

Area/Road No. HORTON STORE #1

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	34 / 35		
Twp(s)	15S		
Rge(s)	07W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK

Application Method: M/S / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet® Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1652	92													S. Broom
Actual														

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Written plan required? Yes ☐ No ☒

Resource to be protected: _____

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rainfall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

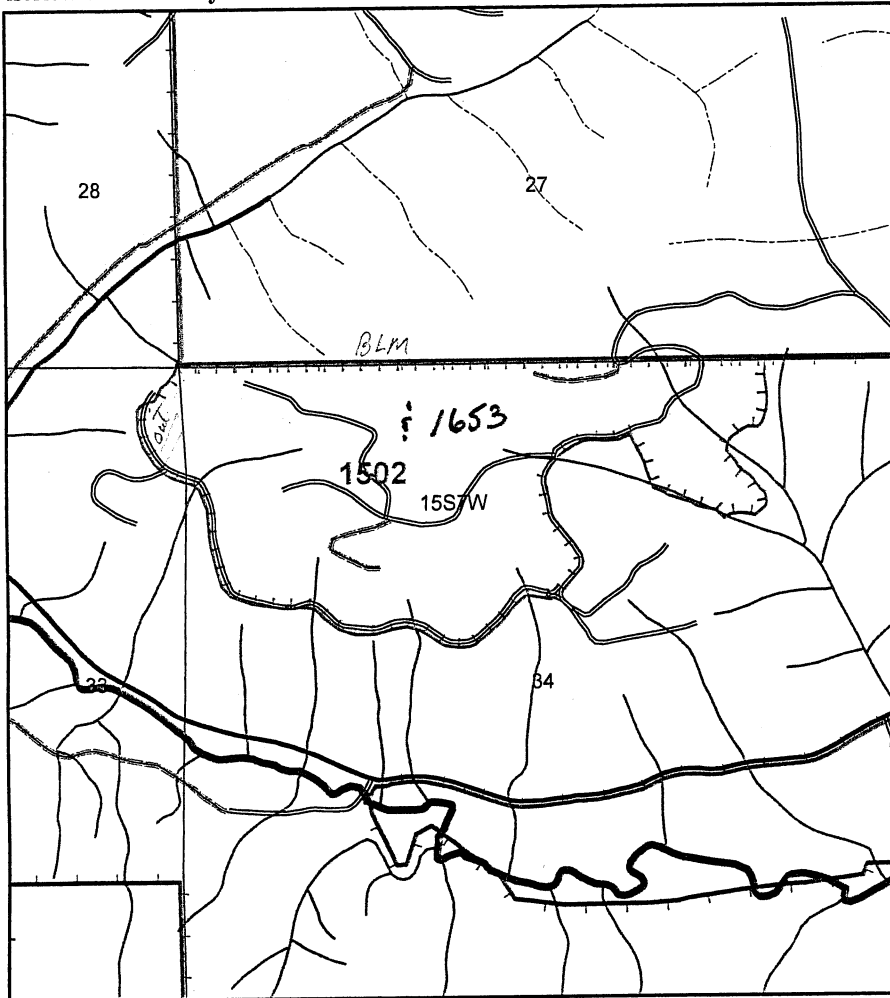
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. HORTON STORE #2

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	23/34		
Twp(s)	15 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HCS / FOWAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet® Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1502	15												X	CHINK
Actual														

Written plan required? Yes ☐ No ☒

Resource to be protected: 12/A

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, #71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, #352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rain fall: _____
☐ T/E Protection: _____
☐ Other: _____

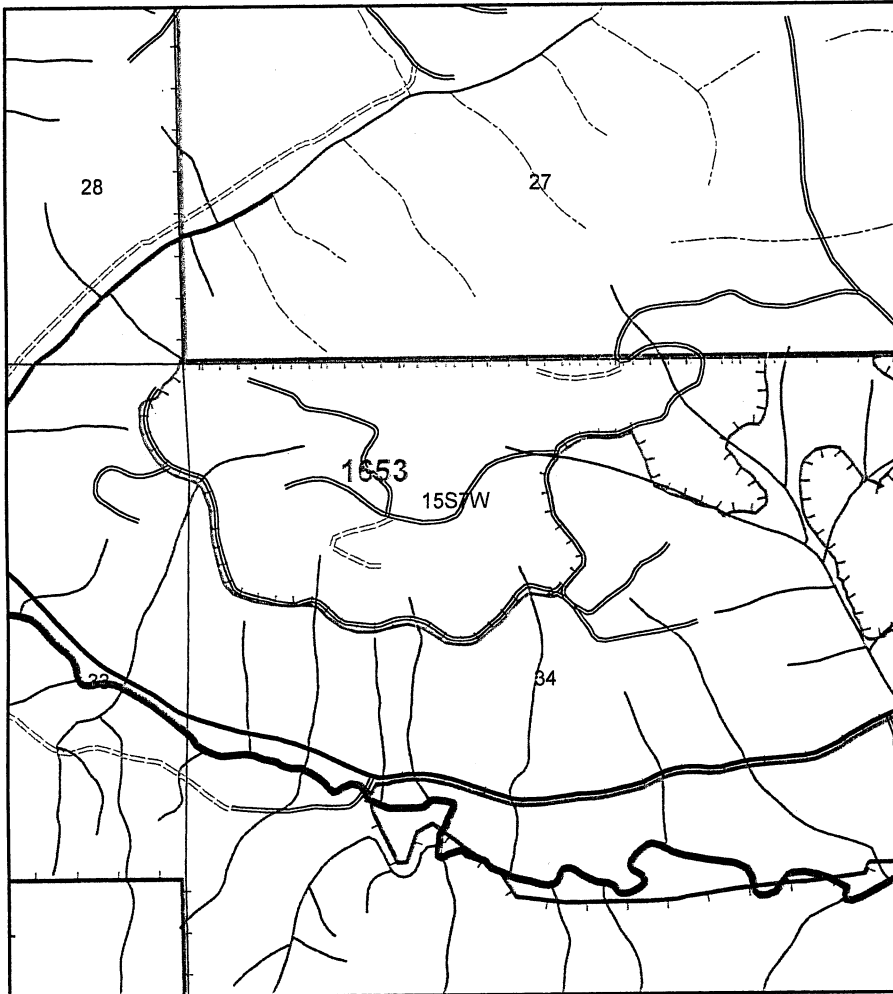
Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	33/34		
Twp(s)	15S		
Rge(s)	07W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: MIS/FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet® Specifications:

10 milliliters mix applied per tree

19 square feet treated (area per tree)

Chemical Supplier (Check One):

☐ Helena Chemical ☐ Wilbur Ellis

☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

		Chemical/Ac (Trade Name)	Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
Unit	Acres	Chemical									
1653	72										S. BROWN CHUNK
Actual											

Written plan required? Yes ☒ No ☐

Resource to be protected: _____

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324

Arsenal AC, #241-299

Chopper Gen 2, #241-296

LV6 EC, # 71368-11

Atrazine 4L #66222-36

Escort, #352-439

Carlton 3A, #62719-37

Carlton 4 Ultra, #464-554

Sulfomet, #352-401-85588

Transline, #62719-259

Velpar L, # 352-392

Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
- ☐ Wetland Protection: _____
- ☐ Open Water/Rainfall: _____
- ☐ T/E Protection: _____
- ☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.

