EVALUATION SYSTEM	'3T. & CO. Code & C/O !Control No. (FY & No.) ! 08 123 3
A. REFERRAL INFORMAT	
L. Farm No. Name and Address 1898 CRAIG OWEN 10170 COUNTY RD 15 1/2	2. Telephone Number 3. Contract Id.
Tract No. LONGMONT, CO 80504 1357	!4. Practice to Begin !5. Referral Expires ! 04-01-96 !
 Practice Location S2SE4 8-2-67 D30/4 833-2150/HOME 661-3793/OFFICE 	7. Needs Statement The practice is needed and feasible;
Practice Description :: Extent :: Extent :: Extent :: Extent :: Requested: Needed :: Neede	and teasible.
SIP8 Wildlife habitat enhancement (Ac) .1 JH2 WILDLIFE HABITAT 1/10 ACRES SHRUB THICKET NU 2.0	The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.
B. GENERAL INFORMATI	Q 1 V2 1 1
1. Primary Purpose 12. Program 13. Program Practice No. 14. VC/GL 15. G I SIP I SIP8 I N	
8. Practice Extents 19. Land Capability 110. Soil Loss111. Land C Number 1Ac. Served/Treated! Class & Subclass 1: Tolerance 1: Before	over/Use 12. Technical Practices Applied
2 6,0/0,2 3 1 4	3 Technical Cost- Units Planned/ Practice Shared? Applied
C. EROSION CONTROL	645 Y 2/2
is. Before (Tons/Ac./Yr.) b. After (Tons/Ac./Yr.) ic. Acr Erosion	es to which! e Applies 7; 2
2. Wind Erosion	es to which e Applies 7, 2
3. Other !a. Problem Type!b. Before (Tons/Yr.)!c. After(Tons/Yr.) d. Acr Erosion !	
4. Range !a. Condition Code !V. Condition Tode!c. Trend Cond.id. Tre Condition !Before !After !Before !After	nd. Cond. 14. Hydrologic Unit Code
D. WATER CONSERVATION	! E. WATER QUALITY
a, Irrigation'b. Water Applied(Acin./Ac.) !c. Systems 1. Irrigation ! Situation ! Before ! After ! Before	m Efficiency(%)!d. Water Cons.!1. Problem Type e After Acres
Conservation ! !	2. Type of Water Body Treated/Protected Measures?
2. Increased Water Use Zefore' After Storage	Measures? 3. Pollution Severity
F. WOOD PRODUCTION	G. OTHER ASSISTANCE
999 2 Varia Press 0 0 0	res !b. Cost-Share! Trees!
H. ACTUAL COST AND PERFORMANCE DATA !I. PERFORMANCE	REPORT
1. Total Install. Cost 2. Cost-Share 13. Date Performed Practice	ie completed as specifi
This practice has been performed to the extent shown in item 812c and Simmeets program requirements. If the practice does not meet practice is specifications or if additional work is required, explain in item 1.	

Dwen WCR CO 15-12 80 504

Invoice No. _

39600



3/20/96

ate:

Item		Unit Cost	Total
		041	205-0
· 500 American plum			
3 Bulk Discount		5%	10 ==
4			
5			1945
Rest of Order Refund Due,	Gold Out		
1 Rofu / Dog			
9	Sales Tax	3.90	5 34
Tax Exempt No		Total	7.
	CK-CA-MC	O Amount Paid:	366 -
Denglos Atteresso CSFS Originator		Amount Due	K165-8
	Ck# 0642	Dated 7	3/19/9
Payment Due By	Rev'd By DA	F.Y. 4	96
	Funding		Amount
Remit to:	1-93660	0622	194.50
COLORADO STATE FOREST SERVICE BOULDER DISTRICT	0-24200		5.84
936 LEFTHAND CANYON DRIVE			<u>.</u>
BOULDER CO 80302			100
	Deposit No.	Date	

