State of Oregon Department of Forestry / Department of Revenue Notification number: 2008-771-55262 [77123935] Ground Spray

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).

[X] - A permit to operate power driven machinery is issued for the lands described herein (ORS 477.625)

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 March 28, 2008 at 1601
II. WRITTEN PLANS:	*15 DAY WAITING PERIOD REQUIRED* ** Waiver Requested **
- A WRITTEN PLAN may be required before certain activities can commence on the Operation.	****** NOTICE *****
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	The State Forester has determined that the following items requiring your attention are located within or adjacent to your operation area:
may commence.	[] - Concerns [] - Resources [X] - Water
[] - Within 100 feet of a large lake or Type F or Type D stream. [OAR 629-605-170(1)(a)]	See Unit Information on subsequent pages for details.
[] - Within 300 feet of a wildlife resource site listed in the 1984 ODF/ODFW Cooperative Agreement. [OAR 629-605-170(1)(b)]	Operator:
[] - Within 300 feet of any resource identified in the Divisions 645 or 665 of the administrative rules. [OAR 629-605-170(1)(c)	Oregon Forest Management Service. 41580 Deerhorn Rd 3 Springfield, OR 97478 Phone: (541) 896-3757
- Within 300 feet of a state or federally listed threatened or endangered wildlife resource site. [OAR 629-605-170(1)(d)]	Land owner:
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.	Weyerhaeuser Company PO Box 275 Springfield, OR 97477 Phone: (541) 741-5211

Phone:

Marvin D. Brown State Forester

Timber owner:

Lena Tucker District Forester

Signed by Debbi Dalrymple - representing the Land owner.

Department of Forestry

Notification: 08-55262 [77123935]

Unit: 1

Status: Active

Stewardship Forester: Tim Meehan

Phone number: (541) 726-3588

Start date: 3/28/2008

End date: 4/30/2008

Site conditions: Lake or Stream within 100 ft

FP = L

Slope of 35% to 65% No mass soil movement

FPA = L

Acres: 69

Estimated harvest: MBF

Activity: Herbicide Application

Methods: Ground

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34	17S	01W		x			X													ļ	EL1

Water Concern Information

Herbicide Application Report

UNIT 2400

Springfield Operations Area 5 Mckenzie 785 N 42nd St Springfield, OR SEC 33 TWP /75 RNG /W Road Greenhouse Lat/Long _____ Elevation 900 /____ 1 inch equals 500 Forester EST Tree/Acre 440 Carrier Chemical Chemical Chemical Chemical Chemical Total Target SF % or /AC % or /AC % or /AC Unit Acres % or /AC % or /AC % or AC GIF Total EPA#s Dupont Velpar L#352-392 Velpar DF#352-581 Dow AccordC #62719-324 Garlon XRT62719-553 Transline #62719-259 Helena Atrazine WSP #19713765905 MANA Atrazine 4L#6622236 GroPro SMF #7967616 Nufarm LV-6 228-95 Other ______ Supplied by Helena & Wilbur Ellis Written plan Y (N) Resource protected _____ Notification Date _____Review Date_____ Unit specific Safety concerns Additional Requirements Neighbor Notification T/E Protection Other Application Method______Back pack type:____Flat Fan ____Meter Jet/____1 squirt/tree _____2 squirts/tree Weather: Date_____Time_____Temp_____RH%_____Wind DIR/SP_____

Completed Date/Time_____Contractor_____Applicator Name/License#_____

Man /HR

Applicator Signature _____

Herbicide Application Report

Completed Date/Time_____ Contractor ___

Man /HR____

UNIT 2401

_Applicator Name/License#_____

Applicator Signature

59		Sp	ringfield O	perations	S	Year 2001		.	
Road 6	lemens n <i>Goo</i>	Rd	785 N 42nd St. Spr SEC_ Lat/L	34_TW	P <u>/7s</u>			1 inch a	quals 500
			Fores				-	i ilicii c	quais 500
EST Tre	e/Acre								
Unit	Acres	Chemical % or /AC	Chemical % or /AC	Chemical % or AC	Chemica % or /AC	al Chemical % or /AC	Carrier % or /AC	Total	Target S
2401									GIF
Total_ EPA#s Dupor Written p	nt Velpar L#352-3 MANA Atra	92 Velpar DF#352 zine 4L#6622236 Resource p	-581 Dow AccordC #6 GroPro SMF #7967610 Cotected	2719-324 Garlon XI 8 Nufarm LV-6 228-4	RT62719-553 Trai 95 Other Notificatio	nsline #62719-259 Hele Supplied by Helena on Date	ena Atrazine WSP # & Wilbur Ellis Reviev	1971376590 w Date_	5
Additional	Requireme	nte	Neighbor I			_T/E Protection_			
Application	on Method	Ba	ck pack type:	Flat Fan	Mete	er Jet/1 s	quirt/tree	2 sc	uirts/tree
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