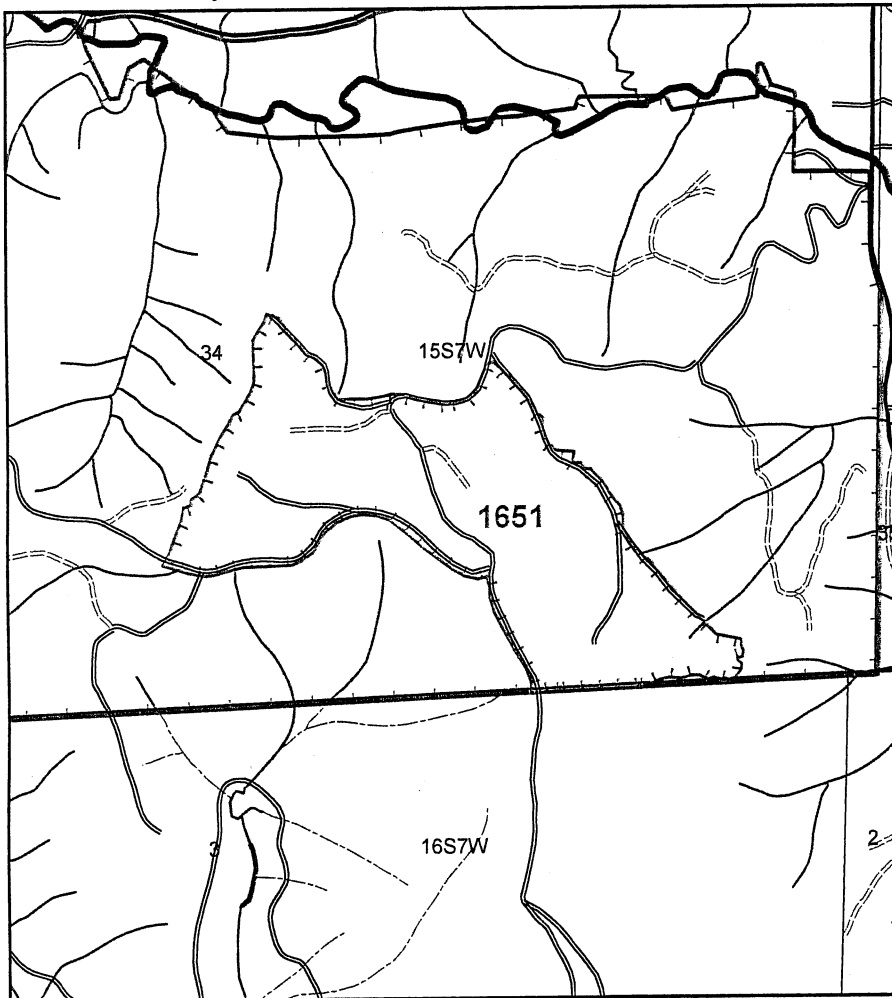
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

Area/Road No. BILL WEST

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	34		
Twp(s)	15S		
Rge(s)	07W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK

Application Method: HFS/FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet@Specifications:

10 milliliters mix applied per tree

19 square feet treated (area per tree)

Chemical Supplier (Check One):

☐ Helena Chemical ☐ Wilbur Ellis

☐ Containers rinsed at least 3x & recycled

Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1651	52													S. Broom
Actual														

Written plan required? Yes ☐ No ☒

Resource to be protected: _____

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324

Arsenal AC, #241-299

Chopper Gen 2, #241-296

LV6 EC, # 71368-11

Atrazine 4L #66222-36

Escort, #352-439

Carlson 3A, #62719-37

Carlson 4 Ultra, #464-554

Sulfomet, #352-401-85588

Transline, #62719-259

Velpar L, # 352-392

Other: _____

Additional Requirements

☐ Neighbor Notification: _____

☐ Wetland Protection: _____

☐ Open Water/Rain fall: _____

☐ T/E Protection: _____

☐ Other: _____

Date State Notification Submitted: 7/15/10

Notes: 15-day waiting period cannot be waived for aerial spray.

Full name of all applicators and trainees applying pesticide must be

recorded. All information must be recorded within 30 days following

the pesticide application.

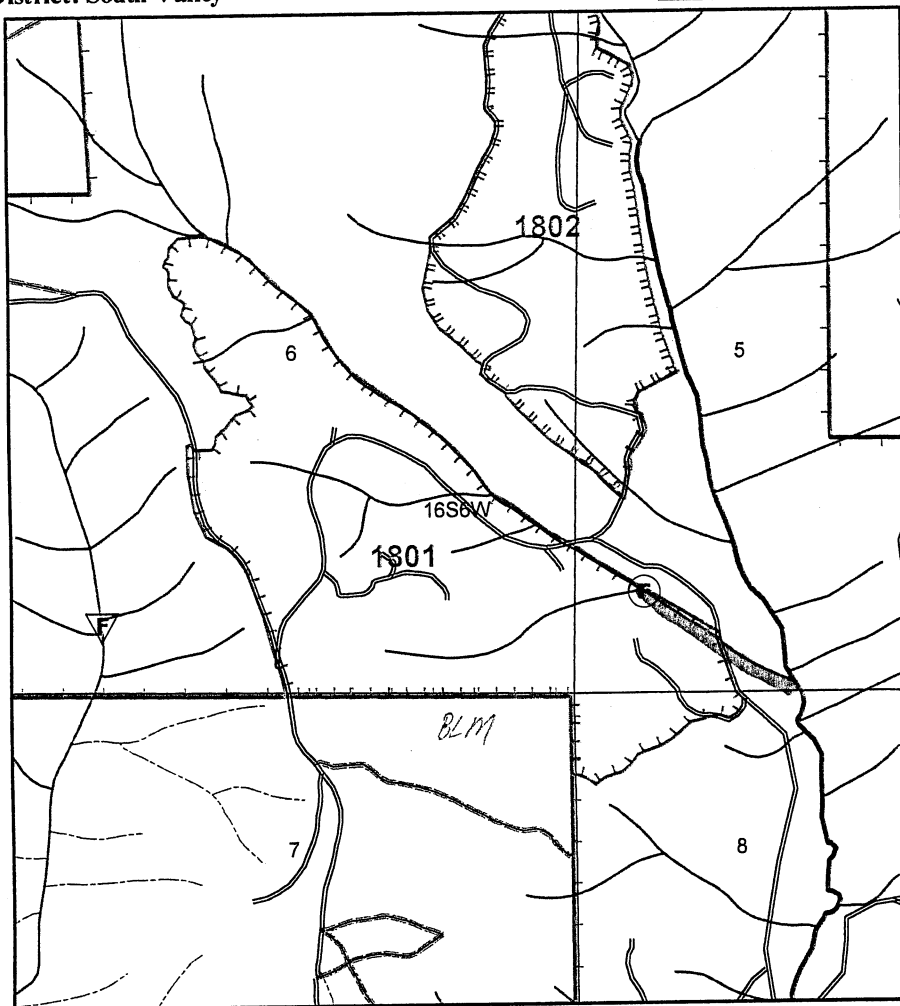
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. LOWER DUMP

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	5/6/8		
Twp(s)	16 S		
Rge(s)	06 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK

Application Method: HCS/FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet@Specifications:

10 milliliters mix applied per tree

19 square feet treated (area per tree)

Chemical Supplier (Check One):

☐ Helena Chemical ☐ Wilbur Ellis

Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1801	82											X		BLM Meadow Chick Etc
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: SF Stream

Submitted to: ORF Veneta Date 7/3/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324

Arsenal AC, #241-299

Chopper Gen 2, #241-296

LV6 EC, #71368-11

Atrazine 4L #66222-36

Escort, #352-439

Carlton 3A, #62719-37

Carlton 4 Ultra, #464-554

Sulfomet, #352-401-85588

Transline, #62719-259

Velpar L, #352-392

Other: _____

Additional Requirements

☐ Neighbor Notification: _____

☐ Wetland Protection: _____

☐ Open Water/Rainfall: _____

☐ T/E Protection: _____

☐ Other: _____

Date State Notification Submitted: 7/3/10

Notes: 15-day waiting period cannot be waived for aerial spray.

Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

④
1801
Lower Damp

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township	<u>16S</u>	Range	<u>6W</u>	Sections	<u>5, 6 & 8</u>
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____

Units Names/ Numbers:

Lower Damp #1801 5F Stream

SUBMITTED BY: Willie Brown

DATE: 7/13/10

APPROVED BY: _____

DATE: _____

AGREED TO BY: _____

DATE: _____

Map Attached:

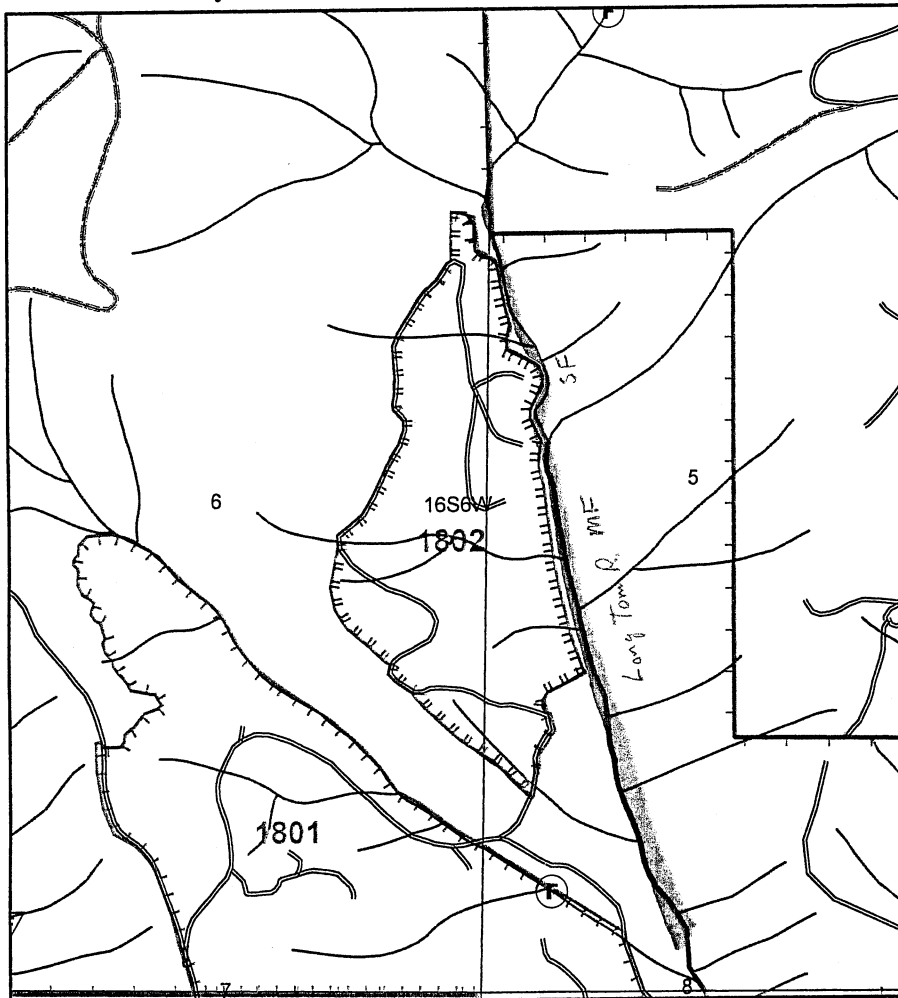
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. DUMP SWING

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	05/06		
Twp(s)	16 S		
Rge(s)	06 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HS / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet@Specifications:

10 milliliters mix applied per tree

19 square feet treated (area per tree)

Chemical Supplier (Check One):

☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled

Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1802	49											X		BLM ETC.
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: Long Tom River ME SF

Submitted to: ODE Veneta Date 7/13/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rain fall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/12/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township	<u>16S</u>	Range	<u>6W</u>	Sections	<u>5 & 6</u>
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____

Units Names/ Numbers:

Camp Spring # 1802 MF, SF Long Tom River

SUBMITTED BY: Willie Brennan DATE: 7/13/10

APPROVED BY: _____ DATE: _____

AGREED TO BY: _____ DATE: _____

Map Attached:

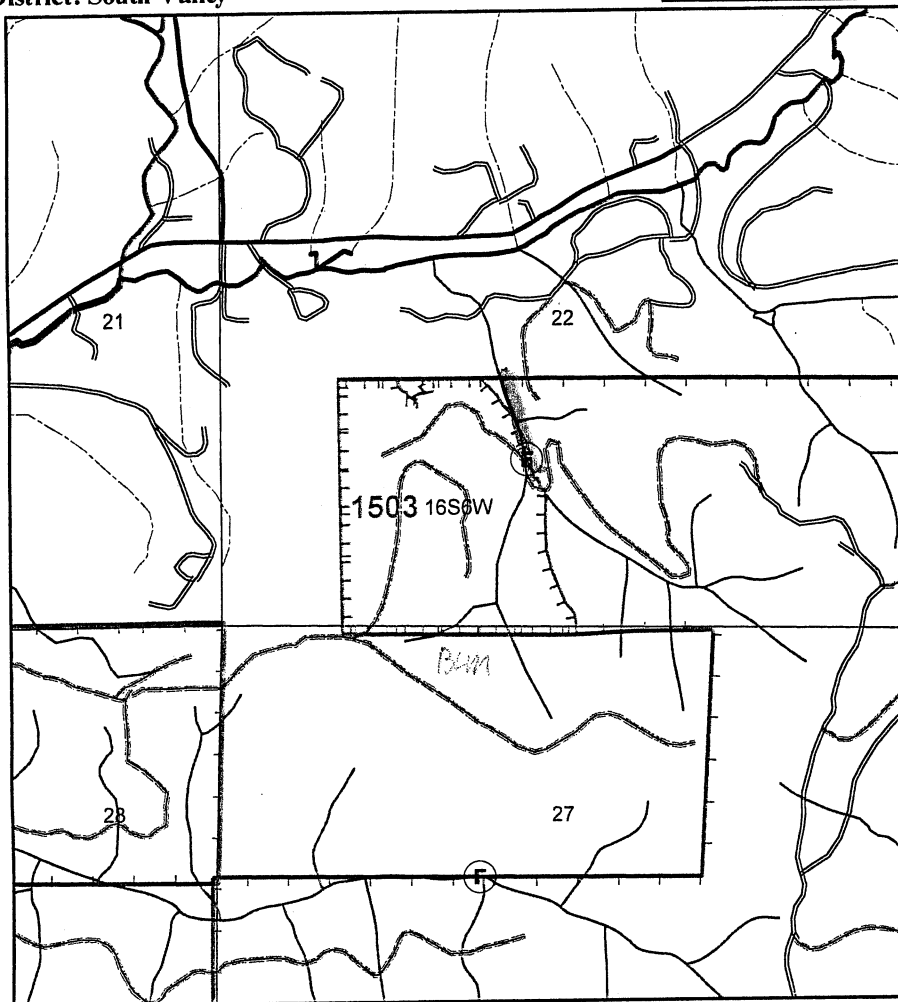
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. BORLAND NW

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	22		
Twp(s)	16 S		
Rge(s)	06 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HES / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____
Estimated Trees/acre _____
Harvest Completion _____
Site Preparation Date _____

Meter-Jet@Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1503	29												X	BLM
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: 5F Stream

Submitted to: DD Veneta Date 7/13/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rainfall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

1503
Bo. Low Mid.

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township	<u>165</u>	Range	<u>6W</u>	Sections	<u>22</u>
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____