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

Thicket (Northwest Corner) Plum

5/18/96, 5/19/96		48 man.hr
5/25/96, 5/26/96		48 may hrs
6/1/96, 6/2/96		22 man hrs
	I abor Total:	118 man hrs

Materials

300 bare root plum seedlings - 120.20 2.84 rolls 6' wide Sabric mulch = 208.74 1,051 12''x2'' 10 gauge wire staples - 100.94 Materials Total: \$429.88

(Northeast Conner) Pine Thicket

6/9/97 -----_____ 37 man.hrs Week 05 6/16/97 - 42 man.hrs Week 05 6/23/97 - 48 man.hrs Week 05 6/30/97 _____ 31 man . hrs 05 Week 7/16/97 - 6 man.hrs

Labor Total: 164 man.hrs

Materials potted root ponderosa pine seedlings - 64.02 66 rolls 6' wide fabric molch - 198.45 2.7 12"x2" 10 gauge wire staples - 82.54 860 Materials Total: \$345.01

West windbreak (1,268'long)

6/2/96 Week of 6/3/0 week of 6/10/ week of 6/17/	96 38 man.hrs 21 man.hrs
4/6/97 Week of 4/1/9 Week of 4/14/9 Week of 4/28/ Week of 5/26/ Week of 5/26/	7 8 man hrs 7 2 man hrs 6 man hrs 6 man hrs 15 man hrs 24 man hrs 24 man hrs 2 man hrs
0/	Labor Total: 190 manut

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

age 1				•			DRM APPROVED D. 0560-0082
AD-245 U.S. DEPARTMENT OF AGRICULTUR (09-11-95) REQUEST FOR COST-SHARES	RE		1	ST. & C 08 1	0. & C/0 ! 23 3 !	CONTROL N	0.(F/Y & NO.) 0056
(AD-245 replaces ACP-245 and SIP-245)							
FARM NO. NAME AND ADORESS 1898 CRAIG OWEN 10170 COUNTY RD 15 1/2 TRACT No. LONGMONT, CO 80504 1357		RMLAN0 170.0 DPLAND 158.0	CODE	! FUND ! CODE !	CONTRACT/ & ITEN NO	LTA PRI	POSE FARMS !/ /YE !/X/No HER !
Telephone No.			SIP	!		ASSI	STANCE
GESCRIPTION OF PRACTICE OBJECTIVE TREE STRIP ESTABLISHMENT 833-2150/HOME PLANTI PRACTICE LOCATION S2SE4 8-2-67 D30/4 833-2150/DFF66	ING X 61-3793/HOME ")	(" 661-	-3793/0FF1	CE			
FOR USE BY THE APPROVING OFFICIAL							
Number Practice Title		! Exte	ent ! ! sted Ag	xtent proved	Rate	C/S Approved	I plan to start the oractice
Number Practice Title Agroforestry estab/main/renovate (AS) FFW FARMSTEAD AND FEEDLOT WINDBREAK MUL MULCHING - WEED BARRIER FABRIC	AC AC		2.9 ! 2.9 ! 2.9 !		450.000	865	04-01-96
		- 100 · mar + 100 · mm +		1	otel	865	I plan to complete th <u>practice</u> 12-30-96
CONSERVATION PLAN: Farm Plan By NRCS Forest I / /Yes /X/No / /Ye	Plan By FS s /X/No	Oth /X/Ye	ner Plan 25 / /No		! PARTNERS ! Joint Ve	HIP / enture /	/Yes /X/No /Yes /X/No
APPLICANTS REQUEST							
I request cost-share assistance under the program to me- without Federal cost-sharing. If cost-sharing is appro- paid to me as determined by the Approving Official, if, approved practice, or (b) voluntarily relimquish contro- and the new owner and/or operator of the land does not its lifespan. I have not yet started this practice, and receiving written approval I may be denied funding. I I understand that form "CONTINUATION FOR AD-245" is by	ved for the pr before expira 1 or title to agree in writi d except for El authorize a re	actice red tion of th the land (ng to proj CP request presentat	nuested, l ne specif on which perly main ts, I undo ive of US	l agree t ied pract the appro ntain the erstand t	to refund a tice lifesp wed practice practice that if I t	all or part an I, (a) ice has bee for the re egin the p	of the funds destroy the n established mainder of ractice before
x Craig Ower	10ATE:	L'Estima C/S Vi	sted * alme	3,437		Willing Approve	\$
APPROVAL ACTION The Approving Official approved the e this practice.	extent shown in	<u>BLOCK 0</u>	above and	the cost			
FOR THE APPROVING OFFICIAL	in Gr	12		1 DATE:	146 Date	tice Expir	ation
REMARKS	0(>		ŀ	l		
For SIP and FIP Only: I certify that I / /do X/do no forestiand in the United States or any territory or pos SIGNATURE	t own more 100 session of the DATE:	0 acres 0 0.5. /16	f eligibl	e !Acres !than !	s if more 1,000		e Watver roved
PARTICIPATION IN USD COBRAMS IS OPEN TO ALL ELIGIBLE SEX, MARITAL STATUS, IN OTSABILITY.	APPLICANTS WIT	HOUT REGA	KD TO RACI	E, COLOR	RELIGION	, NATIONAL	OFIGIN, AGE,

