**Aerial Chemical Forest Practices Application/Notification**

**Office Checklist Page 1**

**Northwest Region**

**FPA/N #:** 2817541

**Received Date:** 7-14-2020

**Completed Date:** 7-14-2020

**Comments Due Date:** 7-28-2020

**Decision Due Date:** 8-13-2020

**FP Forester:** SKY30

**Shutdown Zone:** 658

### FPA/N CLASSIFICATION:

- [ ] Class III
- [ ] Class IV-S

### CHEMICAL TYPE:

- [ ] Pesticides/Herbicides
- [ ] Fertilizers

### Landowner Name:

WEYERHAEUSER CO.

### Project Name:

SKYKOMISH SPRAY

### WRAs:

- SNOHOMISH
- OLNEY CREEK, UPPER WALLACE RIVER
- BECKLER RIVER, SF SKY RIVER
- BECKLER RIVER, SF SKY RIVER
- SKY RIVER
- BECKLER RIVER
- BECKLER RIVER
- SKY RIVER
- BECKLER RIVER
- BECKLER RIVER, SF SKY RIVER

### Legal:

- 6,8,22-28-09E, 15-26-11E
- 6,8,22-28-09E, 15-26-11E
- 6,8,22-28-09E, 15-26-11E

### County:

SNOHOMISH, KING

### Acres to be Treated:

323.5

### ALTERNATIVE PRESCRIPTIONS

- Alternate Plan
- Watershed Analysis
- Habitat Conservation Plan
- HCP Crosswalk(s)
- Landowner Option Plan for Northern Spotted Owl
- Cooperative Habitat Enhancement Agreement

### RESOURCE REVIEW

- Hydric Soils
- Wetland Type: A, B
- Forested
- Wetland Buffers
- Stream Type: S, F, N
- Stream Buffers
- Group A or B: Spring Water System
- Group A or B Surface Water System
- Hatchery: ½ mile, 1 mile
- Over 240 Contiguous Acres
- Within 100’ of Agricultural Land
- Within 200’ of Residence
- WHNP Rare Species
- Bull Trout Overlay
- HCP Bull Trout Population
- Water Verification

### ASSOCIATED NON-SCANNED DOCUMENTS

- On file with the FPA/N at the Region office.

### ASSOCIATED SCANNED DOCUMENTS

- SEPA Checklist/Documents
- Qualified Expert Report: Type:
- Water Classification Worksheet
- Watershed Analysis Worksheet

### ADDITIONAL COMMENTS:

- ICN
- SWO
- NTC #
- Previous FPA #

Form completed by __LU___
**For DNR Region Office Use Only**

<table>
<thead>
<tr>
<th>FPA/N #:</th>
<th>2817541</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region:</td>
<td>NW</td>
</tr>
<tr>
<td>Received Date:</td>
<td>7-14-2020</td>
</tr>
</tbody>
</table>

**Project Name:** Skykomish Spray

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**Forest Practices Application/Notification**  
**For Aerial Chemicals**

PLEASE USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION.

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

<table>
<thead>
<tr>
<th>Legal Name of LANDOWNER</th>
<th>Legal Name of TIMBER OWNER</th>
<th>Legal Name of OPERATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weyerhaeuser Company</td>
<td>☒ Same as Landowner</td>
<td>☒ Same as Landowner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Mailing Address:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 Metcalf St. - Bldg F5E</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip:</th>
<th>City, State, Zip:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedro Woolley, WA 98273</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Phone:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>360-424-2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Email:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Emily.Conklin@Weyerhaeuser.com">Emily.Conklin@Weyerhaeuser.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Contact Person**

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Phone: 360-424-2014</th>
<th>Email: <a href="mailto:Emily.Conklin@Weyerhaeuser.com">Emily.Conklin@Weyerhaeuser.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Conklin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Acres</th>
<th>Section</th>
<th>Township</th>
<th>Range</th>
<th>E/W</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>see attached</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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January 2020 - Aerial Chemical FPA  
Page 1 of 4
5. Chemical Information – Show all buffers on your Activity Map**