Units Names/ Numbers:

Boxland North West # 1503 SF Stream

SUBMITTED BY:

Willie Brown

DATE:

9/13/10

APPROVED BY:

DATE:

AGREED TO BY:

DATE:

Map Attached:

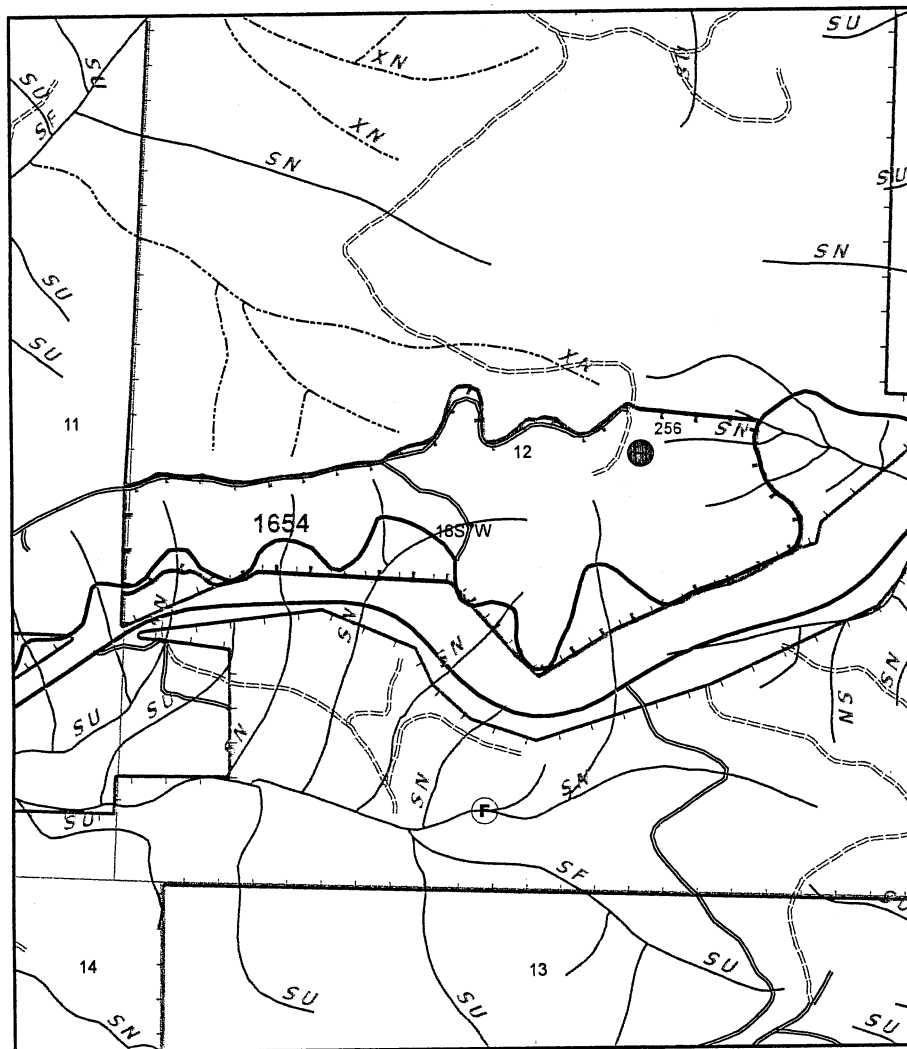
Weyerhaeuser Company
South Valley Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. POWERLINE HEADACHE

Aerial Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	12		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000

Unit(s)	Date(s)	Time of Day (Begin/End)
		/
		/
		/

Type of Equipment: HELICOPTER
Application Method: BROADCAST
Contractor/Co.: _____
Full name of applicator/certification #: _____

FAA No.: _____
Boom Type: _____
Nozzle Size: _____
Pressure: _____

Date	Time	Temp °F/°F	Wind Dir/Spd	RH%

Reforestation Unit #: _____
Chemical Supplier: Helena Wilbur-Ellis
Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

		Chemical/Ac (Trade Name)		Surfactant-Carrier/Ac							
Unit	Acres	Chemical				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species	
1654	55								X	S. Brown BLM	
Actual											

Written plan required? Yes ☐ No ☒

Resource to be protected:

Submitted to: _____

Date _____

Contractor Signed: _____

Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper, #241-296
LV6 EC, #71368-11
Escort, #352-439
Atrazine 4L, #66222-36

Garlon 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar DF, #352-581
Other: _____
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
- ☐ Wetland Protection: _____
- ☐ Open Water/Rainfall: _____
- ☐ T/E Protection: _____
- ☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

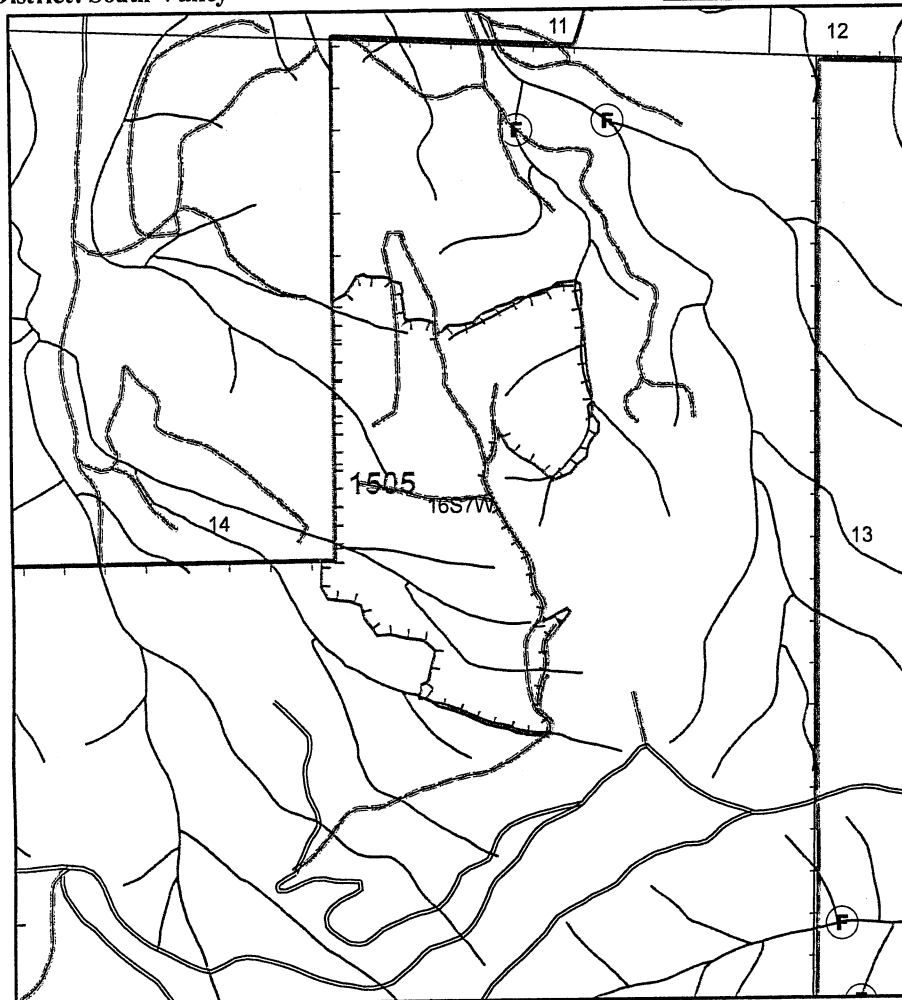
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. BEAR RIDGE 14

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	14		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HSE / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____
Estimated Trees/acre _____
Harvest Completion _____
Site Preparation Date _____

Meter-Jet® Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1505	44												X	BLM, Madro- Chink
Actual														

Written plan required? Yes ☐ No ☒

Resource to be protected: _____

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, #71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, #352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rainfall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

Area/Road No. POST ROAD SALV.

