

TFS 6876

Texas A&M Forest Service
OAK WILT SUPPRESSION PROJECT
Request for Cancellation or Extension

Forester
Erin Davis

Applicant's Name and Address

Oak Wilt Center/Treatment ID
22-KE-1-1

552.024

Type of Request

- ☒ Extension
☐ Cancellation

Date of Approval:

Expiration Date: 2/3/2022

For Treatments Listed:

Treatment	Extent	Cost Shares
Red Oak Removal	2 trees	\$500.00

TOTAL \$500.00

Request for Extension to Date: 3/11/2022

Reason: Owners needed to get equipment, plus the holidays and sickness got them behind.

DO NOT FILL OUT THIS PORTION -- FOR PROJECT DIRECTOR ONLY

Reported to Project Director -- Date: _____

ACTION (check one): Extension Approved ☒ Extension Not Approved ☐ Cancelled ☐

Project Director Signature

Hughes

Date

1/26/2022

TFS 6873

Texas A&M Forest Service
OAK WILT SUPPRESSION PROJECT
Application for Sharing of Treatment Expenses

Forester

Applicant's Name and Address

Oak Wilt Center/Treatment I

Erin Davis

552.024

22-KE-1

Telephone Number

(Home)

(Work)

(Cell)

552.024

County

Kendall

USGS Quad Name

Ranger Creek

Lat/Lon

552.024

UTM

N3299371

E520230

Driving Directions: **552.024**

Applicant's Request

I request cost sharing for the treatment(s) listed below.

Applicant's Signature:

552.024

Date:

10/25/21

Treatment Summary

Treatment

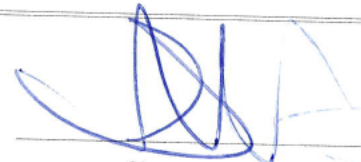
Extent

Cost Shares

Red Oak Removal

2 trees

\$500.00



Signature of Project Director

TOTAL

\$500.00

11/4/21
Date Approved (m/d/y)

Expiration Notice

All treatment components must be completed and reported to forester by:

2/3/22

Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

Completion Summary

Office Use Only

No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid	Date Paid
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TOTALS

TFS 6874

Texas A&M Forest Service
OAK WILT SUPPRESSION PROJECT
Treatment Plan

Forester
Erin Davis

Applicant's Name and Address

552.024

Treatment ID
22-KE-1-1

Case Location: **552.024**

County
Kendall

USGS Quad Name
Ranger Creek

Lat/Lon

552.024

UTM
N3299371
E520230

Date
10/22/2021

Proposed Treatments

Removal and disposal of oak tree(s) of the "red oak" variety that is infected with the fungus that causes oak wilt.

Implementation Procedures

Cost Schedule

<i>Treatment</i>	<i>Extent</i>	<i>Landowner Cost</i>	<i>Cost Shares</i>	<i>Total Cost</i>
Red Oak Removal	2 trees	\$750.00	\$500.00	\$1,250.00
		<hr/>	<hr/>	<hr/>
TOTAL		\$750.00	\$500.00	\$1,250.00

Elin Davis
Forester's Signature

10/27/21
Date



Landowner Acknowledgement Form

Location of Utilities

I hereby acknowledge that I have been informed of my responsibility to locate or have located all underground utilities if I receive funds from any federal/state cost-share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the Texas A&M Forest Service provides technical assistance to help control oak wilt on my property and that installation of trenches or other ground-disturbing activities are often recommended. I understand I can perform the work myself or I can hire a contractor, as long as all work specifications meet TFS technical guidelines, maintains competitive pricing, and cost-share funds are approved before the work is accomplished. The Texas A&M Forest Service will avoid underground utilities whenever possible.

The Texas A&M Forest Service may assist by providing a list of contractors who have performed oak wilt trenching for others or who may be working in the area.

I understand any contractual arrangement, including liability agreements, must be made between myself and the contractor. The Texas A&M Forest Service is here to provide me with technical expertise, not act as a liaison between myself and the contractor. Any cost or time estimates for trenching made by the Texas A&M Forest Service are approximate. I understand it is my responsibility to speak with the contractor about haul fees, hourly or per foot charges, street or sidewalk cuts, billing, and extra services such as chainsaw work, excess soil removal, fence repairs, etc.

As a landowner, it is my responsibility to see that all underground utilities near proposed trenches are located before the scheduled trenching day. These can include:

Telephone: community cables, fiber optics, individual and neighbors' buried lines

Water: large water lines that may cross my property, house lines, irrigation and sprinkler lines and lines to watering troughs, barns, etc.

Cable: television, satellite dish

Sewer: septic line, leach (drain) field, gray water system

Electric: house, garage, barn, shed, light pole, etc.

Gas or Oil Pipe Lines: large gas or oil lines which may cross my property or other gas lines to the house, outside light, etc.

