

**QUINULT INDIAN NATION
DEPARTMENT OF NATURAL RESOURCES**



FOREST PRACTICE APPLICATION NOTIFICATION

CLASS	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
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BUREAU OF INDIAN AFFAIRS OR WASHINGTON STATE DNR PERMIT NUMBER _____

RENEWAL _____ NUMBER _____ HYDRAULIC PROJECT APPROVAL EXTENSION NEEDED YES NO

► **NOTE: DO NOT WRITE IN SHADED AREAS • PRESS HARD – YOU ARE WRITING 3 COPIES**

DATE RECEIVED	DUE DATE	APPLICATION/NOTIFICATION NUMBER	LAND STATUS	LOGGING UNIT
1. NAME OF OPERATOR		2. NAME OF LANDOWNER		3. NAME OF TIMBER OWNER
ADDRESS		ADDRESS		ADDRESS
CITY	STATE	ZIP	CITY	STATE
			ZIP	ZIP
PHONE NUMBER		PHONE NUMBER		PHONE NUMBER

4. LEGAL ALLOTMENT NUMBER	SUBDIVISION	SEC.	TWP.	RGE	5. START DATE	END DATE
A.						
B.					6. SLOPE	
C.					<input type="checkbox"/> < 40% <input type="checkbox"/> > 40% <input type="checkbox"/> UNSTABLE	
D.						
7. TYPE OF OPERATION	8. METHOD OF OPERATION AND METHOD OF EQUIPMENT	9. ACREAGE OR STATIONS INVOLVED			10. PARTIAL CUT % VOLUME VOLUME/ACRE	
A.						
B.						
C.						
D.						

11. SURFACE WATER LOCATION

THIS OPERATION IS WITHIN 0-25 FEET 25-50 FEET OF ANY TYPE 1-4 WATER WITHIN 200 FEET OF ANY TYPE 1 WATERS

SKETCH THE LOCATION OF THE UNIT(S), ROADS AND WATERS ON THE ATTACHED MAP(S).
INDICATE ALL ACTIVITIES PLANNED WITHIN ORDINARY HIGH-WATER MARK OF ANY WATER

OPERATE EQUIPMENT INSTALL CULVERTS BRIDGES FELL TIMBER YARD TIMBER NONE

GIVE YOUR APPROXIMATE STARTING AND END DATES FOR THIS WORK: _____ START _____ END

12. RESPONSIBILITY FOR POST HARVEST SITE PREPARATION: _____ NAME _____

METHOD OF DEBRIS DISPOSAL (CHECK ONE): BROADCAST BURN PILE AND BURN LOP AND SCATTER

OTHER (SPECIFY ON ADDITIONAL SHEETS) DATE TO BE COMPLETED BY: _____

13. METHOD OF REFORESTATION PLANTING ARTIFICIAL SEEDING NATURAL SEEDING OTHER (SPECIFY ON ADDITIONAL SHEET(S))

REFORESTATION SPECIES _____ PROPOSED STEMS PER ACRE _____ STOCKING SIZE _____

DATE TO BE COMPLETED BY: _____ IF NATURAL: SEED TREES SEED BLOCKS (SHOW ON MAP)

14. ARE THE USE OF FOREST CHEMICALS PLANNED? YES NO

(IF YES, A SEPARATE STATEMENT MUST BE ATTACHED CONTAINING DETAILS AS OUTLINED BY THE QUINULT DEPARTMENT OF NATURAL RESOURCES.)

15. THE LANDOWNER INTENDS TO CONVERT THIS LAND TO OTHER THAN COMMERCIAL TIMBER PRODUCTION YES NO

(IF YES, A SEPARATE STATEMENT MUST BE ATTACHED CONTAINING DETAILS AS OUTLINED BY THE QUINULT TRIBAL PLANNING DEPARTMENT.)

16. WE AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF OUR KNOWLEDGE AND UNDERSTAND THAT THIS PROPOSED FOREST PRACTICE IS SUBJECT TO THE CURRENT RULES AND REGULATIONS AND THE FOREST PRACTICES ACT OF THE QUINULT INDIAN NATION.

OPERATOR'S SIGNATURE	LANDOWNER'S SIGNATURE	TIMBER OWNER'S SIGNATURE
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17. PROVISIONS: FOR DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE.

THIS APPLICATION APPROVED SUBJECT TO THE FOLLOWING PROVISIONS:

HYDRAULIC PROJECT APPROVAL NEEDED: YES NO

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	QDNR BY	TITLE	DATE	EXPIRATION DATE
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