District: South Valley

Season FALL 2010

Sec(s)	15		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACK PACK

Application Method: H2S / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification#:

Reforestation Unit #: _____

Estimated Trees/acre

Harvest Completion

Site Preparation Date _____

Meter-Jet® Specifications:

10 milliliters mix applied per tree

19 square feet treated (area per tree)

Chemical Supplier (Check One):

Helena Chemical Wilbur Ellis

Containers rinsed at least 3x & recycled
Comments:

Comments: _____

Date _____ By _____

[illegible]

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Written plan required? Yes ☐ No ☒

Resource to be protected: _____

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324

Arsenal AC. #241-299

Chopper Gen 2, #241-296

LV6 EC. # 71368-11

Atrazine 4L #66222-36

Escort, #352-439

Garlon 3A, #62719-37

Garlon 4 Ultra, #464-554

Sulfomet, #352-401-85588

Transline, #62719-259

Velpar L. # 352-392

Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
- ☐ Wetland Protection: _____
- ☐ Open Water/Rainfall: _____
- ☐ T/E Protection: _____
- ☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.

Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

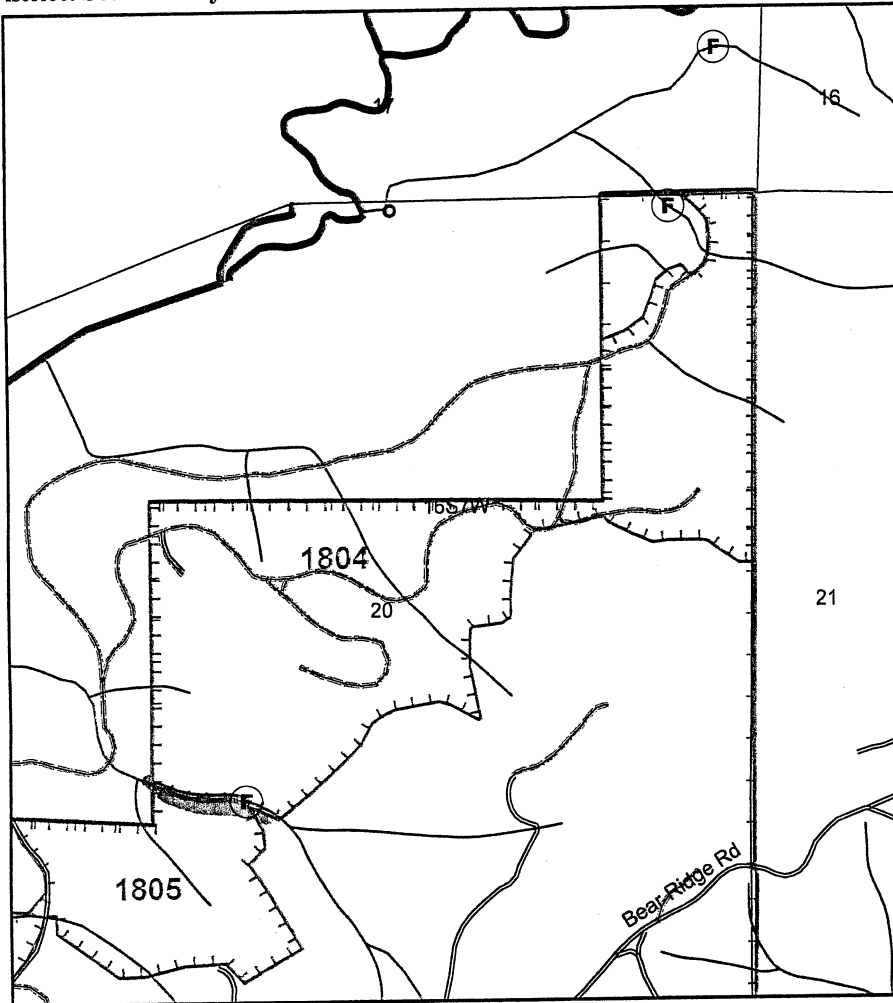
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. SCOUT CAMP

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	20		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: H+S / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet@Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

		Chemical/Ac (Trade Name)					Surfactant-Carrier/Ac									
Unit	Acres	Chemical					Water G/Acre	Total G/Acre	Site Prep	Release	Target Species					
1804	80								X		BLM VM, ETC.					
Actual																

Written plan required? Yes ☒ No ☐

Resource to be protected: SF Stream

Submitted to: DAF Vance Date 7/13/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
- ☐ Wetland Protection: _____
- ☐ Open Water/Rainfall: _____
- ☐ T/E Protection: _____
- ☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

1804
Scout Camp

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township <u>16S</u>	Range <u>7W</u>	Sections <u>20</u>
Township _____	Range _____	Sections _____
Township _____	Range _____	Sections _____
Township _____	Range _____	Sections _____
Township _____	Range _____	Sections _____

Units Names/ Numbers:

Scout Camp #1804 SF Stream

SUBMITTED BY: Willis Brenner

DATE: 7/13/10

APPROVED BY: _____

DATE: _____

AGREED TO BY: _____

DATE: _____

Map Attached:

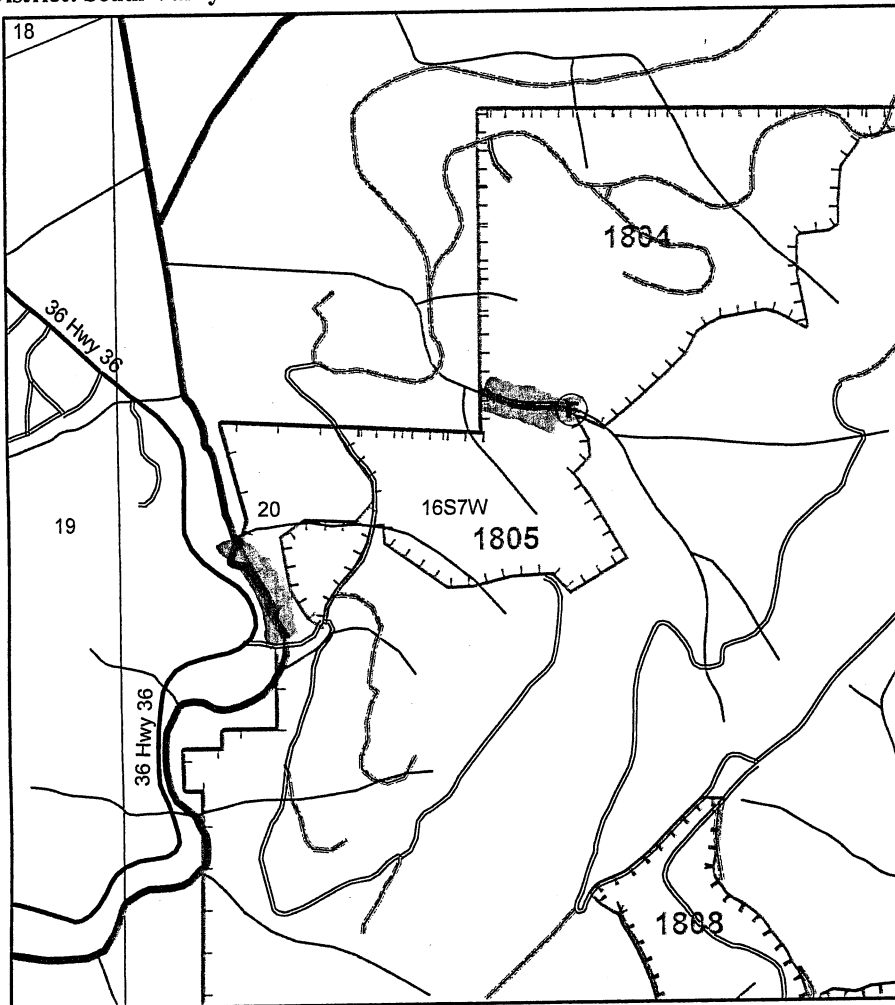
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. TRIANGLE 20

