

951

FORM APPROVED
OMB NO. 0560-0082-245
9-11-95)U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESST. & CO. & C/D
98 013 6CONTROL NO. (F/Y & NO.)
97 0002

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

FM NO. 1152	NAME AND ADDRESS KEN FICHTL 146 PINE GLADE RD NEDERLAND, CO 80466	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
ACT No. 9405		CROPLAND					
Telephone No. 303-258-9789							

DESCRIPTION OF PRACTICE OBJECTIVE

WASP MISTLETOE CONTROL

PRACTICE LOCATION Lot 24, Aspen Meadows - SIP

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice 10-01-96
IP3 DM	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	3.0 3.0	3	200.000	600	I plan to complete the practice 12-30-97

INTERVIEW PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /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 aid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: X Kennel G. Schell DATE: X 10-8-96 Estimated \$ C/S Value 600 C/S Willing to Approve 600

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

FOR THE APPROVING
OFFICIAL

DATE: 9/25/97 Practice Expiration Date 3/1/98

REMARKS

COPY

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

Acres if more
than 1,000Date Waiver
Approved

SIGNATURE: X Kennel G. Schell DATE: X 10-8-96

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 U.S. DEPARTMENT OF AGRICULTURE
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/D | CONTROL NO. (F/Y & NO.)
08 013 6 | 97 0002 |

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

FARM NO. 1152	NAME AND ADDRESS KEN FICHTL 146 PINE GLADE RD NEDERLAND, CO 80466	FARMLAND 3.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 03-01-98
TRACT No. 9405		CROPLAND				WOOD PRODUCTION	
Telephone No. 303-258-0780			SIP				ID 113 38 1278 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
DWARF MISTLETOE CONTROL

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
-- A --	B	C	D	E	F	G	H
SIP3	Forest improvement (Ac)	3.0	3.0		600*	3.0	
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	3.0	3.0	200.000	600	100%	600

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

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the issuing office by the date noted in EXPIRATION NOTICE.

APPROVAL ISSUED BY APPROVING OFFICIAL
(FOR SIP) APPROVAL MAILED BY CED

DATE

Jean Turner

11-18-97

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.)

Total Cost-Shares Earned

Payment Advance (Partial Payment)

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

Setoff

Debt Assignment

YES /X/ 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).

Net Payment

YES / / NO /X/

Payment Approved (initials)	ACH/Check Number
(For SIP) C/S Earned Approved By/Date	(For SIP) Calc. Verif. By/Date
<i>DH 600 DH 2/24/98</i>	

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: *Kenneth A. Fichtl*

DATE: 12-1-97

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

AD-852
(11-21-94)U.S. DEPARTMENT OF AGRICULTURE
CONSERVATION REPORTING AND EVALUATION SYSTEMST. & S. Code & C/D
08 013 6Control No. (FY & No.)
97 0002

A. REFERRAL INFORMATION

1. Farm No. Name and Address
1152 KEN FICHTL
146 PINE GLADE RD
Tract No. NEDERLAND, CO 80466
94052. Telephone Number
303-258-0780

3. Contract Id.

4. Practice to Begin
10-01-965. Referral Expires
10-01-966. Practice Location
Lot 24, Aspen Meadows - SIP

7. Needs Statement

*The practice is
needed & feasible**(DMT control)*The practices shown in item A8 with the units shown
in item A10 are needed and practical for the farm.

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	3.0	10
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	3.0	3

11. Signature

Date

Douglas Stearn 9/22/97

B. GENERAL INFORMATION

1. Primary Purpose F	2. Program SIP	3. Program Practice No. SIP3	4. VC/SL N	5. Fund Code	6. Estimated Total Cost \$1105	7. Est. Cost-Share 600
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8. Practice Extents Number (Ac. Served/Treated) 1 31	9. Land Capability Class & Subclass VII s1	10. Soil Loss Tolerance 1	11. Land Cover/Use Before 7	12. Technical Practices Applied After 7	13. Endangered Species	14. Hydrologic Unit Code
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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 3.0
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.)
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
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 70	b. Forest Cover Before 131	a. Acres 70	b. Cost-Share —
c. Poten. Prod. 2	c. Stocking Level Before 90	b. Cost-Share —	c. Trees Pr/Ac 200

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost 1105	2. Cost-Share 600	3. Date Performed 2/26/98
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I. PERFORMANCE REPORT

Practice completed as specified

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.