I hereby acknowledge that if any underground utilities are pulled up during the ground-disturbing project, I will NOT hold the Texas A&M Forest Service responsible. I understand it is my responsibility to contact the appropriate "utility" to come out and mark the location of all possible lines.

10/25/21
DateTEXAS A&M
FOREST SERVICE**Landowner Acknowledgement Form**
Cultural Resource Protection

I hereby acknowledge that I have been informed of the stipulations for protecting cultural resources if I receive funds from any Federal cost share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the TFS forester must conduct a cultural resource survey of the area on which the project will be implemented. This survey will generally involve walking over the area and looking for evidence of cultural resource sites on the ground; however, it may also include subsurface surveys, or shovel tests. Subsurface surveys will be done no deeper than the depth of disturbance by the ground-disturbing activity.

If a site is found within the treatment area, the TFS forester will inform me of such and I will be given the option of dropping the cost share project. If the project is dropped, there are no obligations for the site to be entered in a statewide database managed by the Texas Archeological Research Laboratory (TARL). However, if I choose to proceed with the project and accept Federal cost share money, then I must adhere to the following requirements:

- (1) A State of Texas Archeological Site Data Form must be completed and sent to TARL for any site present within the treatment area, whether discovered before, during, or after project implementation. This information is exempt from the Open Records Act and is not available to the public.
- (2) Any artifacts discovered during the survey or project implementation will be sent to the TFS consulting archeologist for quick study and returned to the landowner. Any artifacts found on a landowner's land are the landowner's private property, along with the cultural resource site.
- (3) Once a year, the Texas Historical Commission (THC), who administers the National Historic Preservation Act of 1966, will conduct a review of the TFS program. The review will include on-site visits to selected tracts where cost share practices have been implemented. By accepting cost share assistance, I grant permission to TFS and THC personnel to visit my property for the purposes of conducting this annual review.

In implementing a project on an area where a cultural resource is present, the primary strategy will be to avoid the site by leaving it out of the area to be treated. If a site cannot be avoided and a landowner wants to receive cost-share assistance, the site must be evaluated by a professional archeologist to determine if it is eligible to be listed on the National Register of Historic Places. This evaluation will be at the expense of the landowner.

I understand that all cultural resources present on my property are my private property (or co-property with other landowners) and that my actions on, near, or to these cultural resources are not inhibited in any way. I further understand that the above stipulations apply only when Federal money is spent and that Federal money cannot be used to damage any cultural resource unless that cultural resource has first been professionally evaluated and found to be ineligible for inclusion in the National Register of Historic Places.