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	20		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HS / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____
Estimated Trees/acre _____
Harvest Completion _____
Site Preparation Date _____

Meter-Jet@Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1805	24											X		BLM VM, ETC.
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: SF Lake
Submitted to: SPF Veneta Date 7/12/10
Contractor Signed: _____ Date _____
State Approved Date: _____

Accord XRT II, #62719-37
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, #71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, #352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rainfall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

180-
4-20

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township	<u>165</u>	Range	<u>7W</u>	Sections	<u>20</u>
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____

Units Names/ Numbers:

Triangle 20 #1805 5F Lake

SUBMITTED BY: Willie Brown

DATE: 7/13/10

APPROVED BY: _____

DATE: _____

AGREED TO BY: _____

DATE: _____

Map Attached:

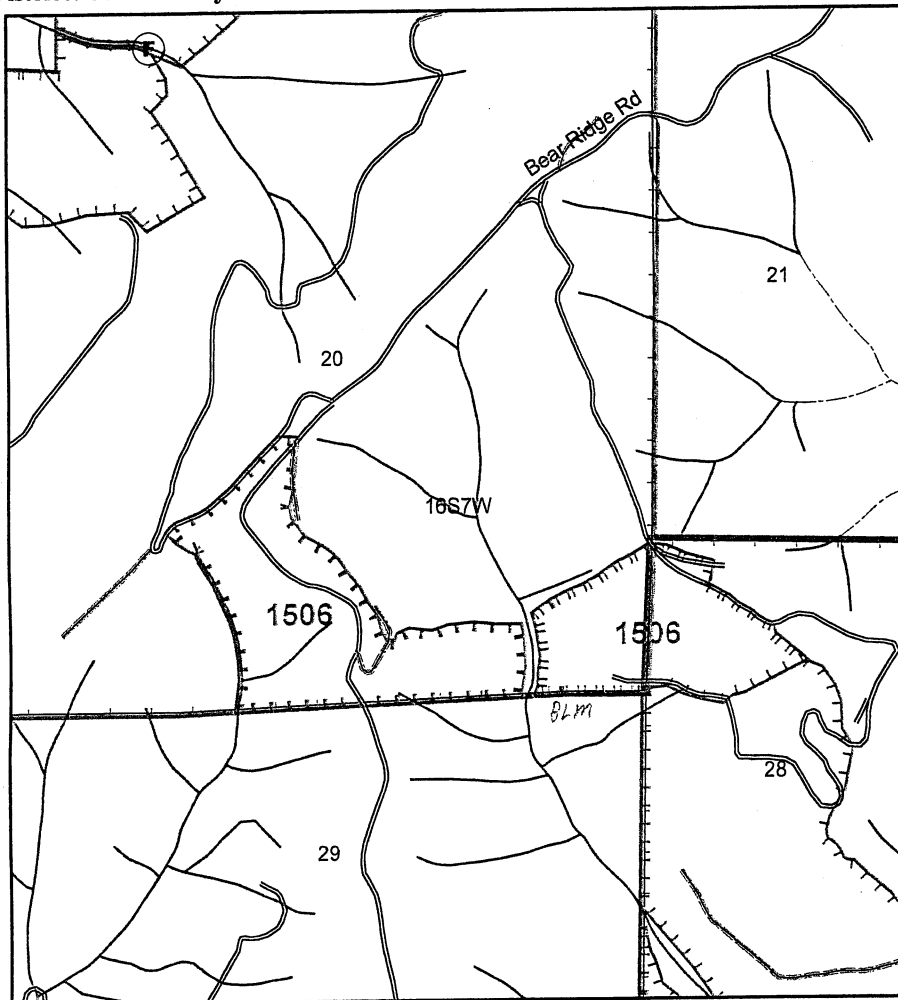
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. STINGRAY

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	20/28		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK

Application Method: H/S / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet@Specifications:

10 milliliters mix applied per tree

19 square feet treated (area per tree)

Chemical Supplier (Check One):

☐ Helena Chemical ☐ Wilbur Ellis

☐ Containers rinsed at least 3x & recycled

Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

		Chemical/Ac (Trade Name)					Surfactant-Carrier/Ac					Note: This record shall be kept for 3 years in accordance with ORS 634.146.				
Unit	Acres	Chemical					Water G/Acre	Total G/Acre	Site Prep	Release	Target Species					
1506	25									X	BLM, Chualar					
Actual																

Written plan required? Yes ☐ No ☒

Resource to be protected: P/A

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324

Arsenal AC, #241-299

Chopper Gen 2, #241-296

LV6 EC, # 71368-11

Atrazine 4L #66222-36

Escort, #352-439

Carlson 3A, #62719-37

Carlson 4 Ultra, #464-554

Sulfomet, #352-401-85588

Transline, #62719-259

Velpar L, # 352-392

Other: _____

Additional Requirements

☐ Neighbor Notification: _____

☐ Wetland Protection: _____

☐ Open Water/Rainfall: _____

☐ T/E Protection: _____

☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.

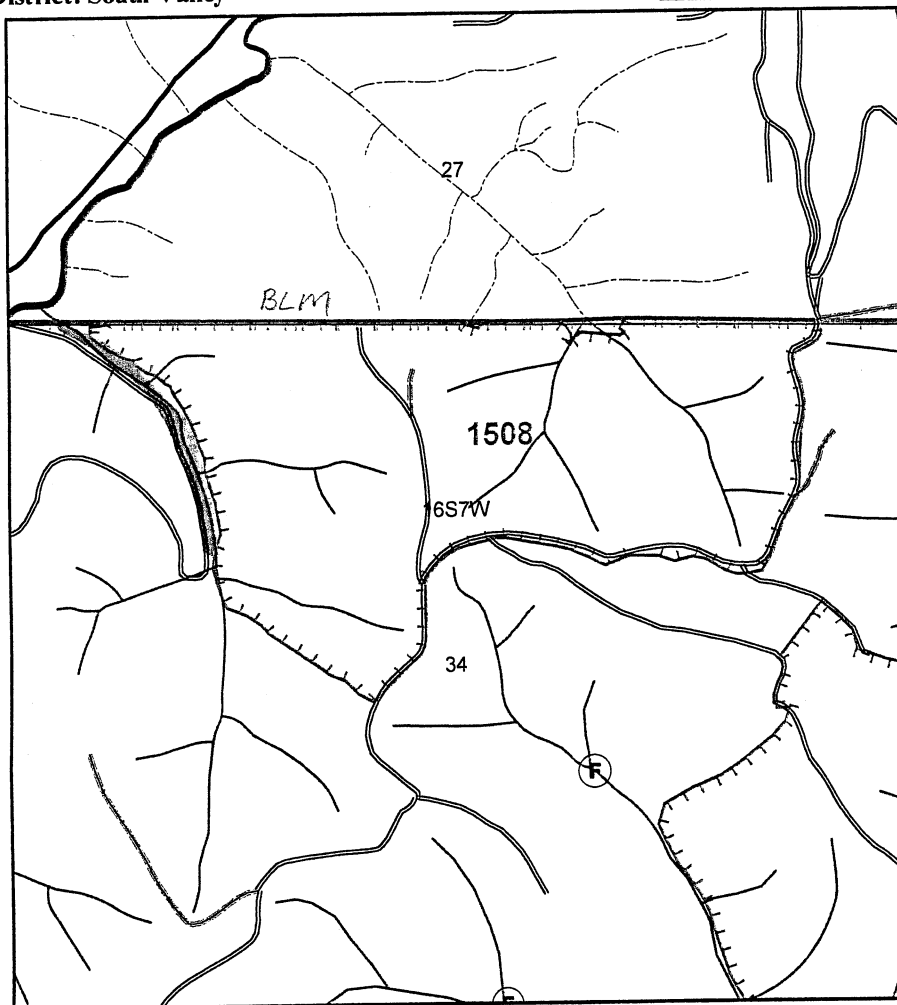
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