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Acres Treated</th>
<th>*Active Ingredient</th>
<th>*List associated EPA Number by Active Ingredient</th>
<th>Are you spraying within:</th>
<th>Site Prep (Anticipated year)</th>
<th>Spring Conifer Release (Anticipated year)</th>
<th>Fall Conifer Release (Anticipated year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>see attached</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.
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):
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

<table>
<thead>
<tr>
<th>Signature of Legal LANDOWNER</th>
<th>Signature of Legal TIMBER OWNER*</th>
<th>Signature of Legal OPERATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature] Emily Conklin</td>
<td>[Signature]</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Print Name: Emily Conklin</td>
<td>(If different than landowner)</td>
<td>(If different than landowner)</td>
</tr>
<tr>
<td>Date: 7/18/2020</td>
<td>Print Name:</td>
<td>Print Name:</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

*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.
all parcels 28-9E in Snohomish Co. LU

<table>
<thead>
<tr>
<th>UNIT NUMBER</th>
<th>ACRES</th>
<th>SECTION</th>
<th>TOWNSHIP</th>
<th>RANGE</th>
<th>EAST/WEST</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>13551</td>
<td>65.1</td>
<td>6</td>
<td>28N</td>
<td>9</td>
<td>E</td>
<td>King</td>
</tr>
<tr>
<td>13552</td>
<td>75.2</td>
<td>8</td>
<td>28N</td>
<td>9</td>
<td>E</td>
<td>King</td>
</tr>
<tr>
<td>15144</td>
<td>55.6</td>
<td>22</td>
<td>28N</td>
<td>9</td>
<td>E</td>
<td>King</td>
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<tr>
<td>20551</td>
<td>127.6</td>
<td>15</td>
<td>20N 26</td>
<td>11</td>
<td>E</td>
<td>King</td>
</tr>
<tr>
<td>TOTAL</td>
<td>323.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
## Question 5.

<table>
<thead>
<tr>
<th>Unit Identifier</th>
<th>Acres Treated</th>
<th>Active Ingredient</th>
<th>EPA Number by Active Ingredient</th>
<th>100 feet of agricultural land?</th>
<th>200 feet of a residence?</th>
<th>100 feet of surface water?</th>
<th>Site Prep (Anticipated Year)</th>
<th>Spring Conifer Release (Anticipated Year)</th>
<th>Fall Conifer Release (Anticipated Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potentially all units</td>
<td></td>
<td>Imazapyr</td>
<td>81927-6</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td>Sulfometuron methyl /mesulfuron methyl</td>
<td>432-1557</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td>Sulfometuron methyl</td>
<td>432-1552</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020</td>
<td>2021, 2022</td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td>Mesulfuron methyl</td>
<td>432-1549</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020</td>
<td></td>
<td></td>
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<tr>
<td>Potentially all units</td>
<td></td>
<td>Atrazine</td>
<td>35915-6-60063</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2021, 2022</td>
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<td></td>
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<tr>
<td>Potentially all units</td>
<td></td>
<td>Clopyralid</td>
<td>62719-259</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2021, 2022</td>
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<tr>
<td>Potentially all units</td>
<td></td>
<td>Hexazinone</td>
<td>432-1576</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2021, 2022</td>
<td></td>
<td></td>
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<tr>
<td>Potentially all units</td>
<td></td>
<td>Methylated seed oil</td>
<td>(WA) 5905-90001</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td>Solubilizing agent</td>
<td>(WA) 2036-00001</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020, 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td>Deposition aid</td>
<td>(WA) 5905-13001</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2021</td>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td></td>
<td>(WA) 5905-15003</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020, 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potentially all units</td>
<td></td>
<td></td>
<td>(WA) 2835-11001</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2020, 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Only one of each of the listed active ingredients will be used at one time on any particular unit. Several brands, thus EPA numbers, need to be permitted because of product*
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.
☐ Closed  Applicant has withdrawn the FPA/N.

