

# Restoration Needs for Lands Impacted by Wildfire

Landowners looking for assistance with restoration of their lands should contact the Stevens County Conservation District. The District is acting as a clearinghouse for private landowners seeking assistance with issues such as restoration of grazing lands, repair of fences, repair of irrigation systems, restoration of riparian trees and shrubs, general reseeding or erosion control. In the forested areas, issues may also include removal or chipping of burned materials, erosion control and replanting.

At this time there are limited funds available; however, the District is actively working together with the groups/agencies listed in box below to locate additional sources of both technical and financial assistance for private landowners. This group will likely grow as sources of assistance are located. Receiving requests from landowners will help to focus the search for funding.

Landowners seeking assistance should be prepared to provide the following information:

Name

Contact information (phone & e-mail)

Address

Tax Parcel # (if known)

Description of the damage

Number of acres affected

Describe conditions before the fire (trees, shrubs, grass?)

Agricultural infrastructure impacts (irrigation systems, fences)

Livestock Impacts (loss of grazing lands or loss of livestock)

Concerns about soil erosion (both by wind and water)

Concerns about forest conditions (fire hazards, dead and dying trees, etc.)

## Stevens County Conservation District

**Address:**

232 Williams Lake Road  
Colville, WA 99114

**Contact:**

Dean Hellie  
District Administrator

**Phone:**

509-685-0937 x3

**E-Mail:**

dhellie@co.stevens.wa.us

*Agencies working together with the Stevens County Conservation District include: Washington Conservation Commission, USDA Farm Service Agency, USDA Natural Resources Conservation Service, Stevens County Noxious Weed Control Board, Washington Department of Ecology, Washington Department of Natural Resources, etc.*

# Wildfire 2015 Request for Assistance

Name:	
Mailing Address:	
Phone:	E-Mail:
Property Address:	
Tax Parcel #:	
Number of Acres (total property & burned):	
Are you an agricultural producer (make \$\$ from livestock or crop production)?	
Did you have damage to ag infrastructure (fences, irrigation system, etc.)? Be specific about damages.	
Description of property before fire (such as forestland, shrub-steppe, rangeland, pasture-land, types of vegetation, etc.):	
Description of post fire conditions and resource concerns/needs:	
Name of staff taking report:	
Date and Time of Initial Report:	

Please include a signed permission to access agreement along with your request for assistance.  
We will always contact you before visiting your property.

### Permission to Access Agreement

Between

Stevens County Conservation District  
232 Williams Lake Road  
Colville, WA 99114  
Phone (509) 685-0937 Ext 3

And

\_\_\_\_\_ (Landowner Name)

I, \_\_\_\_\_, grant access to my property (tax parcel \_\_\_\_\_) to the Stevens County Conservation District (SCCD), its employees, representatives, or contractors for the expressed purpose of assessing conditions after the \_\_\_\_\_ wildfire and planning a resource improvement project. By signing this form, I certify that I am the legal owner of this property and therefore can grant permission to access to the SCCD. I understand that as the property owner, I have a duty to disclose to the SCCD all defects and safety hazards on the property that are known to or reasonably discoverable by me. I also understand that signing this agreement does not authorize the SCCD to perform or have performed any construction activities.

I understand that the SCCD shall indemnify and hold me harmless from and against any loss, damage, or injury caused by, or on behalf of, or through the fault of the SCCD. I shall indemnify and hold SCCD harmless from and against any loss, damage, or injury caused by, or on behalf of, or through the faults of myself. Nothing in this statement shall require either of us to indemnify the other against either of our own willful or negligent misconduct.

I understand that this agreement becomes effective upon receipt of the signed form and shall terminate 24 months from that date, unless otherwise agreed upon in writing. I may terminate this agreement at any time by submitting a written notification to the SCCD.

\_\_\_\_\_  
Printed Name                                      Signature                                      Date

\_\_\_\_\_  
Address    City, State, Zip

\_\_\_\_\_  
Phone Number