

For DNR Regio	n Office Use Only
FPA/N#:	
Region:	
Received Date:	

Forest Practices Application/Notification Eastern Washington

(TO THE DESTRUCTION OF THE PROPERTY OF THE PR	Operator	
Legal Name of LANDOWNER	Legal Name of TIMBER OWNER	Legal Name of OPERATOR
RON STO KKE	(if different than Landowner)	(if different than Landowner)
Mailing Address:	Mailing Address:	MET MIGRALL
1/20		IMailing Address
485 CHEISEA	<u> </u>	10 80× 763
City, State, Zip	City, State, Zip	City, State, Zip
ORMOUN BEACH FL	7247	ony, otate, zip
Phone (386) 299-106 (Phone ()	CLE Elun WA 9892
		Phone (589) 201-09 69
Email: PSTOKKE OCFI.M.C.	Email:	1
2. Contact Person		Email: Melmantob egmail.
Contact Person:		•
	Phone (509) 3	201-0969
MEZ M-GRM	1/	*
3. Landownership information: See		nar 106 Pg mail. Com
		_
a. Pano Lives Are you a small	forest landowner per RCW 76.09.450?	
If yes, continue		
b. No XYes Is your entire pro	ODOSed harvest area on a simple	
more parcel.	oposed harvest area on a single contigu	ous ownership consisting of one or
,		
If you are harvesting timber, enter	the Forest Tax Reporting Account No	Imbos of the 3th a
	?7	unber of the Timber Owner:
	•	
For tax reporting information or to rec	seive a tax number, call the Department	of Revenue at 1-800 540 page
Are you substituting processed	•	
Are you substituting prescriptions	from an approved state or federal co	nservation agreement or
Are you substituting prescriptions watershed analysis?	from an approved state or federal co	
Are you substituting prescriptions watershed analysis? No Tyes Write 'HCP' or 'Using	from an approved state or federal co	
Are you substituting prescriptions watershed analysis? No Tyes Write 'HCP' or 'Using	from an approved state or federal co	
Are you substituting prescriptions watershed analysis? No Yes Write 'HCP' or 'Using and/or crosswalks on	from an approved state or federal co	
Are you substituting prescriptions watershed analysis? No Yes Write 'HCP' or 'Using	from an approved state or federal co	

•	Section	To		of your fores		Suggestion 2
	Section			le EW	Tax Parcel Number	County
	8		tb=		-+-	
	-	1 10	INRIBI	<u> </u>	± 650436	KITTITAS
		- 				
						
7.	When are	e vou pla	nning to be	ing work on A	Acab	161
				e EARR Tax C	ne proposed activity? ASAP	to)
ļ	ØN° □] Yes	.g.use for till	E CARR 12X C	reak?	
	Have you and/or Na ☑No □		d this fores erican cultu	t practices ac ral resources	tivity area to determine whether it ma ? Read the instructions before answ	ly involve historic sites ering this question.
•	-	_	IR approved	Posd Mainte	nance and Abandonment Plan (RMA)	
ā	. 🛛 No	Yes	List the RI	MAP number:	nance and Abandonment Plan (RMA)	')?
		_	If no, conti			
Ł	. ⊠ №	Yes	Is a Check	dist RMAP requ	uired (see instructions)?	
4	ا مرادً	Yes at	tach Slope C	sopes of ISI	dforms in the area of your forest pra	ctices activity?
		SI	EPA Environi	mental Checkli	tional Form. If applicable, attach geotec st, HCP, or Watershed Analysis prescri	hnical report, the
12 4	isa thana					
12. A	de mere	potentia	lly unstable	slopes or lan	dforms around the area of your fores	t practices activity?
×	7 IAO 🗀	res – a	πach Slope s	Stability Inform alysis prescript	ational Form, If applicable, attach geote	chnical report, HCP, or
13. Is	this for	est pract	ice applicati	ion/notificatio	n (answer every question):	
a	No.	Yes d docum	Within city	limits or inside	an urban growth area? If yes, see instri	uctions for additional
	⊠No		For road w		ded in an approved Road Maintenance	
_	א מכל	—	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
G.	יאו נאל	∐ Yes	Within a pu Determinate developed (iou - excebt to	es, include SEPA Environmental Checkl r harvest/salvage of less than 5,000 boo	ist or SEPA ard feet within a
d.	⊠.No	☐ Yes		•	park? Park name:	
€.	MNo	□Yes	In an annro	ved Conversion	College III	
				Py. This office	n Option Harvest Plan (COHP) from the applies to proposals within urban growth	areas.
f.			Within 200' If yes, check is required to	of the Ordinary k with the coun under the local	 High Water Mark (OHWM) or floodway ty or city to determine whether a substa shorelines master plan. 	of Type S water? Intial development permit
g.	∑ No	Yes	A request for Not everyon	or a multi-year (ne qualifies for	permit? If yes, length requested: \square 4 year multi-year permit. See instructions for	ears or 🔲 5 years. details.
6/1/20	16	W 1/88per	menter i militari en esta e independante inconseguero e mage i per	The particular of the property of the control of th	Page 2 of 8	Eactor Washington

