Forest Practices Application/Notification
Office Checklist Page 1
Pacific Cascade Region

FPA/N #: -2944505-
Received Date: 4/13/2026
Complete Date: 4/13/2026
WDFW Concur Due Date:
WDFW Concur Received:
Comments Due Date: 4/26/2026
Decision Due Date: 5/12/2026
FP Forester: Elochoman Lele23
Shutdown Zone: US15

FPA/N CLASSIFICATION: ☐ II ☒ III ☐ IVG ☐ IVS ☐ FFFPP ☐ 20-Acre Exempt Elochoman Unit

Landowner Name: DNR | **Project Name:** PC Aerial FY27 3250

WRIA: | WAU:
WRIA: Grays/Elochoman | WAU: Lower Elochoman; Abernathy
WRIA: | WAU: North Elochoman
Legal Description: multi legal See Attached | County: Wahkiakum
Activity Type: Harvest ac Spray 341 ac Crossing(s) #
Road Construction ft Road Abandonment ft Rock Pit ac Spoils cy

ALTERNATIVE PRESCRIPTIONS
- ☐ Alternate Plan ☐ Fixed Width ☐ Overstocked
- ☐ Habitat Conservation Plan ☐ HCP Crosswalk(s)
- ☐ Ten-Year Forest Management Plan
- ☐ Landowner Option Plan for Northern Spotted Owl
- ☐ Columbia River Nat Scenic Area ☐ GMA ☐ SMA
- ☐ Cooperative Habitat Enhancement Agreement
- ☐ Watershed Analysis:

RESOURCE REVIEW
- ☐ Potential Unstable Slopes
  - ☐ Highly Erodible ☐ Very Unstable ☐ HMWP
  - ☐ SLPSTAB
  - ☐ Landslide Inventory Polygon
- ☐ Avalanche Area ☐ Potential ☐ High
- ☐ Rain-on-Snow ☐ Outside Approved WA
- ☐ Hydric Soils
  - ☐ Wetland ☐ Forested, ☐ A, ☐ B
- ☐ In WMZ of ☐ A, or ☐ B Wetland
- ☐ In RMZ/ELZ of Type ☐ S, ☐ F, ☐ N water
- ☐ Water Verification
- ☐ In or Over Typed Water ☐ S ☐ F ☐ Np ☐ Ns
- ☐ Bald Eagle Nest Or Roost Within 660 feet
- ☒ Marbled Murrelet Special Landscape
- ☐ Group A or B Water Supply
- ☐ Hatchery; Name:
- ☐ Even-Aged Harvest Greater than 120 Acres
- ☐ Ground-Based Equipment on Slopes Greater than 40%
- ☐ Road Construction on Slopes Greater than 65%

ASSOCIATED NON-SCANNED DOCUMENTS – On file with the FPA/N at the Region office.
- ☐ SEPA Checklist/Documents
- ☐ Road Maintenance and Abandonment Plan #

ASSOCIATED SCANNED DOCUMENTS
- ☐ COHP ☐ SEPA DNS/MDNS ☐ LGE Permit(s)/Info
- ☐ FPHP Plans & Specifications
- ☐ Qualified Expert Report; Type: ☐ GEO Memo/Report
- ☐ Natural Regeneration Plan
- ☐ Shoreline Permit
- ☐ Marbled Murrelet Form
- ☐ SFLO RMAP Checklist #
- ☐ CMZ Assessment Form
- ☐ ICN #
- ☐ NP RMZ Worksheet
- ☐ Hardwood Conversion Form
- ☐ Wetland Mitigation Plan
- ☐ Water Protocol Surveys
- ☐ New ☐ Under Review WTMF#
- ☐ Water Classification Worksheet
- ☐ Shade Documentation/Worksheet
- ☐ Watershed Analysis Worksheet
- ☐ DFC Printout
- ☐ Slope Stability Informational Form

ADDITIONAL COMMENTS: EARR Tax Credit ☐ Yes ☒ No Form completed by JS JCT

- ☒ ¼ Mile Disturbance Avoidance
- ☐ Biomass
- ☐ Salvage
- ☐ Fish Timing Restrictions

For DNR Region Office Use Only	
FPA/N #:	-2944505-
Region:	Pacific Cascade
Received Date:	4/13/2026

Forest Practices Application/Notification
For Aerial Chemicals

Project Name: PC Aerial FY27 3250 Elochoman Unit

PLEASE USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION.

