

State of Oregon
Department of Forestry / Department of Revenue
Notification number: 2007-771-55455 [77123059]

Attached is the processed information from the Notification of Operation and/or Application for Permits.

Please review this information and retain for future reference.

[X] - Notice is given to the State Forester that an operation will be conducted on the lands described herein (ORS 527.670).

No activity within 100' of a fish stream without a submission of a written plan. Deer Repellent

I. WHERE TIMBER HARVESTING IS PART OF THE PROPOSED OPERATION:

District: **South Cascade**
Office: **Eastern Lane**

A. NOTICE TO TIMBER OWNER: Party owning the harvested timber at the point it is first measured is shown in the section marked TIMBER OWNER and is responsible for payment of Oregon timber taxes.

County: **Lane**
WOSTOT:

B. NOTICE TO LAND OWNER: Party shown in the section marked LAND OWNER is responsible for reforestation of the site if so required.

Received by ODF on **April 25, 2007** at 1404

15 DAY WAITING PERIOD WAIVED

II. WRITTEN PLANS:

Waived by Tim Meehan on 4/27/2007

[X] - A WRITTEN PLAN may be required before certain activities can commence on the Operation.

A WRITTEN PLAN may be required for the situations indicated by an **[X]** below. A WRITTEN PLAN must be submitted or a WRITTEN WAIVER must be obtained from the State Forester before any portion of the operation may commence.

[] - Within 100 feet of a large lake or Type F or Type D stream.
[OAR 629-605-170(1)(a)]

[] - Within 300 feet of a wildlife resource site listed in the 1984 ODF/ODFW Cooperative Agreement. [OAR 629-605-170(1)(b)]

[] - Within 300 feet of any resource identified in the Divisions 645 or 665 of the administrative rules. [OAR 629-605-170(1)(c)]

[] - Within 300 feet of a state or federally listed threatened or endangered wildlife resource site. [OAR 629-605-170(1)(d)]

Please contact the Oregon Department of Forestry forester named on the Unit Information sheet for further information on requirements that may be necessary to meet before any activity/operation begins.

Signed by **Al Landerholm** - representing the Land owner.

******* NOTICE *******

The State Forester has determined that the following items requiring your attention are located within or adjacent to your operation area:

[] - Concerns **[]** - Resources **[X]** - Water

See Unit Information on subsequent pages for details.

Operator:

Weyerhaeuser Company
PO Box 275
Springfield, OR 97477
Phone: (541) 741-5211

Land owner:

Weyerhaeuser Company
PO Box 275
Springfield, OR 97477
Phone: (541) 741-5211

Timber owner:

Weyerhaeuser Company
PO Box 275
Springfield, OR 97477
Phone: (541) 741-5211

(Subscriber)

Marvin D. Brown Lena Tucker
State Forester District Forester

Unit: 1

Status: Active

Stewardship Forester: Tim Meehan

Phone number: (541) 726-3588

Start date: 4/26/2007

End date: 5/15/2007

Site conditions: No Protected Waters within 100 ft

FP = L

Slope of 0% to 35%

No mass soil movement

FPA = L

Acres: 6

Feet:

Estimated harvest: MBF

Activity: Repellent Application

Methods: Ground

Brand name: Continuum Min-Deer&Elk Repellent

Carrier: None

Additives: None

App rate: None

Sc	Twp	Rge	Government lot	N E				N W				S W				S E				Harv tax	Reg use
				n	n	s	s	n	n	s	s	n	n	s	s	n	n	s	s		
19	16S	01E		e	w	w	e	e	w	w	e	e	w	w	e	e	w	w	e		
19	16S	01E			X			X													EL1
					X			X													EL1