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h. 风 No ☐ Yes	An Alternate Plan? If yes	s, include a copy.			
i. 🔯 No 🗌 Yes		ater and do you own m	ore than 500 acres relet Form or attac	s of forest lan ch/reference l	d in HCP
j. ⊠ No □ Yes	In or directly adjacent to CMŻ Assessment Form. prescriptions.	a potential Channel M Attach/reference appli	igration Zone (CM: icable HCP and/or	Z)? If yes, inc Watershed A	ilude Analysis
**** 1	f not working in or ov	<u>er typed waters, sk</u>	ip to Question 1	<u>18</u> ****	
You are required to verify prior to submitting a Fore pages, the Water Type C water types. See Water T Prior to answering Que: Instructions and Forest 14. Are you proposing a	t Fractices Application / lassification Worksheet, a yping Requirements in th stions 14-17 in this sect Practices Board Manua	Notification. Use the A and/or a Water Type M he instructions. iion please refer to the hi Section 5	dditional Information discrimination description form to be Forest Practice	on section, a explain how s Applicatio	dditional you verified n
a. No Yes	Installing, replacing, or r	epairing a culvert at or	below the bankful	from WDFW I width of Tvr	? ne S or F
b. XNo Yes	Marci(2) mar exceeds a	tive percent gradient?			
	Constructing, replacing, steams in Type S or F w	/ater(s)'/			
c. XNo Yes	Placing fill material within water(s)?	n the 100-year flood le	vel of unconfined s	streams in Ty	pe S or F
15. Have you consulted F water? ⋈ No □	with DNR and/or WDFV Yes				
arracti high to the L.L.V.	g, removing, or maintai and F waters require do VN. Provide crossing loca equired for more complex	etailed plan informati ations and identifiers o	on. Provide plan	details in Que	estion 31 or
			D 3		
Crossing identifier (letter and/or number) Water Type (S. F. Np. Ns) *Existing HPA Number (if applicable)	HPA Expiration Date (if applicable) Planned Activity (install, replace, remove, temporary, structure maintenance)	Structure (culvert, bridge, ford**, puncheon, arch, other) Proposed Size (dimensions of structure)	Culvert Design Method (No-slope, Stream-sim, Hydraulic, Other) (F and S only) Channel Bed Width (ft)	(F and S only) Stream Gradient (%) (F and S only)	RMAP Project (Y or N) FFFPP Project (Y or N)
*Existing HPAs issued t	by WDFW will be complied oiects permitted with an ex	and enforced by WDFV	V until expiration	Plan details as	not.

** Fords and equipment crossings on Type S and F Waters may result in an unauthorized incidental take of certain endangered or threatened fish species. For more information, see 'Background for the state's Incidental Take Permits for certain endangered and threatened fish species' following Question 24 of the FPA/N Instructions.

17. If conducting any of the following activities in or over typed water, complete the table below. Some activities will require identifiers on the Activity map and/or more information in Question 31. See instructions.

*Activity	Type S Water	Type F Water	Type Np Water	Type Ns Water
Equipment Crossing**			177211771101	Type its valer
Suspending Cables		<u> </u>	 	
Cable Yarding		 	1	
LWD Placement/Removal				
Beaver Dam Removal				
Felling and Bucking			+	
Other (describe in Question 31)				

^{*}Existing HPAs issued by WDFW will be complied and enforced by WDFW until expiration. Plan details are not required for hydraulic projects permitted with an existing HPA (see instructions).