552.024

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Signature

10/25/21

Date

22-KE-1-1

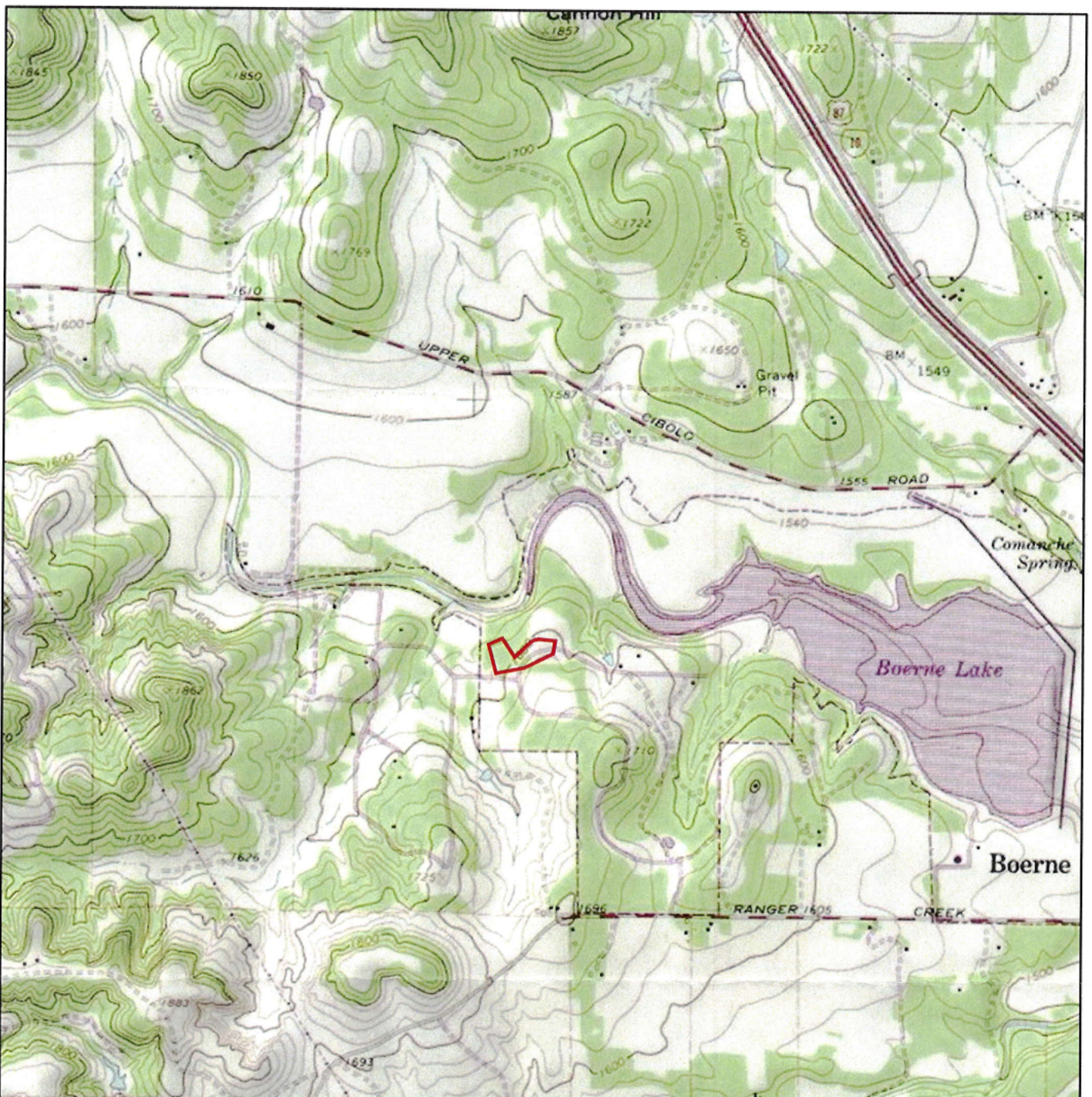
Case Number

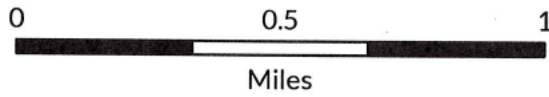



OAK WILT General Location Map



TEXAS OAK WILT





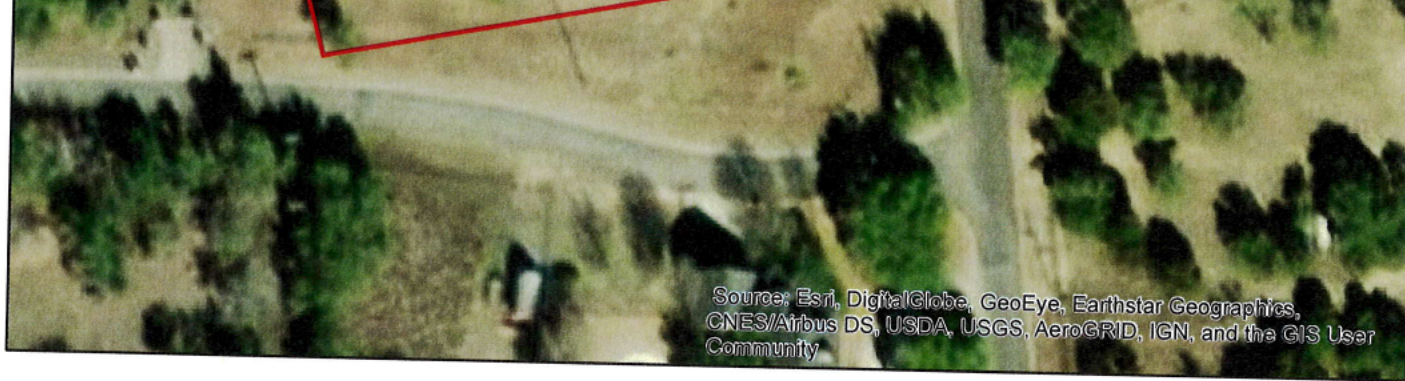
 Diseased Area

Case: 22-KE-1
County: Kendall
Quad: Ranger Creek
Date: 10/22/21
Forester: Erin Davis
Landowner: **552.024**



OAK WILT Treatment Map





Red outline: Diseased Area

Green circle: Trees to be removed

0 50 100
Feet

Case: 22-KE-1
County: Kendall
Quad: Ranger Creek
Date: 10/22/21
Forester: Erin Davis
Landowner: 552.024

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

552.024

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions

552.024

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

552.024

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

Sign
HereSignature of
U.S. person

552.024

Date ▶

10/25/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

Oak Wilt Suppression Project

Request Package for Cost Share Funding

The attached package has all forms, maps, and applications necessary for requesting federal cost shares for suppression of oak wilt including:

- ☒ Application (Form 6873)
- ☒ Treatment plan (Form 6874)
- ☒ General location map (USGS 7.5-minute topo)
- ☒ Treatment map (Form 6875)
- ☒ Landowner acknowledgement form--location of utilities
- ☒ Landowner acknowledgement form--cultural resource protection
- ☒ TARL records check N/A

- ☒ Cultural resource survey form N/A
- ☒ W-9 request for taxpayer identification number and certification

Please check off the above boxes to verify these items are included

Forester: **Erin Davis**

Date: **October 22, 2021**