FPA/N #: 2815964
Received Date: 8-4-17
WDFW Concurrence Due Date: 
WDFW Concurrence Review Completed: 
Comments Due Date: 8-18-17
Decision Due Date: 9-3-17
FP Forester: SKY30
Shutdown Zone: 
RMAP #: 

Forest Practices Application/Notification
Office Checklist Page 1
Northwest Region

FPA/N CLASSIFICATION: [ ] I [ ] II [ ] III [ ] IVG [ ] IVS
Biomass [ ] FFFPP [ ] 20-acre exempt [ ]

Landowner Name: [ ]
Project Name: [ ] Easy Street Sprays

WRIA: [ ]
WAU: [ ]

WRIA: [ ]
WAU: [ ]

WRIA: [ ]
WAU: [ ]

Legal Description: [ ]
County: [ ]

Activity Type: Harvest [ ] Spray [ ] Stream Crossing(s) [ ]
Road [ ] Road [ ] Rock Plt [ ]
Construction [ ] Abandonment [ ] Spoils [ ]

Stream Crossing(s): 65 ac

ALTERNATIVE PRESCRIPTIONS
[ ] Alternate Plan
[ ] Ten-Year Forest Management Plan
[ ] Columbia River Gorge National Scenic Area
[ ] Watershed Analysis:

 RESOURCE REVIEW
[ ] Unstable Slopes (Risk: Highway, Water;)
[ ] Soils Map (Highly Erodible & Very Unstable)
[ ] SLIPSTAB
[ ] Landslide Hazard Zonation
[ ] Landslide Inventory Polygon
[ ] Rain-on-Snow and 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

ASSOCIATED NON-SCANNED DOCUMENTS – On file with the FPA/N at the Region office.
[ ] SEPA Checklist/Documents

ASSOCIATED SCANNED DOCUMENTS
[ ] Conversion Option Harvest Plan
[ ] FPH Plans & Specifications
[ ] Qualified Expert Report; Type:
[ ] Natural Regeneration Plan
[ ] Shoreline Permit
[ ] Marbled Murrelet Form
[ ] FPBM Appendix(s)
[ ] Small Landowner RMAP Checklist
[ ] CMZ Assessment Form

EARR Tax Credit [ ] Yes [ ] No
ADDITIONAL COMMENTS:

Form completed by: [ ]
October, 2016 Version
KEY FOR EVALUATION OF SITE SPECIFIC USE OF AERIALLY APPLIED PESTICIDES