18. If constructing or abandoning forest roads, complete the table below. Show the road locations and identifiers on the Activity Map. Include abandonment plans for temporary roads and abandonment projects.

Road Identifier (name, number)	Road Co	nstruction	Road Abandonment		
	Length (feet)	Steepest Side-slope (%)	Length (feet)	Abandonment Date	
					

19. If depositing spoils and/or expanding or developing a rock pit for forestry use, complete the table below. Show locations and identifiers on the Activity Map.

Spoil Area Identifier (letter, number)	Amount of Spoils Deposited (cubic yards)	ck Pit Identifier me, number or letter)	Acres of New Rock Pit Developed	Acres of Existing Rock Pit Expanded

20. If operating in or within 200 feet of a wetland, complete the table below. Show the boundaries of each wetland, along with its identifier, and WMZ on the Activity Map. See instructions for information.

Wetland						
Identifier (number, letter)	Wetland Type (A, B, or Forested)	Planned Activities in Wetland	Planned Activities in Maximum Width WM7	Total Wetland Area (acres)	How many acres will be drained?	How many acres will be filled?

* * * * * If not harvesting or salvaging timber, skip to Question 29 * * * * *

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21. If harvesting or salvaging timber, complete the table below. Show all harvest areas and unit numbers on your Activity Map. For even-aged harvest units, also show surrounding stand information on the Activity Map.

трег	Harvest Type (Even-	Jarvest V)	Harvest Method (Rubber Tired Skidder, Tracked Skidder, Dozer, Shovel, Full Suspension	be ted harvested	Harvested	Harvested harvested nnage)	onnage) Harvested nly) (%)	Estimated Number of Trees Per Acre Remaining after Harvest		in Harvest 5)
Unit Number	aged, Uneven- aged, Salvage, Right-of- Way)	→ Biomass Harvest (Y/ N)	Cable, Lead-end Suspension Cable, Helicopter, Animal, Chipper- forwarder, Slash Bundler)	Acres to be Harvested	Volume to be F	Volume to be harves (biomass tonnage)	Volume to be Hai (salvage only)	Less than 10" dbh	Greater than or equal to 10" dbh	Steepest Slope in Harvest Unit (%)
1	Guen		sidovel	3	28			2	2	10
		-/								
		[

22. Reforestation. Che	ck the appropriate box(es).						
	pecies:						
	a Natural Regeneration Plan						
Not required bec	ause of one or more of the following:						
	ng some or all of this land to non-fore	st land in the next 3 years or lands are exempted					
☐ Individual de	ad, dying, down, or wind-thrown trees	will be salvaged.					
Trees are rer		onably expected to maximize the long-term					
I am leaving a per acre.	at least 100 vigorous, undamaged, and	d well-distributed saplings or merchantable trees					
An average of not damage it.	 An average of 150 tree seedlings per acre are established on the harvest area and my harvest damage it. Road right-of-way or rock pit development harvest only. 						
Road right-of							
**** If you ow	n MORE than 80 forested acres i	in Washington, skip to Question 27					
23. Are you using the e waters?	xempt 20-acre parcel riparian mana	agement zone (RMZ) rule on type S, F, or Np					
No If no, contin	ue to Question 27.						
Yes If yes, contin	nue to Question 24. See instructions f	for qualifications and information.					
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. If I int	ream segmer MZ, whichever	ithin 130 feet all inner zon it identifiers is less, stream	of any of Typ le harvests un on your Activi	e S or F wate liess you hav ity Map. If you	er, complete re an HCP p rare harvesti	e the table below rescription. Sho ing within 75 feet ng harvest. Descri sment Worksheet	w. Include sta ow RMZs, CM or within the m	and IZs, and
. If I int	harvesting w formation for ream segmer MZ, whichever ream shade wa Stream	ithin 130 feet all inner zon at identifiers is less, stream as determined	t of any of Typ le harvests un on your Activ le shade must be to be met or use	e S or F water liess you have ity Map. If you assessed and the 'Stream S	er, completere an HCP properties and HCP properties are harvestiff met following Shade Asses	e the table below rescription. Sho ing within 75 feet ng harvest. Descri sment Worksheet	w. Include state www. RMZs, CM or within the mile in Question or if necessary.	and Zs, and aximum 31 how
	harvesting w formation for	ithin 130 feet	of any of Typ	e S or F wate	er, complete	the table below	v. Include sta	and .
	7	structions and	l describe leave	e tree strategy	in Question	31. Then contin	ue to Question	
	No Contin	ue to Questio	n 29.			exempt parcel		
ŀ				· · · · · · · · · · · · · · · · · · ·				
	Stream Segment Identifier (letter)		ment Length (feet)	Adjacent Harvest Type (partial cut or other)		fleximum RMZ Width (feet)	Are you harv within th maximum R (Y or N)	e IMZ?
or De	r within the ma	KM25 and Str aximum RM2 estion 31 how	ream segment (whichever is to	: i dentifiers o ess), stream s	n the Activi hade must t	20-acre parcel, ity Map. If you a see assessed and t or use the 'Stre	re harvesting	within 75 feet
	Qu	lestion 24).				explanation in I		
	If any o	of the stateme	nts in (b) above	apply AND	ou use the	20-acre exempt	RMZ rule, you	are NOT
	:Bet	ween June 5,	2006 and toda ested acres in	y's date this p	arcel has be	ition of 'contiguo een owned by so	us'. meone that ha	s owned
	☐ Bet	ween June 5,	2006 and toda	y's date this p	arcel has be	en a part of mor	e than 20 acre	es of
	∐ l cu ∏ Bet	irrently own m	ore than 80 ac	res of forestla	nd in Washi	(check all that ap ngton. ere than 80 acres		in
	• Bet	ween June 5, thas owned to	2006 and todaless than 80 acr) for definition y's date this p es of forestlar	of 'contiguo arcel has al nd in Washir	ways been owne igton.	d by me or so	
	wa	snington.						
	• Bet	ween June 5,	apply to me ar 2006 and toda	vs date I hav	e almane on			