1. Landowner, Timber Owner and Operator

Legal Name of LANDOWNER	Legal Name of TIMBER OWNER	Legal Name of OPERATOR
WA Dept. of Natural Resources	☒ Same as Landowner	☒ Same as Landowner
Mailing Address: P O Box 280	Mailing Address:	Mailing Address:
City, State, Zip: Castle Rock, WA 98611	City, State, Zip:	City, State, Zip:
Phone: (360) 577-2025 Email: jared.larwick@dnr.wa.gov	Phone: Email:	Phone: Email:

2. Contact Person

Contact Person:	Phone: (360) 635-1338
Jared Larwick	Email: jared.larwick@dnr.wa.gov

3. Are you substituting prescriptions from an approved state or federal conservation agreement or Watershed Analysis?

☐No ☒Yes Write 'HCP' or 'Using Prescriptions' in tables that apply. Attach or reference prescriptions and/or crosswalks form on file at the Region office.

4. Complete the following property description:

Unit Number	Acres	Section	Township	Range	E/W	County
See Attachment A						

5. Chemical Information – Show all buffers on your Activity Map**

Unit Number	Acres Treated	*Active Ingredient	*List associated EPA Number by Active Ingredient	Are you spraying within:			Site Prep (Anticipated year)	Spring Conifer Release (Anticipated year)	Fall Conifer Release (Anticipated year)
				100 feet of agriculture land?	200 feet of a residence?	100 feet of surface water?			
* All Units All Acres		Glyphosate	62719-324 C	No	No	*Yes	2026	N/A	N/A
		Glyphosate	81927-8 C	No	No	*Yes	2026	N/A	N/A
		Glyphosate	228-381 C	No	No	*Yes	2026	N/A	N/A
		Glyphosate	228-365 C	No	No	*Yes	2026	N/A	N/A
		Imazapyr	81927-6 C	No	No	*Yes	2026	N/A	N/A
		Imazapyr	228-536 C	No	No	*Yes	2026	N/A	N/A
		Imazapyr	241-430 C	No	No	*Yes	2026	N/A	N/A
		Metsulfuron Methyl	432-1549 C	No	No	*Yes	2026	N/A	N/A
		Sulfometuron and Metsulfuron Methyl	432-1557 C	No	No	*Yes	2026	N/A	N/A
		Sulfometuron and Metsulfuron Methyl	81927-5 C	No	No	*Yes	2026	N/A	N/A
		Surfactant	994060-21001 W	No	No	*Yes	2026	N/A	N/A
		Surfactant	2935-03001 W	No	No	*Yes	2026	N/A	N/A
		Surfactant	5905-90001 W	No	No	*Yes	2026	N/A	N/A
		Surfactant	34704-070010 NSW	No	No	*Yes	2026	N/A	N/A
		Surfactant	46059-10001 W	No	No	*Yes	2026	N/A	N/A
		Drift Control	34704-06004 W	No	No	*Yes	2026	N/A	N/A
		Drift Control	2935-11001 W	No	No	*Yes	2026	N/A	N/A
		Alkalinity Stabilizer	2935-09001 W	No	No	*Yes	2026	N/A	N/A
		Glyphosate	524-343 C	No	No	*Yes	2026	N/A	N/A

*Most active ingredients are sold under multiple brand names. Each brand has a different EPA number. One brand of each active ingredient is generally used at a time and brands may be substituted if listed above.

**Additional information may be added on separate pages as needed.

* per J. Larwick 4/13/2026

6. Is this proposal (answer every question):

a. ☒No ☐Yes Within the city limits or an urban growth area? *If yes, include SEPA Environmental Checklist, or SEPA Determination, or approved 10-year management plan.*

b. ☒No ☐Yes Within a public park? *If yes, include SEPA Environmental Checklist or SEPA Determination.*
Park name: _____

c. ☒No ☐Yes Within 500 feet of a public park? Park name: _____

d. ☒No ☐Yes An Alternate Plan? *If yes, include a copy of the Alternate Plan.*

e. ☒No ☐Yes Using a chemical that is not registered or for a use that is not allowed under the label? *If yes, include a copy of your Experimental Use Permit and a SEPA Environmental Checklist.*

f. ☒No ☐Yes Applying a pesticide in a Type A or Type B Wetland? *If yes, include a SEPA Environmental Checklist or SEPA Determination.*

7. Are you spraying 240 or more contiguous acres?

☒No ☐Yes *If yes, include a SEPA Environmental Checklist or SEPA Determination.*

8. Have you reviewed this forest practices activity area to determine whether it may involve historic sites and/or Native American cultural resources? Read the instructions before answering this question.

☐No ☒Yes If you made any contacts, please provide information in Question 9.

