Oregon Department of Forestry District: Western Lane

AUTO

Office: Veneta

Notification: 09-50322

[78129291]

County: Lane

Received by ODF on

June 10, 2009 by mail

[X] - Operation notice. [X] - PDM permit.

* 15 DAY WAITING PERIOD REQUIRED *

T/S : West Lane Roadspray

WP RECD - 6/10/09

Spray

14 Days 6/24/09

Timber owner 21 Days 7/1/09

Operator:

Land owner:

Weyerhaeuser Co.

P. O. Box 275

Springfield, OR 97477 (541) 746-2511

Weyerhaeuser Co.

(541) 746-2511

P. O. Box 275 Springfield, OR 97477 P O Box 1819 Eugene, OR 97440 { 541 } 744-4600

Weyerhaeuser Co

Signed by: Jeff Yost

Fire contact: Jeff Yost (541) 744-4600

ext. 619

For: Land owner

Subscribers:

This is a countywide notification for Lane County within Western Lane District.

Department of Forestry

Notification: 09-50322

Unit: 1

Status: Active

Stewardship Forester: Unknown

Phone number: (541)

Start date: 6/29/2009

End date: 12/31/2009

Site conditions: Lake or Stream within 100 ft

Slope of 0% to 35%

= L

No mass soil movement

FPA = H

Acres:

Feet: 1584000

Estimated harvest: MBF

Activity: Herbicide Application

Methods: Ground

Brand name: Accord Concentrate_Foresters_MSM Additives: MSO And Other Non Ionic Surfactants App rate: None

Carrier: Water

Other information: Garlon 3A Element 3A Polaris

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Sc	Twp	Rge	Government lot	е	W	w	е	е	w	w	е	е	w	w	е	е	w	w	е	tax	use
36	17S	06W	County Wide																		WT1

Water Concern Information

Description Classification Rule Water Unknown class Mand written plan 170a





South Valley Timberlands P.O. Box 1819 Eugene, OR 97440-1819 541-744-4600 (phone) 541-744-4688 (fax)

WRITTEN PLAN OF OPERATION FOR ROADSIDE HERBICIDE APPLICATION

Weyerhaeuser Company is planning roadside/road surface spray applications targeting broadleaf and/or herbaceous vegetation near protected resources. This letter is our submission of a written plan of operation for activities within 100 feet of protected resources. The plat submitted with the ODF notification shows the unit boundaries and resources to be protected. Chemical will not be mixed, handled or staged with 100 feet of protected resources.

No herbicide will be directly applied within 10 feet of the high water mark of any protected resource defined as F or D stream, lakes, significant wetlands and other areas of standing open water greater than one-quarter acre at the time of application. All application will be done in compliance with the Oregon Forest Practices Rules and label instructions.

Landowner will identify the above-protected resources with crew foreman prior to application by means of aerial photos, maps and/or ground visits to provide operator with adequate information to properly treat the area.

Operation Name: WEST LANE ROADSPIRA-	3 10 E G E 1 V
Unit # /\dag{A}	
Legal Description: <u>VARIOUS</u>	ULI JUN 1 0 200
Stream & Classification 5 M+L, F4D & UNKNO	OREGON DEFT. OF T
Sincerely, Jeff Yost, Forester South Valley Area	6/8/09
Operator	Date
Forest Practices Forester	Date