Douglas Stearn

Date

2/26/98

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

County

Boulder

State

Colorado

PROGRAM YEAR

**STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW**

19 *He*

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

Ken Fichtl
146 Pine Glade Rd
Nederland CO 80466

2. Entity Identification Number

113-38-1278

3. Date Entity Formed

4. Type of Entity (Check One)

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

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

[illegible]

6. Entity Certification

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

ENTITY'S SIGNATURE

DATE _____

10-8.96

LUMBERJACKS LOGGING & FIREWOOD, INC.
PO BOX 1609
NEDERLAND, CO 80466
303 642-0953

September 30, 1996

Mr. Ken Fitchl
146 Pine Glade
Nederland, CO 80466

Re: Tree Removal

22.10 hours cutting x \$50/hour = \$1,105.00

Total Due \$1,105.00.

Please make your check payable to LumberJacks.

Thank you for the opportunity to have served you.

A handwritten signature in cursive script that reads "Natalie Davidson". The signature is written in dark ink and is positioned above the printed name.

Natalie & Jack Davidson

Lumber Jacks Logging & Firewood

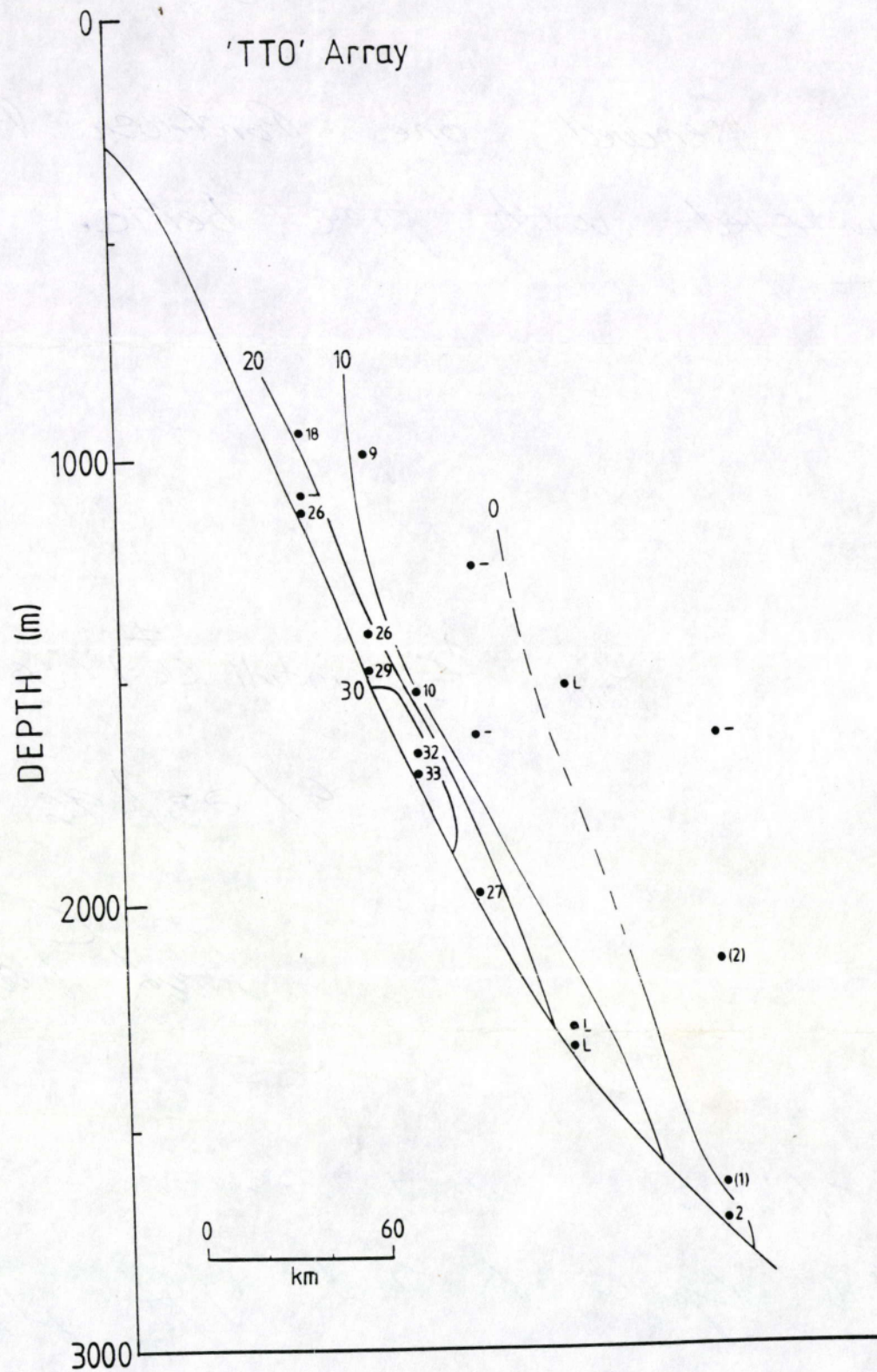
Removed one Ponderosa Pine
infested with pine beetle.