9. Additional Information (attach additional pages if necessary):

*See Attached Water Buffer Table (Attachment B)

10. We acknowledge the following:

- The information on this application/notification is true.
- We understand this proposed forest practice is subject to:
  - The Forest Practices Act and Rules AND
  - All other federal, state or local regulations.
- Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.
- We understand that applying chemicals is not an activity included as part of the DNR's Incidental Take Permit for aquatic species.
- Inadvertent Discovery – Chapters 27.44, 27.53, 68.50 and 68.60 RCW
  - If you find or suspect you have found an archaeological object or Native American cairn, grave, or glyptic record, immediately cease disturbance activity, protect the area and promptly contact the Department of Archaeology and Historic Preservation at 360-586-3077.
  - If you find or suspect you have found human skeletal remains, immediately cease disturbance activity, protect the area, and contact the County Coroner or Medical Examiner and local law enforcement as soon as possible. Failure to report human remains is a misdemeanor.

The landowner understands that by signing and submitting this FPA, he/she is authorizing the Department of Natural Resources to enter the property in order to review the proposal, inspect aerial chemical operations, and monitor compliance for up to three years after its expiration date. RCW 76.09.150

Signature of Legal LANDOWNER	**Signature of Legal TIMBER OWNER*** *(If different than landowner)*	**Signature of Legal OPERATOR** *(If different than landowner)*
Jared Larwick		
Print Name: Jared Larwick	Print Name:	Print Name:
Date: 4/13/2026	Date:	Date:

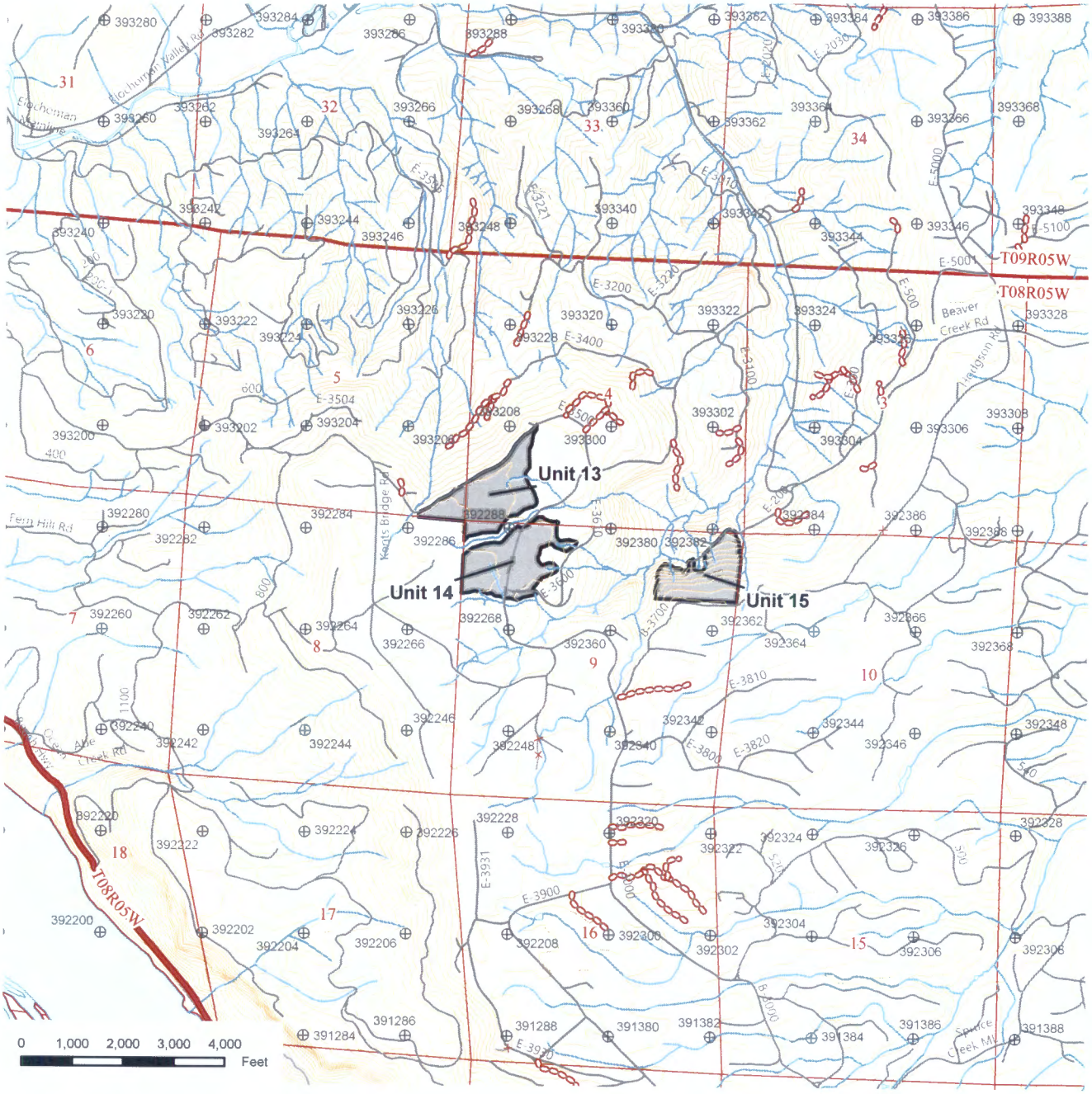
** NOTE: If you are a "Perpetual Timber Rights Owner," and are submitting this without the Landowner's Signature, provide written evidence the landowner has been notified.*