NOTIFICATION OF OPERATION/APPLICATION FOR PERMIT

STATE OF OREGON

OREGON
DEPARTMENT
OF REVENUE

DEPARTMENT OF FORESTRY

DEPA	RTI	IENT	OF	RE\	/ENI	JE

"STEWARDSHIP IN FORESTRY"	DEFARTMENT OF REVENUE	Geographic Area:
	REMOVE FOREST PRODUCTS! FIRST OBTAIN PERMISSION FROM THE LANDOWNER AND TIMBER OWNER. OF OREST PRACTICES FORESTER TO ENSURE COMPLIANCE WITH ALL THE LAWS AND RULES GOVERNING FIRE PROTECTION AND FOREST PRACTICES ON PRIVATE LAND	Date Received: Time:
1. COUNTY Write in one county name: LANE		Correction: OBICC
2. NOTICE AND PERMIT TYPE Check Appropriate Boxes (2A, 2B, and/or 2C). 2A 2B 2C	NOTICE TO THE STATE FORESTER THAT OPERATION WILL BE CONDUCTED ON LANDS DESCRIBED ON REVERSE (ORS 527.670). APPLICATION FOR PERMIT TO OPERATE POWER DRIVEN MACHINERY (ORS 477.625). NOTICE TO THE STATE FORESTER AND THE DEPARTMENT OF REVENUE OF THE INTENT TO HARVEST TIMBER (ORS 321.550).	WE SERECT
The Astronomy Concentration of the Concentration of	SE PRINT! Person to be contacted in case of Fire Emergency (Designated Representative). Area Code & Phone No. 541 - 744 - 4600	
	EST LANE ROADSPRAY	Please describe the intent of the operation, and any other information that may be relevant to the
CHECK ONE SHADED BOX BELOW TO INDICATE WHO FILLED OUT THE APPLICATION.		Forest Practices Forester.
5. OPERATOR ATTENTION: If you are conducting timber harvesting or	Name	APPLICANT REMARKS:
road construction within 100 feet of overhead or underground utility lines, call the Oregon Utility Notification	Business Name WEYERHAEUSER CO.	SEE ATTACHED WRITTEN
Center at 1 800 332-2344. Request that the owner of the line be notified, and record the number issued to you by the Oregon Utility Notification Center here:	Mailing Address - Street Address	PLAN
and a regard carry reconstruction contact note.	City, State and Zip Code Area Code & Phone No. EVGENE OR 97440 541-944-4600	
6. LANDOWNER	Name JEFF YOST RC:	
Timber harvesting may result in a tree planting requirement on the landowner. The landowner	Business Name WEYER I+AE USER CO. EG:	· · · · · · · · · · · · · · · · · · ·
has the responsibility to reforest if the harvest results in an understocked condition. Call a Department of Forestry office for more information.	Mailing Address - Street Address Po BOX 1819 S:	\bigcirc
For activities or operations within an urban growth boundary, the applicant is advised to contact the	City, State and Zip Code Area Code & Phone No. EVENE OR 97440 541-744-4600	
appropriate local government regarding land use regulations which may apply to the future use or development of this site.	7. WESTERN OREGON PRIVATE LAND ONLY None Part All Is any timber being harvested certified under the Western Oregon Small Tract (WOSTOT) program? If you have checked "Part" or "All" please list the number in the "WOSTOT" Certificate Number box to the right.	ate #
3. TIMBER OWNER AND TAX PAYER	Name	~
You are required to provide a Social Security number	Business Name	
OR Tax payer Identification number by the Oregon Department of Revenue's statute ORS 321.015. The Social Security number will be used ONLY for	Mailing Address - Street Address	
the purpose of identifying you to the Department of Revenue for the collection of Timber Tax.	City, State and Zip Code Area Code & Phone No.	
, 1	Timber Owner Employer Identification Number Or Social Security Number	-
FORMAN AND AND AND AND AND AND AND AND AND A		

9. TYPE OF ACTIVITY								CTIVITY		11. SITE CODES					12. LOCATION OF OPERATION												
FIRE					RIOD	Conditions		SIGNIF. WET.	BEN, BEP,	P. LEGAL DESCRIPTION Western												Western	Fea				
FPF		l		11	Qua	antity	Estim.	Est.	Est.	WNA	ARG, CGG	OTHER WET. LAKES >8	BER, BIO, BPS, CC,	N	Ē		NW	T	SV	V		SE:	T	l .	1	Oregon	8
No.(s)			Activity	Methods	(by	unit)	MBF	Activity	Activity	W100, W300	CGS, SH	OTHER LAKES	CWD GRH GID			1-1			TT	1	7	TT	S	T	R	Severance	ا ق
	FPA	No.	Codes	Used	Acres	Fast	Removed	Starting	Ending	S1, S2, S3	SW, UGB	STREAMS EOS, BOG	HRA, HRS, MUR, NSO, OSP, RAP SRS TRE	NN	SS	N	NS	SN	IN	SS	NN	SS	E	W	G E	Tax Unit	Jate
				-	Acres	Feet	removed	Date	Date	T1, T2, T3	WG	ES, DWS, SEEP	RAP, SBS, T&E	E	VV E		/V VV		VV	VV =	EW	VV			=	Number	Regu
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14. T	ne app	licant	may requ	est a waiver of the fifteen-day	waiting pe	riod by c	hecking this	· →	15 a. Print r	name of applicar	nt here:			156	ianni	icant\	restify	that a	Il info	matio	n I hav	o provi	dad ic tr	e and cor	met (Sin	atum and c	tata)
				yer does not necessarily me D/OR AERIAL PHOTOSI		ill be gra	ented.		X JEFF YOST							15b. I (applicant) certify that all information I have provided is true and correct. (Signal X)											5,0
WRIT	EN P	LANS	3	NAMES OF PROTE		SOURCES	3		WATERSHED		X & full 2 Date: 6/8/09																
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