Area/Road No. NELSON NORTH

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	34		
Twp(s)	116 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HES / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____
Estimated Trees/acre _____
Harvest Completion _____
Site Preparation Date _____

Meter-Jet® Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1508	80												X	BLM
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: SF Stream

Submitted to: ODF Vanta Date 7/13/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlson 3A, #62719-37
Carlson 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rainfall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township	<u>16S</u>	Range	<u>7W</u>	Sections	<u>34</u>
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____

Units Names/ Numbers:

Nelson North #1508. 51' Trib To Fish Cr

SUBMITTED BY: W. Phil Brown

DATE: 7/13/10

APPROVED BY: _____

DATE: _____

AGREED TO BY: _____

DATE: _____

Map Attached:

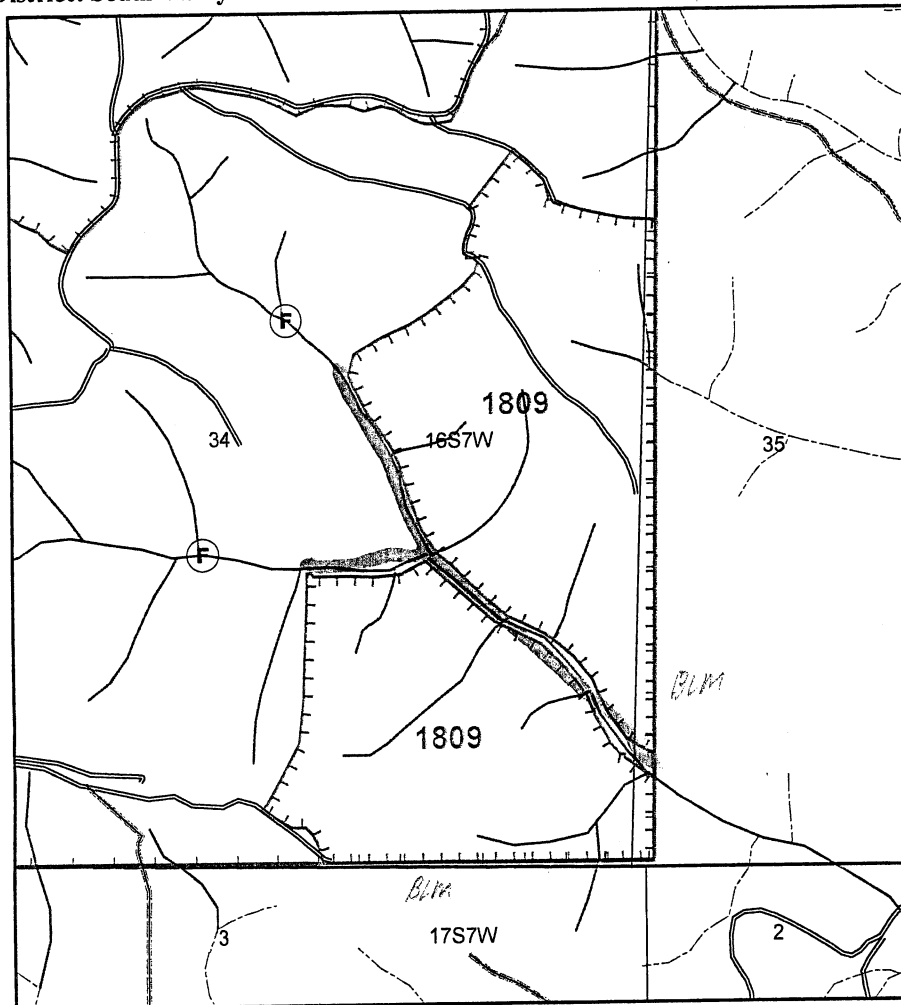
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. NELSON 34 SE

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	34		
Twp(s)	16 S		
Rge(s)	07 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACK PACK
Application Method: HIS / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____
Estimated Trees/acre _____
Harvest Completion _____
Site Preparation Date _____

Meter-Jet@Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1809	118											X		OLM, Chink etc
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: SFV 2

Submitted to: BOF Veneta Date 7/13/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT11, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
☐ Wetland Protection: _____
☐ Open Water/Rain fall: _____
☐ T/E Protection: _____
☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

(14)
1809
Nelson SE

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township <u>16S</u>	Range <u>7W</u>	Sections <u>34</u>
Township _____	Range _____	Sections _____
Township _____	Range _____	Sections _____
Township _____	Range _____	Sections _____
Township _____	Range _____	Sections _____

Units Names/ Numbers:

Nelson 34 SE 1809 Hayes Cr. SFX 2

SUBMITTED BY: Willie Benson

DATE: 7/13/10

APPROVED BY: _____

DATE: _____

AGREED TO BY: _____

DATE: _____

Map Attached:

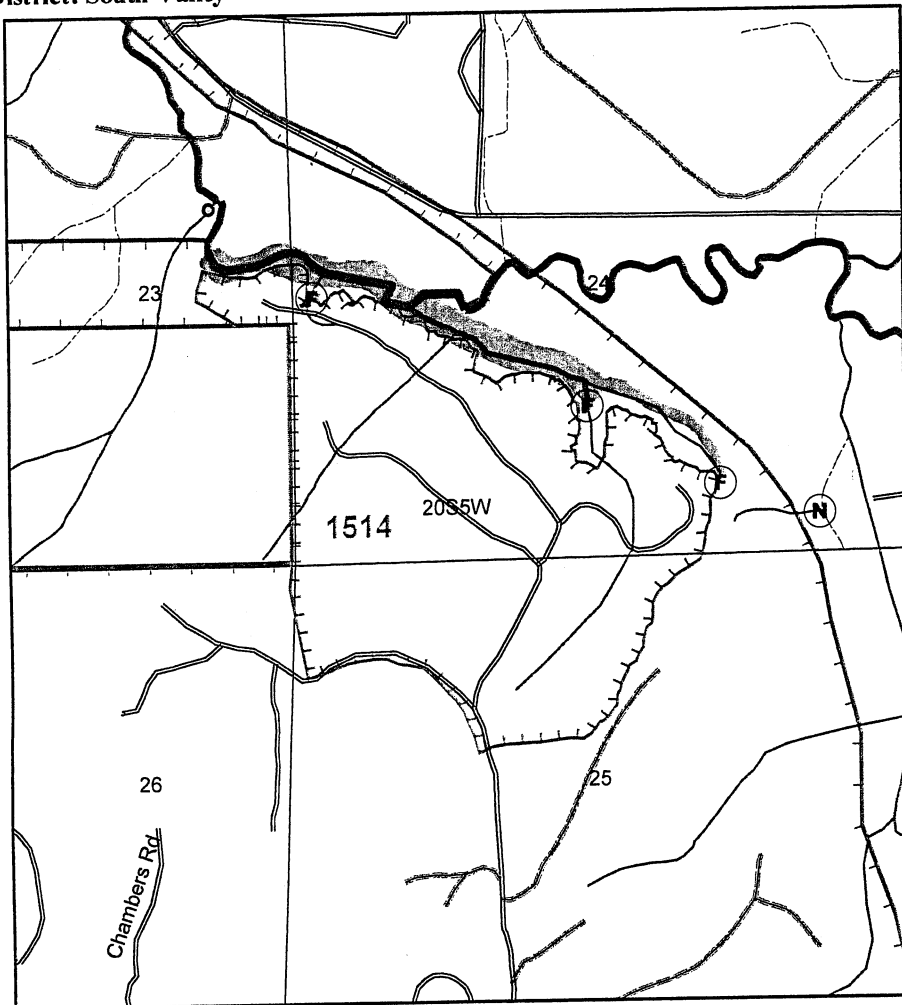
Weyerhaeuser Company
South Valley Operations Western Timberlands
P.O. Box 1819, Eugene, OR 97440
(541) 744-4600 (541) 746-2511 [24 hrs.]