<table>
<thead>
<tr>
<th>Question</th>
<th>Question</th>
<th>Resp</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (a)</td>
<td>Is the pesticide on the pesticide list (WAC 222-16-070(1))?</td>
<td>Yes</td>
<td>go to 2</td>
</tr>
<tr>
<td>1 (b)</td>
<td>Is the pesticide being used under a Dept of Agriculture Experimental Use Permit (WAC 16-228-1460)?</td>
<td>No</td>
<td>go to 1(b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Class III</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td>2</td>
<td>Is the toxicity rating for the pesticide to be used “Danger - Poison” as designated in the pesticide list (WAC 222-16-070(1)(b))?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>go to 3(a)</td>
</tr>
<tr>
<td>3 (a)</td>
<td>Is Bacillus thuringiensis (BT) the only pesticide being used on this application?</td>
<td>Yes</td>
<td>go to 3(b)</td>
</tr>
<tr>
<td>3 (b)</td>
<td>Is there a Threatened or Endangered species or the critical habitat (Federal) or critical habitat (State) of a species within the application area that is susceptible to the BT strain being used?</td>
<td>No</td>
<td>go to 4(a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Class III</td>
</tr>
<tr>
<td>4 (a)</td>
<td>Is this operation occurring over ground water with a high susceptibility to contamination as specified in EPA 910/9-87-169 or in documentation provided by the department of ecology?</td>
<td>Yes</td>
<td>go to 4(b)</td>
</tr>
<tr>
<td>4 (b)</td>
<td>Is this pesticide a state restricted use pesticide for the protection of ground water under WAC 16-228-1231?</td>
<td>No</td>
<td>go to 5(a)</td>
</tr>
<tr>
<td>5 (a)</td>
<td>Is the operation adjacent (within 100 ft.) of surface water?</td>
<td>Yes</td>
<td>go to 5(b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>go to 5(e)</td>
</tr>
<tr>
<td>5 (b)</td>
<td>Determine the toxicity rating from the pesticide list:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Is the toxicity rating “Caution” or “Warning”?</td>
<td>Yes</td>
<td>go to 5(c)</td>
</tr>
<tr>
<td></td>
<td>*Is the toxicity rating “Danger”?</td>
<td>Yes</td>
<td>go to 5(d)</td>
</tr>
<tr>
<td>5 (c)</td>
<td>Is there a Group A or B water surface water system (WAC 246-290-020) intake OR a fish hatchery intake within one half mile downstream of the operation?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td>5 (d)</td>
<td>Is there a Group A or B water surface water system intake OR a fish hatchery intake within 1 mile downstream of the operation?</td>
<td>No</td>
<td>go to 5(e)</td>
</tr>
<tr>
<td>5 (e)</td>
<td>Is the operation within 200 feet of the intake of a Group A or B spring water system?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>go to 5(f)</td>
</tr>
<tr>
<td>5 (f)</td>
<td>Is the operation applying a pesticide in a Type A or B wetland?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>go to 6(a)</td>
</tr>
<tr>
<td>6 (a)</td>
<td>Does any portion of the planned operation cover 240 or more contiguous acres?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td>Pesticide treatment units will be considered contiguous if they are separated by less than 300 feet or treatment dates of adjacent units are less than 90 days apart.</td>
<td>No</td>
<td>go to 6(b)</td>
</tr>
<tr>
<td>6 (b)</td>
<td>Is there a Threatened or Endangered species or the critical habitat (Federal) or critical habitat (State) of a species within the application area?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>go to 6(c)</td>
</tr>
<tr>
<td>6 (c)</td>
<td>If there is a special concern identified for this pesticide in the Board manual, does it apply to this application?</td>
<td>Yes</td>
<td>Class IV Sp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Class III</td>
</tr>
</tbody>
</table>

(1) Special concerns (see WAC 222-16-070 (2)(6)(c)) shall be evaluated by the department of agriculture. Information regarding special concerns shall be presented to the board for review. Approved special concerns shall be included in the board manual. Special concerns shall include situations where use of pesticides has the potential for a substantial impact on the environment, beyond those covered specifically in the key in subsection (2) of this section.
### Forest Practices Application/Notification
**For Aerial Chemicals**

### USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION. TYPE OR PRINT IN INK:

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

<table>
<thead>
<tr>
<th><strong>Legal Name of LANDOWNER</strong></th>
<th><strong>Legal Name of TIMBER OWNER</strong></th>
<th><strong>Legal Name of OPERATOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sierra Pacific Industries</td>
<td>Sierra Pacific Industries</td>
<td>Sierra Pacific Industries</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Mailing Address:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>14353 McFarland Road</td>
<td>14353 McFarland Road</td>
<td>14353 McFarland Road</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Mt. Vernon, WA 98273</td>
<td>Mt. Vernon, WA 98273</td>
<td>Mt. Vernon, WA 98273</td>
</tr>
<tr>
<td>Phone (360) 424-7619</td>
<td>Phone (360) 424-7619</td>
<td>Phone (360) 424-7619</td>
</tr>
</tbody>
</table>

2. **Contact person.**

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Phone (360) 424-7619</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doug Sand</td>
<td></td>
</tr>
</tbody>
</table>

3. **Are you substituting prescriptions from an approved state or federal conservation agreement or watershed analysis?**

- [x] No.
- [ ] Yes. Write "Using prescriptions" in tables that apply. Attach or reference prescriptions/crosswalk on file.

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>East/West</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>65</td>
<td>13, 24</td>
<td>28</td>
<td>8</td>
<td>East</td>
<td>Snohomish</td>
</tr>
<tr>
<td>1</td>
<td>65</td>
<td>18, 19</td>
<td>28</td>
<td>9</td>
<td>East</td>
<td>Snohomish</td>
</tr>
</tbody>
</table>
### 5. Chemical Information - Show all buffers on your Activity Map

<table>
<thead>
<tr>
<th>Unit Identifier (Must Match map)</th>
<th>Acres Treated</th>
<th><em>Active Ingredient</em></th>
<th><em>List associated EPA Number by Active Ingredient</em></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>1</td>
<td>65</td>
<td>triclopyr</td>
<td>62719-527</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2017</td>
</tr>
<tr>
<td>1</td>
<td>65</td>
<td>Modified Vegetable Oil Drift Control</td>
<td>2935-11001</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2017</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*
   c. ❌ No. ☐ Yes. Within 500 feet of a public park? Park name: __________________________
   d. ❌ No. ☐ Yes. For 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? *If Yes, include a SEPA Environmental Checklist.*
   ❌ No. ☐ Yes.