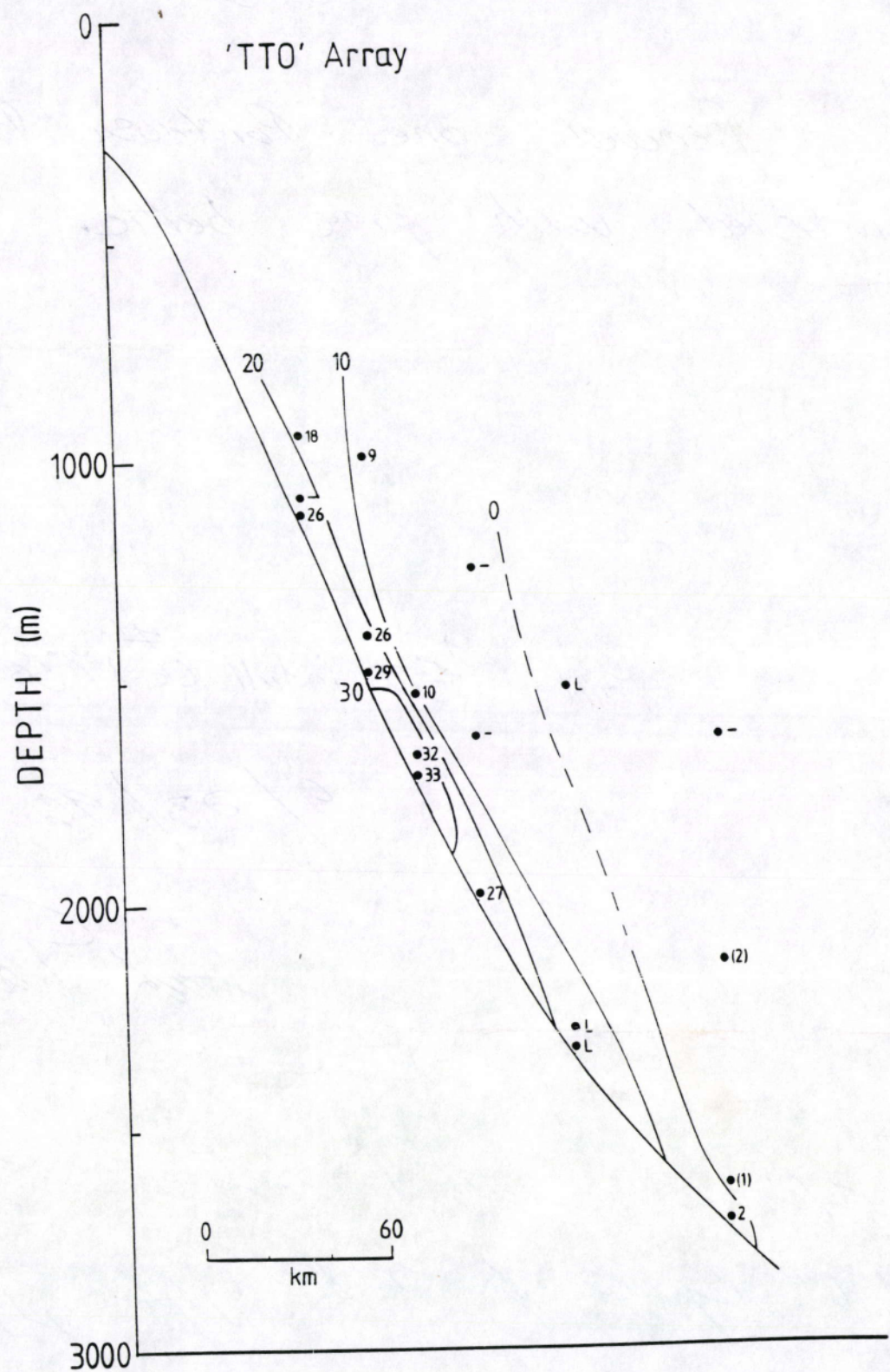
Paid \$50 in full ck #1738

9/23/96

Jack Vanderborn

This is insect & disease control.
Not eligible for SIP. DJH 2/26/98





Lumber Jacks Logging & Firewood

Removed one Ponderosa Pine
infested with pine beetle.

Paid \$50 in full ck #1738

9/23/96

Jack Vanabon

This is insect + disease control.
Not eligible for SIP. DJH 2/26/98