

**Woodland Stewardship Plan: PID#15-028-0200**

**City/County: Milaca, Mille Lacs**

**Geographic Management Zone: Milaca, Upper Rum River**

**Landowner: Kenneth Britz**

**Acres: 80**



### **Project Summary:**

This project will provide cost-share for a Woodland Stewardship Plan for Kenneth Britz. This property is located in Milaca, and falls within the Milaca Geographic Management Zone (GMZ). The property is mostly forested, and is surrounded by forest and some wetlands on nearby parcels.

### **Project Status:**

Initiated: 10/28/25

Contract approved:

11/12/2025

Completed:

2/12/2026

### **Funding:**

Watershed and Forest Restoration: What a Match!

\$300 cost-share

### **Cooperators:**

LCCMR (funding source)

BWSR (grant holder)

### **Private Consultant:**

Paul Dickson

### **Watershed:**

Rum River Watershed

**PURPOSE:** To create a contract between the Mille Lacs Soil and Water Conservation District (SWCD) and the landowner(s) for Woodland Stewardship Plan (WSP) cost-share assistance.

## Woodland Stewardship Plan Cost-Share Contract # P23-2942-WSP-19

### General Information

Organization: Mille Lacs SWCD  
Contract Number: 15-028-0200  
Amendment: \_\_\_\_\_  
Canceled: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Date: \_\_\_\_\_

\*If contract amended, attach amendment form(s) to this contract.

### Applicant

Landowner Name: **Kenneth H. Britz**  
Land Address or Parcel ID Number: **1678 Windsor Ln. St. Peter, MN 56082**  
City/State Zip code: **Milaca MN 56353**

Alternate Address

**1678 Windsor Ln.  
St. Peter, MN 56082**

\*If you have an alternate address where you'd like the cost-share check to be sent to, please note that in the alternate box.

\*If a group contract, this must be filed and signed by the group spokesperson or designated in the group agreement and the group agreement attached to this form.

### Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the creation of a Woodland Stewardship Plan (WSP). It is understood that:

- The landowner must choose a plan writer that meets the below criteria:
  - Is a certified plan writer with the MN Department of Natural Resources (DNR).
  - Maintains all necessary professional registration, per MN DNR's requirements.
  - Complies with MN DNR's Woodland Stewardship Plan guidance and standards.
- The WSP Plan must include information on:
  - Land protection opportunities, specifically about the Sustainable Forest Incentives Act (SFIA) and Reinvest in Minnesota (RIM) Easements, and;
  - The land's potential for reforestation and tree planting.
- It is the responsibility of the landowner to convey all necessary information to their plan writer.
- No expenses towards the plan can be incurred by the landowner prior to this contract being signed by both parties.
- The landowner is responsible for paying their plan writer. The SWCD will only reimburse the landowner only after the plan is finalized and paid for, and the landowner must provide the SWCD with:
  - Proof of payment.
  - Proof of plan registration with the MN DNR. (The MLSWCD understands that this can take a while to receive— please send it as soon as you get it.)
  - A copy of the plan.
- This contract will expire after reimbursement from the SWCD.
- The contract, and terms of the contract, shall be in effect for the period of the contract.

### Applicant Signature

The landowner's signature indicates agreement to;

- The contract information as outlined above and;
- The organization's representative conferring with the plan writer on plan's details, as necessary.

Date Landowner: **10/20/25**

### SWCD Board Signature:

The organization has authorized the following for financial assistance: total not to exceed a rate of \$300/plan, not to exceed the actual cost of the plan.

I certify that I have reviewed this contract and all supporting information and that to the best of my knowledge and belief, the information is accurate and in accordance with terms of the contract identified.

Approval Date: **11/12/25** Authorized Signature: **Wendy K. Coffell** Total Amount Approved: **\$300**

\$ 300

Approval Date: **11/12/25** Authorized Signature: **Wendy K. Coffell** Total Amount Approved: **\$300**

## **Forest Stewardship Plan Summary**

**Current Tax Program:** Sustainable Forest Incentive Act (SFIA) – 20-year minimum enrollment

### **Landowner Goals:**

- Maintain young forest conditions to support wildlife habitat and ensure a future timber supply.
- Promote habitat diversity by encouraging understory tree growth, thinning stump sprouts, and releasing conifers and oaks.
- Conduct timber harvests and/or thinning to improve overall forest health, generate income, and promote regeneration.
- Provide a diverse landscape that includes both forested areas and open grassy spaces for wildlife.
- Protect and maintain wetlands to support water quality and wildlife habitat.

### **Property Description:**

The property is located approximately 6.5 miles northwest of Milaca. Access is good, with County Road 19 running along the eastern boundary and an internal trail system providing additional access throughout the site. The landowner does not reside on the property but maintains a cabin on-site.

### **Surrounding Area:**

The surrounding landscape consists primarily of forestland interspersed with wetlands and lakes. Upland forests in this region are predominantly hardwoods. Adjacent properties are privately owned. The primary drainage in the area is Tibbets Brook.



P.O. Box 642  
Onamia, MN 56359  
320-532-5038 office  
p.dickson@frontiernet.net  
Web Site: www.Dicksonforestry.com

# INVOICE

**DATE:** February 13, 2026  
**INVOICE #** 403  
**FOR:** Stewardship plan

**Bill To:**

Ken Britz  
1618 Windsor Lane  
St. Peter, MN 56082

**Paid 3-3-26**

| DESCRIPTION                   | Acres | \$/acre      | AMOUNT    |
|-------------------------------|-------|--------------|-----------|
| Stewardship plan for \$6 acre | 80    | \$ 6.00      | \$ 480.00 |
| \$300/plan                    | 1     | \$ 300.00    | \$ 300.00 |
|                               |       |              | \$ -      |
|                               |       | <b>TOTAL</b> | \$ 780.00 |

Make all checks payable to: **Dickson Forestry Inc**

**THANK YOU FOR YOUR BUSINESS!**

# FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

## PAYEE AND COST INFORMATION

Name: Kenneth Britz  
 Address: 1618 Windsor LN.  
 City, State, Zip: St. Peter, MN 56082  
 Contract No.: P23-2942-WSP-19 Total Amount Authorized: \$300  
 (from contract)

| Practice                  | Quantity | Unit | Unit Rate | Total    |
|---------------------------|----------|------|-----------|----------|
| Woodland Stewardship Plan | 1        |      | \$300.00  | \$300.00 |
|                           |          |      |           | \$0.00   |
|                           |          |      |           | \$0.00   |
|                           |          |      |           | \$0.00   |
|                           |          |      |           | \$0.00   |
|                           |          |      |           | \$0.00   |
|                           |          |      |           | \$0.00   |

PAYMENT REQUEST: \$300.00

I certify that this is an accurate and true summation of the above project, which was completed on: December 12, 2025

Kenneth Britz  
 Payee Signature

3/3/26  
 Date

## PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final  
 B. Payment amount requested: \$300.00  
 C. Total Amount Authorized: \$300.00  
 D. Total previous partial payments: \$0.00  
 E. Amount available (C - D) \$300.00

Amount Approved for This Voucher: \$300.00  
 (cannot exceed Total Amount Authorized)

### Technical Certification

I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]  
 Technical Assistance Provider

3-6-26  
 Date

### Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

\_\_\_\_\_  
 Administrative Sign-off

\_\_\_\_\_  
 Date