Area/Road No. CHAMBERS NORTH

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	23/24/25		
Twp(s)	20 S		
Rge(s)	05 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: HIS / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____

Estimated Trees/acre _____

Harvest Completion _____

Site Preparation Date _____

Meter-Jet@Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Unit	Acres	Chemical/Ac (Trade Name)				Surfactant-Carrier/Ac				Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical												
1514	81												X	BLM ETC
Actual														

Written plan required? Yes ☒ No ☐

Resource to be protected: LF, SF, Siuslaw River

Submitted to: ADF Veneta Date 7/13/10

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
- ☐ Wetland Protection: _____
- ☐ Open Water/Rainfall: _____
- ☐ T/E Protection: _____
- ☐ Other: _____

Date State Notification Submitted: 7/13/10

Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.

15
1514
Chambers N.

WRITTEN PLAN OF OPERATION

DISCUSSION:

The following Written plan is for broadcast ground, stem/stump injection and/or backpack foliar operations within 100' of Type F and Type D streams as shown on the attached maps.

No trees within 20' and vegetation within 15' of Type F and D streams will be treated.

Mixing and loading of chemicals will not be done within 100' of Type F and D streams.

The attached plats shows unit boundaries, F and/or D type streams and Chemicals that may be used on all or portions of the treatment areas.

Township	<u>209</u>	Range	<u>5W</u>	Sections	<u>23, 24, 25</u>
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____
Township	_____	Range	_____	Sections	_____

Units Names/ Numbers:

Chambers North #1514 Siuslaw River LF, SF

SUBMITTED BY: Willie Branson DATE: 7/13/10

APPROVED BY: _____ DATE: _____

AGREED TO BY: _____ DATE: _____

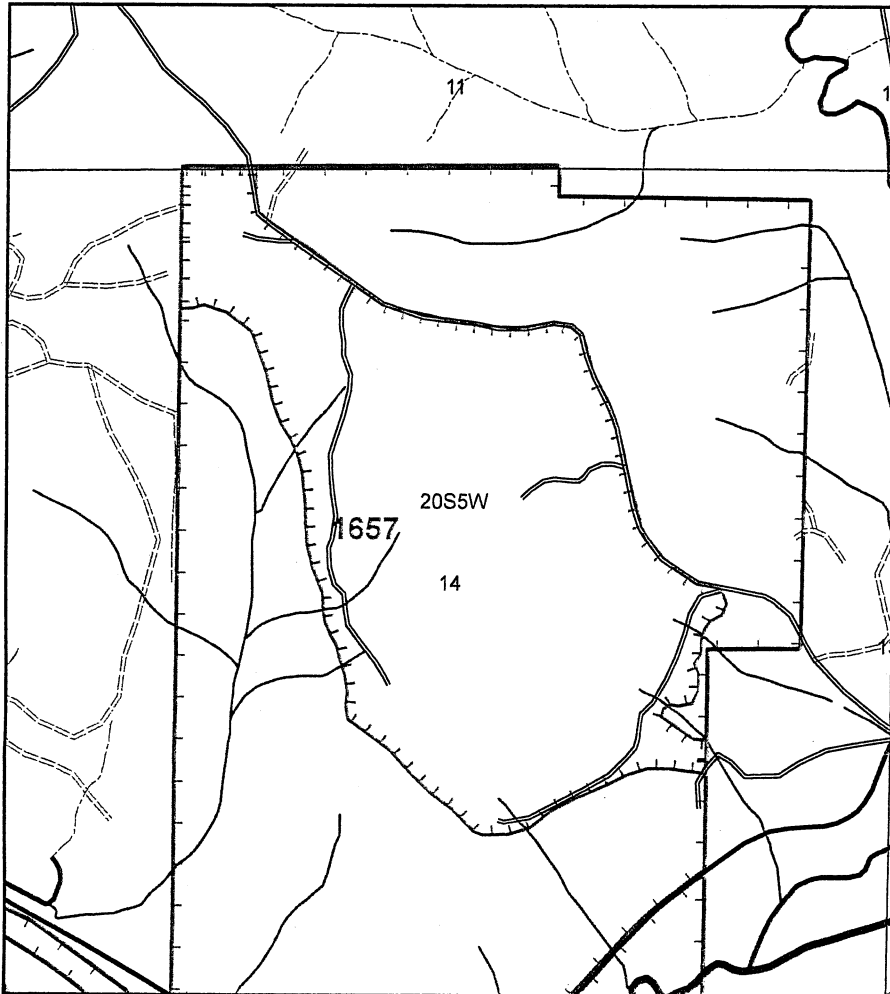
Map Attached:

Area/Road No. SIUSLAW 100

Ground Herbicide Application Report

District: South Valley

Season FALL 2010



Sec(s)	14		
Twp(s)	20 S		
Rge(s)	05 W		

Elevation: _____ Scale 1" = 1,000'

Type of Equipment: BACKPACK
Application Method: H2S / FOLIAR

Contractor/Co.: _____

Full name of applicator/certification #: _____

Reforestation Unit #: _____
Estimated Trees/acre _____
Harvest Completion _____
Site Preparation Date _____

Meter-Jet® Specifications:
10 milliliters mix applied per tree
19 square feet treated (area per tree)

Chemical Supplier (Check One):
☐ Helena Chemical ☐ Wilbur Ellis
☐ Containers rinsed at least 3x & recycled
Comments: _____

Date _____ By _____

Unit	Acres	Chemical/Ac (Trade Name)					Surfactant-Carrier/Ac					Water G/Acre	Total G/Acre	Site Prep	Release	Target Species
		Chemical														
1657	114															SBROOM, BURN CHUNK
Actual																

Note: This record shall be kept for 3 years in accordance with ORS 634.146.

Written plan required? Yes ☐ No ☒

Resource to be protected: _____

Submitted to: _____ Date _____

Contractor Signed: _____ Date _____

State Approved Date: _____

Accord XRT II, #62719-324
Arsenal AC, #241-299
Chopper Gen 2, #241-296
LV6 EC, # 71368-11
Atrazine 4L #66222-36
Escort, #352-439

Carlton 3A, #62719-37
Carlton 4 Ultra, #464-554
Sulfomet, #352-401-85588
Transline, #62719-259
Velpar L, # 352-392
Other: _____

Additional Requirements

- ☐ Neighbor Notification: _____
- ☐ Wetland Protection: _____
- ☐ Open Water/Rainfall: _____
- ☐ T/E Protection: _____
- ☐ Other: _____

Date State Notification Submitted: 7/13/10
Notes: 15-day waiting period cannot be waived for aerial spray.
Full name of all applicators and trainees applying pesticide must be recorded. All information must be recorded within 30 days following the pesticide application.