Please make a copy of this FPA/N for your records.

Elochoman Unit Attachment A - FPA #						
Unit #	**Acres**	**Section**	**Township**	**Range**	**E/W**	**County**
13	30	4	8	5	W	Wahkiakum
	9	5	8	5	W	
	4	9	8	5	W	
14	1	4	8	5	W	Wahkiakum
	40	9	8	5	W	
15	1	4	8	5	W	Wahkiakum
	29	9	8	5	W	
16	20	23	9	5	W	Wahkiakum
17	32	23	9	5	W	Wahkiakum
18	1	13	9	5	W	Wahkiakum
	67	14	9	5	W	
	28	23	9	5	W	
	1	24	9	5	W	
19	40	31	10	4	W	Wahkiakum
	35	36	10	5	W	
20	1	25	10	5	W	Wahkiakum
	2	36	10	5	W	
Total Acres =	**341**					

FOREST PRACTICES MAP

APPLICATION #: **UNIT #(S):13-15** **COUNTY(S): WAHKIAKUM**



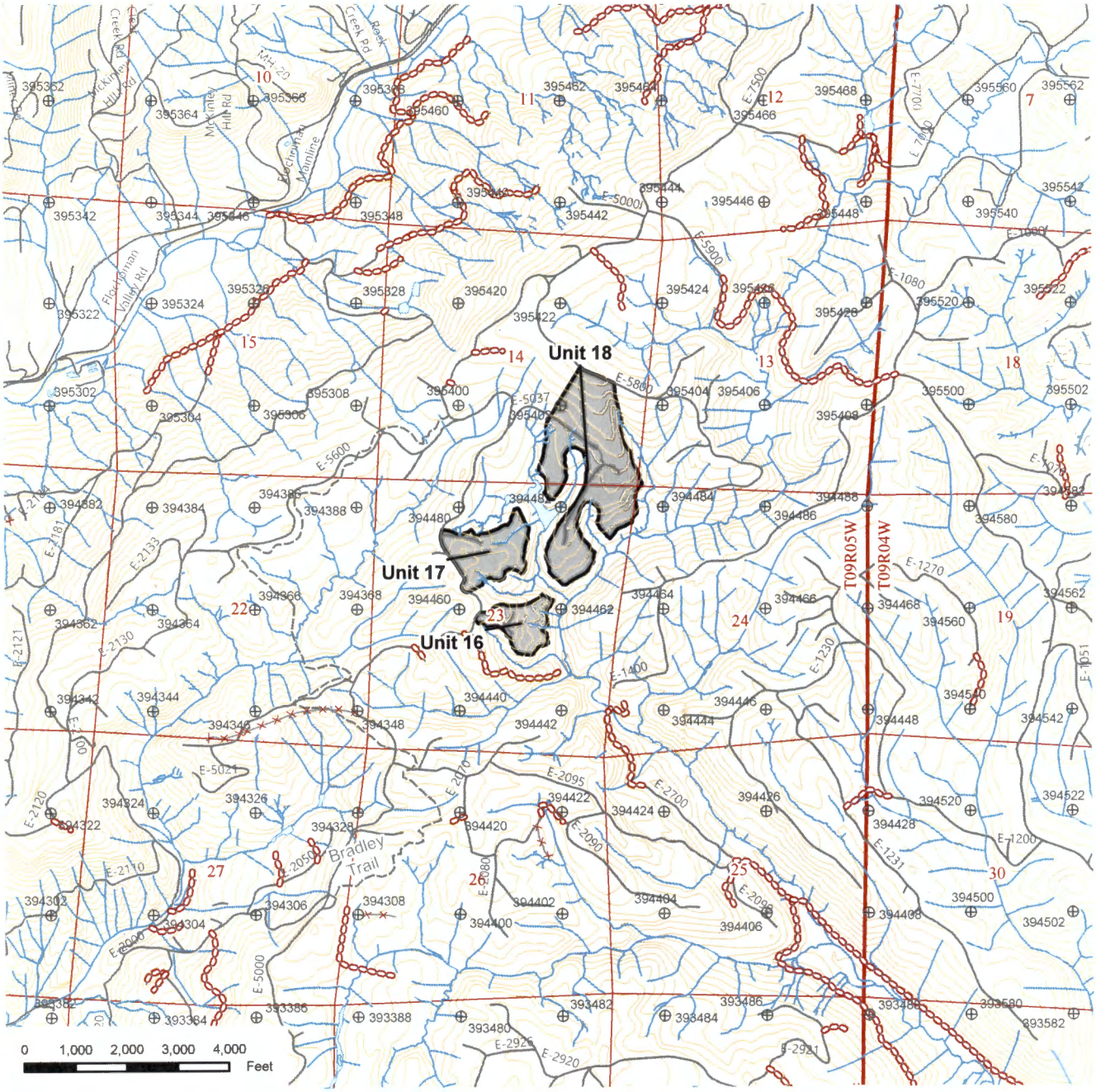
Treatment Area
DNR-Managed Lands
County Boundaries
Water Body
Stream
Existing Roads
Abandoned Roads
Orphaned Roads
Recreation Trails
Tics - 2000' Interval