Page 2



(A0-245 replaces ACP-245 and SIP-245)

FARM NO. 1898	CRAIG OWEN 10170 COUNTY ROAD 15 1/2	FARMLAND	PROGRAM ! CODE !	FUND CODE		TRACT/LTA TEM NO.	! PRIMARY ! PURPOSE		nust be and reported
TRACT No 1357	. LONGMONT, CO 80504-5438	CROPLAND					OTHER	! by 06-30)-97
	Telephone No.		SIP				ASSISTANCE	ID 374	76 5603 S
not to p	uest for program cost-sharing to perform erform this practice, or if you cannot c at once.) the practice complete it by	shown below the expirat	is appr ion date	oved 2, pl	for the f ease notif	arm identific y the Approv	ed above. If ing Official	you decide 's office in
	ION OF PRACTICE OBJECTIVE IP ESTABLISHMENT 833-2150/HOME	PLANTING X		661-37	793/01	FFICE			
FOR APPR	OVING OFFICIAL USE								
Number !	Practice Title		Extent Requested	Exter		Rate !	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP4 FFW MUL	Agroforestry estab/main/renovate (AS) FARMSTEAD AND FEEDLOT WINDBREAK MULCHING - WEED BARRIER FABRIC	AC AC	2.9	1	.1 1	450.000 775.000	865*	1 . 1 1 . 1	865
earned o and Y be office b X. Did y	IONS TO PARTICIPANT To receive payment n this practice, report performance in c low; date and sign the certification bel y the date noted in EXPIRATION NOTICE. ou bear all the expense (except for prog	ol. G and comp ow; and file u ram cost-shari	olete ITEMS with the iss	K (F uing -	le.	IP) APPROV	AL MAILED BY		DATE
formi perso	ou dear all the expense (except for prog ng this practice? (If No, report name(s n(s) or agency who bore any part of the t and value of their contribution.)	and address	(es) of othe	r <u> To</u>		<u>Cost-Share</u>			865
exten				1			(Partial Paym A Debt Reg.?		
455 N	NO / /			Se	toff				
Y. Duri	ng the current fiscal year Oct. 1 - Sep.	30. have you	received or		bt A	<u>ssignment</u>			i i
will any	you receive a cost-share payment under other farm other than through this AD-24	the same progr 57	am on this	or ! Ne					!
	yes, report State, County, and amount by YES /_ / NO /_/		Payment Ap (Ear STR)	proved C/S Earn <i>SC</i> -9	(ini) (ini) (ini)	tials) pproved By	! ACH/0 /Date !(For 9 2/2/97 8)	Check Number NP) Calc. Vo	erif. 8y/Date 2/2/97
G shows apply fo that thi followin by the A (b) volu and/or o I unders	ATION BY PARTICIPANT I certify that the that the practice was performed in accor r payment to the extent that the Approvi s payment is not a duplicate of any othe g the year the practice is completed. I pproving Offical, if before expiration o ntarily relinquish control or title to t perator of the land does not agree in wr tand that form "CONTINUATION FOR AD-245" t between the parties.	dance with the ng Official ha r earned by me agree to refu f the practice he land on whi iting to prope is by referen	nation is tr e practice s es determine e. I agree und all or p e lifespan s uch the inst arly maintai	ie and c pecifica d that t to maint art of t pecified alled pr n the pr	tion tion he pr ain he co action action	ct. I fur s and othe ractice ha and use th ost-share ve, I (a) ce has bee ce for the	ther certify r program reg s been perfor is practice f assistance pa destroy the p n established remainder of his page cons	that the end mirements. med and fur or at least id to me, at ractice inst and the net its specif stitutes the	try in Column I hereby ther certify 10 years & determined talled, or & owner ied lifespan. entire
PARTICIP	ATION IN USDA PROBRANS IS OPEN TO ALL EL		NTS WITHOUT	REGARD	T0 R4	ACE, COLOR		DATE:	
ack day	ITAL STATUS, OR DISABILITY.								