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.

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.
- The following may result in an unauthorized incidental take of certain endangered or threatened fish 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.

We understand that applying chemicals is not an activity included as part of the DNR’s Incidental Take Permit for aquatic species. We affirm that the information contained herein is true, and understand that this proposed forest practice is subject to the Forest Practices Act and Rules as well as 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.

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 harvest operations, and monitor compliance for up to three years after its expiration date. RCW 76.09.150

<table>
<thead>
<tr>
<th>Signature of LANDOWNER</th>
<th>Signature of TIMBER OWNER (if different than landowner)</th>
<th>Signature of OPERATOR (if different than landowner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas J. Sand Jr.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name: Douglas J. Sand Jr.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: 8-4-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Forest Practices Application/Notification
Notice of Decision

Decision

[ ] Notification  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 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) 850-3500 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:  __________________________  Region:  __________________________

Steven Huang  Northwest

Title:  __________________________  Date:  __________________________

Skykomish Forest Practice Forester

Copies to:  [ ] Landowner, Timber Owner and Operator.

Issued in person:  [ ] Landowner [ ] Timber Owner [ ] Operator By:  __________________________
Appeal Information
You have thirty (30) days to appeal this Decision and any related State Environmental Policy Act determinations to the Pollution Control Hearings Board in writing at the following addresses:
Physical address: 1111 Israel Rd. SW, Ste 301, Tumwater, WA 98501
Mailing address: P.O. BOX 40903, OLYMPIA, WA 98504-0903
Information regarding the Pollution Control Hearings Board can be found at: http://www.eluho.wa.gov/
At the same time you file an appeal with the Pollution Control Hearings Board, also send a copy of the appeal to the Department of Natural Resources' region office and the Office of the Attorney General at the following addresses:

Office of the Attorney General
Natural Resources Division
1125 Washington Street SE
PO Box 40100
Olympia, WA 98504-0100

Department Of Natural Resources
Northwest Region
919 N Township St
Sedro-Woolley WA 98284

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. Notify DNR of new Operators within 48 hours.

Continuing Forest Land 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 forest land 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 land 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 forest land obligation, the seller must pay the buyer's costs related to continuing forest land obligations, including all legal costs and reasonable attorneys' fees incurred by the buyer in enforcing the continuing forest land obligation against the seller.

Failure by the seller to send the required notice to the 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 forest land obligation prior to sale.

DNR affidavit of mailing:

On this day 9/1/2017, 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 # 2815964

L Utgard

(Printed name) (Signature)
<table>
<thead>
<tr>
<th>DATE</th>
<th>DOCUMENT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/9/2017</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 to be bound by all conditions on the approved application or notification.

FPA/N Number: 2815964  Section(s): 18,19  Township: 28  Range: 9

Original Landowner (Signature):  ____________________________

Original Landowner (Printed):  Douglas J. Sand Jr.  Date: 09/08/2017

---

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

Legal Name of New Operator: (Print)  Wilbur-Ellis Agribusiness Division
Mailing Address:  P.O. Box 750
Phone:  (360) 262-3197
Email:  ____________

New Operator Signature:  ____________________________  Date: 9/18/17

---

New Landowner – Fill out this section only if you are transferring your FPA to a new landowner

Legal Name of New Landowner: (Print)  ____________
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 Timber Owner: (Print)  ____________
Mailing Address:  ____________
Phone:  ____________
Email:  ____________

Forest Tax Reporting Account Number: (Contact Dept. of Revenue to get this number: 1-800-548-8829)

New Timber Owner Signature:  ____________________________  Date: ____________

---

Received by:  ____________________________  Date: 10/9/17

(DNR Forest Practices Staff Signature)

Form QQ50 (11-08-2005)