WASHINGTON DEPARTMENT OF NATURAL RESOURCES

N

FOREST PRACTICES MAP

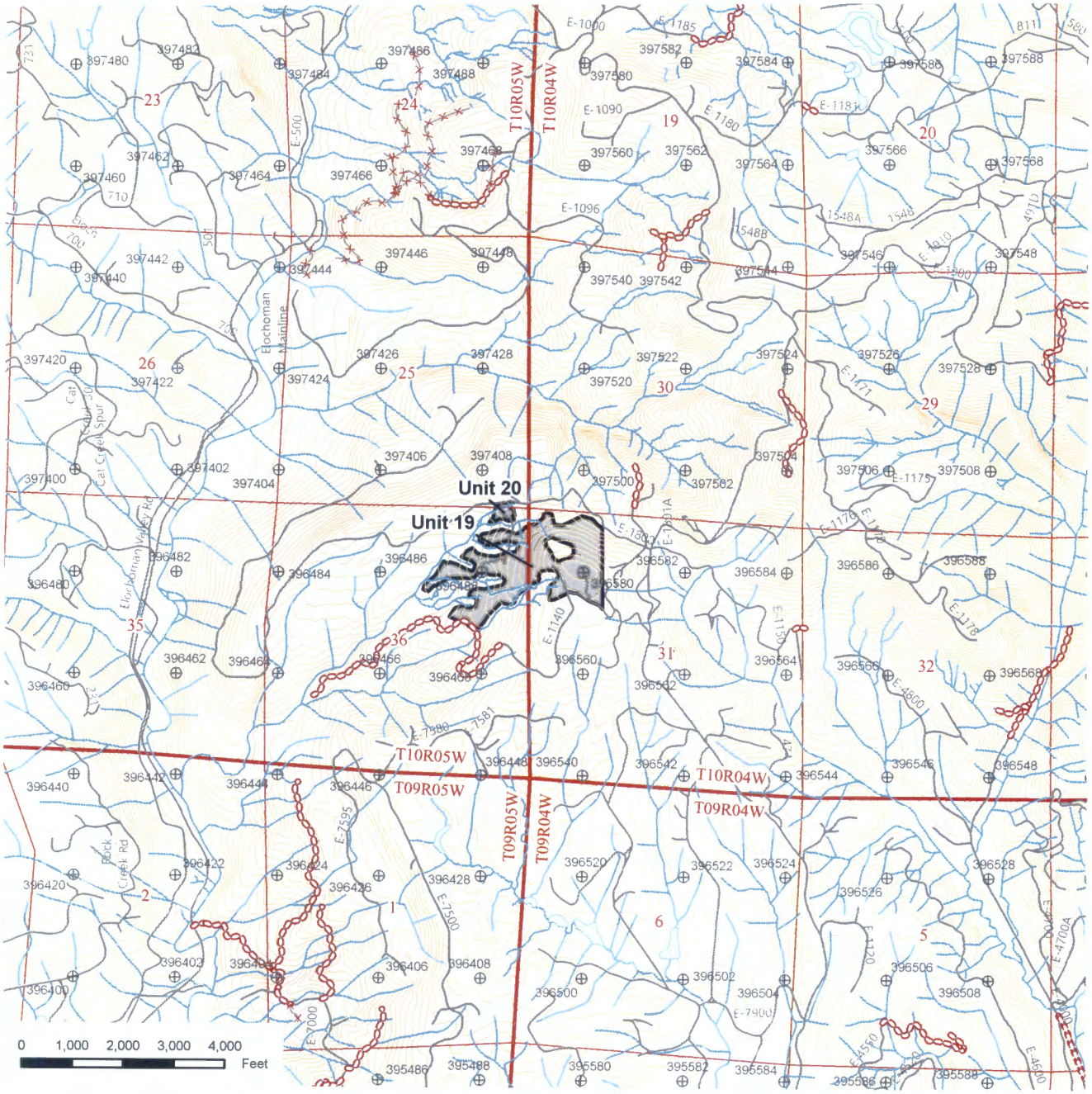
APPLICATION #: **UNIT #(S):16-18** **COUNTY(S): WAHKIAKUM**



-2944505-

FOREST PRACTICES MAP

APPLICATION #: **UNIT #(S):19-20** **COUNTY(S): WAHKIAKUM**



Treatment Area
DNR-Managed Lands
County Boundaries
Water Body
Stream

Existing Roads
Abandoned Roads
Orphaned Roads
Recreation Trails
Tics - 2000' Interval

WASHINGTON DEPARTMENT OF NATURAL RESOURCES
NATURAL RESOURCES

N

Attachment B: Water Buffer Table: WA DNR Aerial Herbicide Contract 3250 – FPA #

Stream Type or Wetland Type	Site Class	Nozzle Type	Application Height	Distance from Wetland Edge, BWF or CMZ Favorable Wind		Distance from Wetland Edge, BWF or CMZ Calm or Unfavorable Wind	
				Buffer	Offset	Buffer	Offset
1/S	All	*Accuflow Ultra Low Drift Nozzle	51-65 Feet	200	N/A	200	N/A
3/F, wetlands >1ac	1	Accuflow Ultra Low Drift Nozzle	51-65 Feet	195 (approximate)	N/A	195	N/A
3/F, wetlands >1ac	2	Accuflow Ultra Low Drift Nozzle	51-65 Feet	175 (approximate)	N/A	175	N/A
3/F, wetlands >1ac	3	Accuflow Ultra Low Drift Nozzle	51-65 Feet	155 (approximate)	N/A	175	N/A
Wetlands <1ac	All	Accuflow Ultra Low Drift Nozzle	51-65 Feet	50	N/A	100	N/A
Np	All	Accuflow Ultra Low Drift Nozzle	51-65 Feet	50	N/A	100	N/A