U.S. DEPARTHENT AD-862 OF AGRICULTURE IST. & CO. Code & C/D IControl No. (FY & No.) (11-21-94) CONSERVATION REPORTING AND EVALUATION SYSTEM 08 123 3 96 0056 A. REFERRAL INFORMATION 1. Farm No. Name and Address 12. Telephone Number 13. Contract Id. CRAIG OWEN 1898 10170 COUNTY RD 15 1/2 Tract No. LONGMONT, CO 80504 1357 04-01-96 TPH- Practice Location 7. Needs Statement 525E4 8-2-67 030/4 833-2150/OFF661-3793/HOME & Planting prostil is weeded Extent ! Extent Practice Description Requested! Needed east 8 --- 9 ---- 10 ---2.9! SIP4 Agroforestry estab/main/renovate (AS) FFW FARMSTEAD AND FEEDLOT WINDBREAK 2.9! 1.1 AC MUL MULCHING - WEED BARRIER FABRIC AC 2.9! 111 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 Don chis 1. Primary Purpose 12. Program 13. Program Practice No. 14. VC/SL 15. Fund Code 16. Estimated Total Cost!7. Est. Cost-Share G SIP SIP4 N 2429 3,437 8. Practice Extents 19. Land Capability 110. Soil Loss111. Land Cover/Use 12. Technical Practices Applied Number !Ac. Served/Treated! Class & Subclass Tolerance ! Before ! After ! Cost- ! Technical Units Planned/ 1.1 6 !Shared?! Practice Applied 392 C. EROSION CONTROL 1.1 1. ia. Before (Tons/Ac./Yr.) ib. After (Tons/Ac./Yr.) ic. Acres to which 1. Sheet & Rill! Rate Applies Erosion a. Before (Tons/Ac./Yr.) 1b. After (Tons/Ac./Yr.) 1c. Acres to which! 2. Wind Rate Applies Erosion Ac. After(Tons/Yr.)!d. Acres Affected! Other !a. Problem Type!b. Before (Jons/) Ercsion ! ----!13. Endangered Species 4. Range Condition Codelc. Trend Cond.ld. Trend. Cond. 114. Hydrologic Unit Code la. Condition Code [b Condition !Before D. WATER CONSERVATION E. WATER QUALITY a. Irrigation/b. Water Applied(Ac.-in./Ac.) !c. System Efficiency(%)!d. Water Cons.!1. Problem Type 1. Irrigation Before After Situation Before ! After Acres Water Conservation 2. Type of Water Body Treated/Protected !a. Primary ------ b. Capacity(Acre-Inches) ------ !3. Soil Moisture 2. Increased Water Use Before After Measures? Storage 13. Pollution Severity F. WOOD PRODUCTION G. OTHER ASSISTANCE ---- 1. Site Description ---- ! ------ 2. Stand Condition ------ ! -- 3. Site Preparation --- ! -4.--! Purpose la. Forest Cover ! b. Stocking Level !s. Acres !b. Cost-Share! Trees! a.Site Index! b. Poten, Prod. Sefore Pr/Ac! Before ! After ! After 999 None 131 0 783 0 1. H. ACTUAL COST AND PERFORMANCE DATA **!I. PERFORMANCE REPORT** Prestice completed as 1. Total install, Cost!2. Cost-Share 3753 ! 565 13. Date Performed! 865 12/2/97 This practice has been performed to the extent shown in item B12c and/Signytyre Date meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I. 12/2