Eastern Washington

	segment identifiers on the Activity Map.
	Stream Segment Selected Strategy (partial cut or clearcut) (letter) Stream Segment Selected Strategy (partial cut or clearcut)
29.	How are the following marked on the ground? (Flagging, paint, road, fence, etc.)
	Harvest Boundaries: ER, BBION 451 FROM ALL BUNDRIES
	Clumped Wildlife Reserve Trees/Green Recruitment Trees:
	Right-of-way limits/road centerlines:
	Stream Crossing Work:
	Riparian Management Zone Boundaries and Leaye/Take Trees:
	Channel Migration Zone:
	Wetland Management Zone Boundaries and Leave/Take Trees:
	Are you converting the land to non-forestry use within 3 years of harvest?
	☐ No ☐ Yes If yes, include your SEPA Determination and/or SEPA checklist.
31.	Additional Information (attach additional pages if necessary):
	For hydraulic projects in or over S or F water(s) see instructions for required plan information.
	water(s) see instructions for required plan information.

32. 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
 - o 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.
- If we said that we would not convert the land to non-forestry use, the county or city may deny development permits on this parcel for the next 6 years.
- · The following may result in an unauthorized incidental take of certain endangered or threatened fish species:
 - o Conversion of land to non-forestry use.
 - o Harvesting within the maximum RMZ on a 20-acre exempt parcel that was acquired after June 5, 2006.
 - o Equipment Crossings/Fords in or over Type S and F Waters.
- Inadvertent Discovery Chapters 27.44, 27.53, 68.50 and 68.60 RCW
 - o 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.
 - o 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 harvest operations, and monitor compliance for up to three years after its expiration date. RCW 76.09.150

Signature of LANDOWNER	Signature of TIMBER OWNER* (If different than landowner)	Signature of OPERATOR (Mydifferent themlandowner)
Print Name: Resald Sterking	Print Name:	(It different them landowner) Print Name:
Date: 5/1/12	Date:	MR MCCORMILK Date: 5.2.10

^{*} 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. If this FPA/N contains a hydraulic project requiring WDFW concurrence review, it will not be available online for public review until after the WDFW concurrence review period.

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Signature of LANDOWNER	Signature of TIMBER OWNER* (If different than landowner)	Signature of OPERATOR (If different than landowner)
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

Please make a copy of this FPA/N for your records. If this FPA/N contains a hydraulic project requiring WDFW concurrence review, it will not be available online for public review until after the WDFW concurrence review period.

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