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

Notify the Department of Natural Resources at least 48 business hours before beginning operations of each unit to be sprayed. Call (360) 856-3500 for Forest Practices and the Skykomish Forest Practice Forester and provide the application number and legal description of your operation.

FOR YOUR INFORMATION:
Aerial chemical application areas need to be posted by the landowner by signing at significant points of regular access at least 5 days prior to treatment. Posting shall remain at least 15 days after the spraying is complete.

Issued By:  Steven Huang  Region:  Northwest

Title:  Skykomish Forest Practice Forester  Date:  8/6/2020

Copies to:  ☒ Landowner, Timber Owner and Operator

Issued in person:  ☐ Landowner  ☐ Timber Owner  ☐ Operator  By:  

FPA/N No:  2817541
Effective Date:  8/6/2020
Expiration Date:  8/6/2023
Shut Down Zone:  658
EARR Tax Credit:  ☐ Eligible  ☒ Non-eligible
Reference:  Skykomish spray
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:

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Office of the Attorney General Natural Resources Division</th>
<th>Department Of Natural Resources Insert Region Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111 Israel Road, SW Suite 301 Tumwater, WA 98501</td>
<td>Physical Address 1125 Washington Street, SE Olympia, WA 98504</td>
<td>DNR Northwest Region 919 N Township St Sedro-Woolley WA 98284</td>
</tr>
<tr>
<td>Mailing address Post Office Box 40903 Olympia, WA 98504-0903</td>
<td>Mailing Address Post Office Box 40100 Olympia, WA 98504-0100</td>
<td></td>
</tr>
</tbody>
</table>

Information regarding the Pollution Control Hearings Board can be found at: [http://www.eluho.wa.gov/](http://www.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: [http://www.dnr.wa.gov/businesspermits/forestpractices](http://www.dnr.wa.gov/businesspermits/forestpractices). 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 affidavit of mailing:
On this day, 8/7/2020, I placed in the United States mail at Sedro-Woolley, WA, postage paid, a true and accurate copy of this document. Notice of Decision FPA #2817541.

____________________________  ______________________________
(Printed Name)  (Signature)
<table>
<thead>
<tr>
<th>DATE</th>
<th>DOCUMENT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/21/2020</td>
<td>Transfer Form</td>
<td>Change of operator</td>
</tr>
</tbody>
</table>


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 be bound by all conditions on the approved application or notification.

FPA/N Number: 2817541  Section(s):  Township:  Range:  

Original Landowner (Signature):  

Original Landowner (Printed):  Wally Worden  Date:  9/15/20

Name Operator – Complete this section only if you are:
☐ Changing an operator for:  ☐ Road construction  ☐ Timber harvest  ☐ Aerial spray
☐ Adding an operator for:  ☐ Road construction  ☐ Timber harvest  ☐ Aerial spray

Legal Name of New Operator: (Print)  Wally Worden
Phone: 507-236-7374

Mailing Address:
401 Carlson Rd
Chelan, WA 98812

Email:

New Operator Signature:  [Signature]  Date:  9/15/20

New Landowner – Complete this section only if you are transferring your FPA to a new landowner
☐ No  ☐ Yes  Are you a small forest landowner per RCW 76.09.450 (if yes, continue to question below)
☐ No  ☐ Yes  Is your entire proposed harvest area on a single contiguous ownership consisting of one or more parcel(s)?

Legal Name of New Landowner: (Print)

Phone:

Email:

New Landowner Signature:

New Timber Owner – Complete this section only if you are transferring your timber rights

Legal Name of Timber Owner: (Print)

Mailing Address:

Phone:

Email:

Forest Tax Reporting Account Number: (Contact Dept. of Revenue at: 1-800-548-8829)

New Timber Owner Signature:

☐ Received by:  [Signature]  Date:  11/01/2017

(DNR Forest Practices Staff Signature)  11/01/2017