Deer Creek TRIB

SN

Deer Creek

MF



Springfield Operations

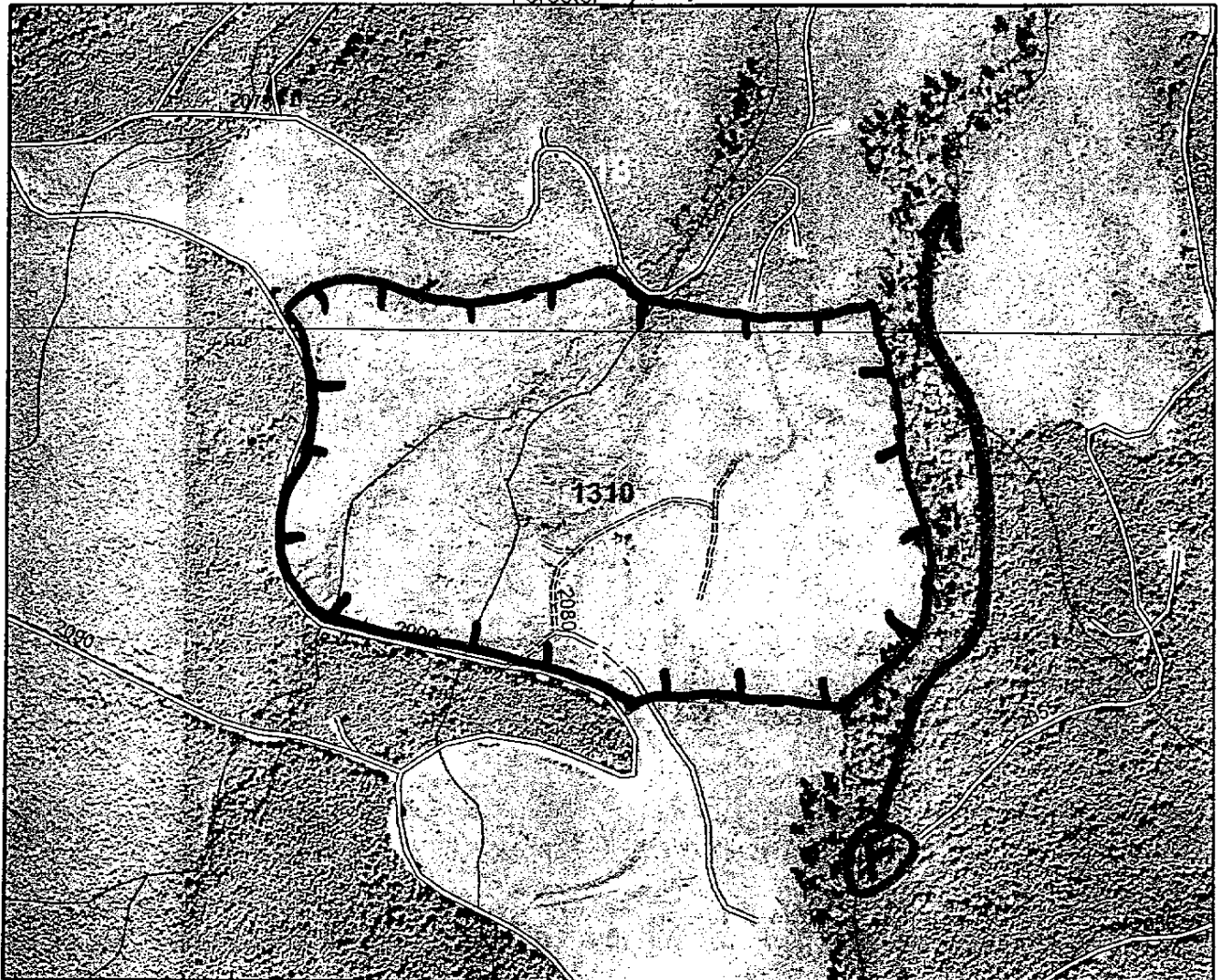
785 N 42nd St. Springfield, OR



1 inch equals 500 feet

Area WENDLING
Road WENDLING 2080
Elevation 14-1600

SEC 19 TWP 16S RNG 1E
Lat/Long _____
Forester YOST



Don/EIK. Report + Trail

*NE N
NO NE*

Total _____

EPA # Dow AccordC #62719324 Riverdale AM-40 #228145 Makhteshin AGAN Atrazine 4L #6622236 Dow Garlon 4 #62719-40
Dupont Oust XP #352601 Dow Transline #62719259 Dupont Velpar DF #352581 Dupont Westar #352626

Written Plan required ☒ (N)
Resource protected Don't treat w/in
100' of E stream

Submitted to _____ Date _____
Review Date _____ Notification Date _____

Unit Specific Safety/Other Requirements _____ Helicopter _____ FAA# _____ Boom Type _____
Nozzle _____ Pressure _____ Contractor _____
Applicator Name _____ License# _____

Weather: Date _____ Time _____ Wet Bulb _____ Dry bulb _____ RH% _____ Wind (Sp/Dir) _____
Weather: Date _____ Time _____ Wet Bulb _____ Dry bulb _____ RH% _____ Wind (Sp/Dir) _____

Completed Date/Time _____

Applicator Signature _____
Supervisor Signature _____