ND-862 U.S. DEPARTMENT OF AGRICULTURE (11-21-94) CONSERVATION REPORTING AND EVALUATION SYSTEM	!ST. & CO. Code & C/ ! 08 123 3	D Control No. (FY & No. 96 0162
A. REFERRAL INFORMAT		
L. Farm No. Name and Address 1898 CRAIG OWEN 10170 COUNTY ROAD 15 1/2	2. Telephone Number	!3. Contract Id.
Tract No. LONGMONT, CO 80504-5438 1357	4. Practice to Begin 08-01-96	15. Referral Expires
5. Practice Location N2SE4 8-2-67 D 30/4	7. Needs Statement	
Practice Description ! Extent ! Extent Requested! Needed	ì	
BIP4 Agroforestry estab/main/renovate (AS) HEP HEDGEROW PLANTING LF 4090.0	i 1	
ANCELLED	The fractices shown in it in item AlO are needed an	em A8 with the units shown d practical for the farm.
CANCERT B. GENERAL INFORMATI	11. Signature	!Date
. Primary Purpose 12. Program 13. Program Practice No. 14. AC/SU 15. A G ! SIP	Fund Code !6. Estimated Tot	al Cost!7. Est. Cost-Share ! 737
8. Practice Extents 19. Land Capebility !10. Soil Loss!11. Land C. Number !Ac., Served Treated Class Subclass ! Tolerance ! Before	over/Use !12. Technical P	ractices Applied
IAN FGT	! ! Technical	! Cost- ! Units Planned/ !Shared?! Applied
C. EROSION CONTROL		! b! c
a. Beford (Trins/Ac./Yr.) b. After (Tons/Ac./Yr.) ic. Acr Rati	es to which! e Applies !	
Erosion Rate	es to which! e Applies	
. Other !a. Problem Type!b. Before (Tons/Yr.)!c. After(Tons/Yr.)!d. Acr Erosion !	as Affortad!	1
Range !a. Condition Code !b. Condition Code!c. Trend Cond.!d. Tren Condition !Before !After !Before !After	!13. Endangered (Species
a. Irrigation!b. Water Applied(Acin./Ac.) !c. System Irrigation ! Situation ! Before ! After ! Before Water	n Efficiency(%)!d. Water Com e ! After ! Acres	ns.!1. Problem Type
	! !3. Soil Moisture	!2. Type of Water Body ! Treated/Protected
a. Primary (b. Capacity(Acre-Inches) Storage After	;	S. FUILULION SEVENILY
F. WOOD PRODUCTION		
1. Site Description ! 2. Stand Condition ! 3. Site Index! b. Poten. Prod. !a. Forest Cover ! b. Stocking Level !a. Acr. Before ! After ! Before ! After ! After ! After ! Before ! After	Site Preparation ! -4. es !b. Cost-Share! Tre ! Pr/	! Purpose ees!
H. ACTUAL COST AND PERFORMANCE DATA	REPORT	
. Total Install, Cost!2. Cost-Share !3. Date Performed!		
his practice has been performed to the extent shown in item B12c and Signa eets program requirements. If the practice does not meet practice	iture	