Ns	All	Accuflow Ultra Low Drift Nozzle	51-65 Feet	0 if dry, 50 if surface water present	N/A	0 if dry, 100 if surface water present	N/A

*Ultra-coarse spray droplets (appr. < 1% droplets < 150 microns)

Forest Practices Application/Notification
Notice of Decision

FPA/N No: 2944505
Effective Date: 4/27/2026
Expiration Date: 4/27/2029
Shut Down Zone: 651S
EARR Tax Credit: ☐ Eligible ■ Non-eligible
Reference: 341 Acres
PC Aerial FY27 3250 Elochoman Unit

Decision

☐ **Notification Accepted**	Operations shall not begin before the effective date.
■ **Approved**	This Forest Practices Application is subject to the conditions listed below.
☐ **Disapproved**	This Forest Practices Application is disapproved for the reasons listed below.
☐ **Withdrawn**	Applicant has withdrawn the Forest Practices Application/Notification (FPA/N).
☐ **Closed**	All forest practices obligations are met.

FPA/N Classification

☐ Class II ■ Class III ☐ Class IVG ☐ Class IVS

Number of Years Granted on Multi-Year Request

☐ 4 years ☐ 5 years

Conditions on Approval/Reasons for Disapproval

Helicopter operations shall not be allowed:

(a) Over an occupied marbled murrelet site or the required managed buffer zone adjacent to that site during the critical nesting season; or
(b) Within 0.25 mile of an occupied marbled murrelet site during the daily peak activity periods within the critical nesting season.

Issued By: Bruce Hazen **Region:** Pacific Cascade Region

Title: Forest Practices Forester **Date:** 4/27/2026

Copies to: ☐ Landowner, Timber Owner, and Operator

Issued in person: ■ LO ■ TO ■ OP By: Tonya Johnston Date: 4/27/2026

Appeal Information
You have thirty (30) days to ***file*** (i.e., ***actually deliver***) an appeal in writing of this Decision and any related State Environmental Policy Act (SEPA) determinations to the Pollution Control Hearings Board, the Attorney General's Office, and the Department of Natural Resources' region office. See RCW 76.09.205. The appeal period starts when the applicant receives this decision, which usually happens electronically on the date indicated below.

You must file your appeal at all three addresses below:

Pollution Control Hearings Board	Office of the Attorney General Natural Resources Division	Department Of Natural Resources Pacific Cascade Region
Physical Address 1111 Israel Road, SW Suite 301 Tumwater, WA 98501 Mailing address Post Office Box 40903 Olympia, WA 98504-0903	Physical Address 1125 Washington Street, SE Olympia, WA 98504 Mailing Address Post Office Box 40100 Olympia, WA 98504-0100	Physical & Mailing Address 601 Bond Rd Castle Rock WA 98611

Information regarding the Pollution Control Hearings Board can be found at: https://eluho.wa.gov

Other Applicable Laws
Operating as described in this application/notification does not ensure compliance with the Endangered Species Act, or other federal, state, or local laws.

Transfer of Forest Practices Application/Notification (WAC 222-20-010)
Use the "Notice of Transfer of Approved Forest Practices Application/Notification" form. This form is available at region offices and on the Forest Practices website https://www.dnr.wa.gov/programs-and-services/forest-practices/review-applications-fpars/forest-practices-forms-and. Notify DNR of new Operators within 48 hours.

Continuing Forestland Obligations (RCW 76.09.060, RCW 76.09.070, RCW 76.09.390, and WAC 222-20-055)
Obligations include reforestation, road maintenance and abandonment plans, conversions of forestland to non- forestry use and/or harvest strategies on perennial non-fish habitat (Type Np) waters in Eastern Washington.

Before the sale or transfer of land or perpetual timber rights subject to continuing forest and obligations, the seller must notify the buyer of such an obligation on a form titled "Notice of Continuing Forest Land Obligation". The seller and buyer must both sign the "Notice of Continuing Forest Land Obligation" form and send it to the DNR Region Office for retention. This form is available at DNR region offices.

If the seller fails to notify the buyer about the continuing forestland obligation, the seller must pay the buyer's costs related to continuing forestland obligations, including all legal costs and reasonable attorneys' fees incurred by the buyer in enforcing the continuing forestland obligation against the seller.

Failure by the seller to send the required notice to DNR at the time of sale will be prima facie evidence in an action by the buyer against the seller for costs related to the continuing forestland obligation prior to sale.

DNR Declaration of Mailing

I _____. caused the Notice of Decision for FPA/N No. to be placed in the United States mail at Castle Rock, WA, postage paid. I declare under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

_____	Castle Rock, WA	_____
(Date)	*(City & State where signed)*	*(Signature)*

FPA/N No: 2944505

Date of Service: 5/27/2026

Reference: PC Aerial 27 3250 Elochoman Unit

Forest Practices Application/Notification Request to Amend
Notice of Decision

Decision

■ **Approved**	This request to amend is approved and subject to the conditions listed below.
☐ **Disapproved**	This request to amend is disapproved for the reasons listed below.
☐ **Withdrawn**	Applicant has withdrawn amendment request.

Conditions on Approval/Reasons for Disapproval

Issued By: Alex Lilla **Region:** Pacific Cascade

Title: Forest Practices Coordinator **Date:** 5/27/2026

Copies to: ☐ Landowner, Timber Owner and Operator

Issued in person: ■ LO ■ TO ■ OP **By:** Tonya Johnston **Date:** 5/27/2026

Appeal Information

The landowner, timber owner, or operator has fifteen (15) calendar days from the date of service to request a Brief Adjudicative Proceeding (BAP) in the presence of the department to review this amendment, otherwise known as Notice to Comply. *RCW 76.09.090(3), WAC 222-46-030(4), WAC 332-08-215(3)*

Appeal request must:

- Be in writing;
- Include signature(s);
- Include the factual basis for the appeal and the issue to be adjudicated;
- Request must be sent to both of the following:

Department Of Natural Resources Pacific Cascade **Region**	**Department of Natural Resource Forest Regulation Division**
601 Bond Rd Castle Rock WA 98611	1111 Washington Street SE Olympia, WA 98504 -7012

DNR Declaration of Mailing

I.,. caused the Notice of Decision for FPA/N No. . to be placed in the United States mail at Castle Rock WA, postage paid. I declare under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

_____	Castle Rock, WA	_____
(Date)	*(City & State where signed)*	*(Signature)*

RECEIVED

MAY 27 2026

DNR PACIFIC CASCADE REGION

For DNR Region Office Use Only	
Region:	Pacific Cascade
Date of Receipt:	5/27/2026

Forest Practices Application/Notification
Request to Amend

Approved FPA/N No.: 2944505

Project Name: PCAerial FY27 3250 Elochoman

Use this to request an amendment to an approved Forest Practices Application/Notification.

1. **Landowner, Timber Owner and Operator**

Legal Name of Landowner	Legal Name of Timber Owner	Legal Name of Operator
WA Dept. of Natural Resources	☒ Same as Landowner	☒ Same as Landowner
Mailing Address P O Box 280	Mailing Address	Mailing Address
City, State, Zip Castle Rock, Wa 98611	City, State, Zip	City, State, Zip
Phone: (360) 577-2025 Email: jared.larwick@dnr.wa.gov	Phone: Email:	Phone: Email:

Contact Person	Phone: (360) 635-1338
Jared Larwick	Email: jared.larwick@dnr.wa.gov

2. **Describe the proposed amendment to the approved FPA/N.** You can attach revised pages of an FPA/N, or give specific details below. Include a new Activity Map if you are proposing any changes to the original.

Adding additional EPA#s to the Chemical information list for use on this project. No additional active ingredients from what was previously listed, just different associated EPA numbers listed below.

Metsulfuron-Methyl - EPA# 101563-167 - C
Sulfometuron-Methyl and Metsulfuron-Methyl - EPA# 101563-173 - C

5/27/2026

3. **We acknowledge the following:**
   - The information on this application/notification amendment is true.
   - We understand this proposed forest practice is subject to:
     - The Forest Practices Act and Rules, AND
     - All other federal, state or local regulations.
   - Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.
   - I understand that this amendment is a request for a Notice to Comply for an authorized deviation as described in WAC 222-20-060.

Signature of Legal Landowner	**Signature of Timber Owner *** (if different than landowner)	**Signature of Operator** (if different than landowner)
Printed Name Jared Larwick	**Printed Name**	**Printed Name**
Date Signed 5/27/2026	**Date Signed**	**Date Signed**

*NOTE: if you are a "Perpetual Timber Rights Owner," and are submitting this without the landowner's signature, provide written evidence the landowner has been notified.

Revisions to FPA/N 2944505

DATE	DOCUMENT	DESCRIPTION
6/9/2026	**Notice of Transfer**	**Operator**

RECEIVED

JUN 0 8 2026

DNR PACIFIC CASCADE REGION

Forest Practices Application/Notification
Notice of Transfer

I/we transfer my/our rights, privileges, and obligations under this approved Forest Practices Application or Notification. I/we affirm that the information contained below is true and agree to comply with the rules authorized by the Forest Practices Act and to be bound by all conditions on the approved application or notification.

FPA/N Number: 2944505 **Section(s):** Multiple **Township(s):** 8, 9, 10 **Range(s):** 4W, 5W

Name of Original Landowner: WA Department of Natural Resources

Original Landowner Signature: [signature] **Date:** 06/01/2026

New Operator – Fill out this section **only** if you are changing or adding an operator.

☒ **Changing** an operator ☐ **Adding** an operator ☐ Road construction ☐ Timber harvest ☒ Aerial spray

Legal Name of New Operator:	Mailing Address:
North Wind Aviation LLC	PO Box 518 Chelan, Wa 98816
Phone: (800) 590-4143	
Email: abigail@northwindhelicopters.com	
New Operator Signature: [signature]	**Date:** 6/4/26

New Landowner – Fill out this section **only** if you are transferring your approved FPA/N to a new landowner.

☐ No ☐ Yes Are you a small forest landowner per RCW 76.09.450?

☐ No ☐ Yes Is your entire proposed harvest area on a single contiguous ownership of one or more parcels?

Legal Name of New Landowner:	Mailing Address:
Phone:	
Email:	
New Landowner Signature:	**Date:**

New Timber Owner – Fill out this section **only** if you are transferring your timber rights.

Legal Name of New Timber Owner:	Mailing Address:
Phone:	
Email:	
Forest Tax Reporting Account Number *(contact Dept. of Revenue at: 360-534-1324)*:	
New Timber Owner Signature:	**Date:**

DO NOT WRITE BELOW THIS SECTION - DNR USE ONLY

Date of Receipt: 6/8/2026	**Date Processed:** 6/9/2026