

FOR ADMIN. USE ONLY
Amendments-date & S or M

PROGRAM TIMBER HARVESTING PLAN

FOR ADMIN. USE ONLY

STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION RM-64 (2-05)

- 1. _____ 7. _____
- 2. _____ 8. _____
- 3. _____ 9. _____
- 4. _____ 10. _____
- 5. _____ 11. _____
- 6. _____ 12. _____

Filed in accordance with PROGRAM TIMBERLAND ENVIRONMENTAL IMPACT REPORT

No. _____

Located at _____

THP No. _____

Dates Rec'd _____

Date Filed _____

Date Approved _____

Date Expires _____

Extensions 1) [] 2) []

This Program Timber Harvesting Plan (PTHP) form, when properly completed, is designed to comply with the Forest Practice Act (FPA), Board of Forestry rules, and the above listed Program Timberland Environmental Impact Report (PTEIR). See separate instructions for information on completing this form. NOTE: The form must be printed legibly in ink or typewritten. The PTHP is composed of this form, required maps, completed checklist, required verifying documents and a confidential archaeological section, if required. If more space is necessary to answer a question, continue the answer in an attachment to the PTHP form. If writing an electronic version, insert additional space for your answer. Please distinguish answers from questions by *font change*: **bold** or underline.

This PTHP conforms to my/our plan and upon approval; I/we agree to conduct harvesting in accordance therewith. Consent is hereby given to the Director of Forestry and Fire Protection, and his or her agents and employees, to enter the premises to inspect timber operations for compliance with the Forest Practice Act, Forest Practice Rules and the PTEIR.

1. TIMBER OWNER(S) OF RECORD: Name _____
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Signature _____ Date _____

NOTE: The timber owner is responsible for payment of a yield tax. Timber Yield Tax information may be obtained at the **Timber Tax Section, MIC: 60, State Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0060; phone 1-800-400-7115; BOE Web Page at [http:// www.boe.ca.gov](http://www.boe.ca.gov).**

2. TIMBERLAND OWNER(S) OF RECORD: Name _____
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Signature _____ Date _____

3. LICENSED TIMBER OPERATOR(S): Name _____ Lic. No. _____
 (If unknown, so state. You must notify CDF of LTO prior to start of timber operations.)
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Signature _____ Date _____

Note: The RPF must provide verification that the LTO has been briefed by the RPF or his/her supervised designee on the contents and operational requirements of the PTHP prior to the start of timber operations. Ref. Title 14 CCR 1092.09(k).

4. PLAN SUBMITTER(S): Name _____
 Address _____
 City _____ State _____ Zip _____ Phone _____
 (Submitter must be from 1, 2, or 3 above. He/she must sign below. Ref. Title 14 CCR 1092.04(a).)
 Signature _____ Date _____

5. a. List person to contact on-site who is responsible for the conduct of the operation. If unknown, name must be provided for inclusion in the PTHP prior to start of timber operations.
 Name _____
 Address _____
 City _____ State _____ Zip _____ Phone _____

b. Yes No Will the timber operator be employed for the construction and maintenance of roads and landings during conduct of timber operations? If no, who is responsible?

c. Who is responsible for erosion control maintenance after timber operations have ceased and until certification of the Work Completion Report? If not the LTO, then a written agreement must be provided per 14 CCR 1050(c).

6. a. Expected date of commencement of timber operations:
 date of PTHP conformance, or _____(date)
 b. Expected date of completion of timber operations:
 3 years from date of PTHP conformance, or _____(date)

7. Location of the timber operation by legal description:
 Base and Meridian: Mount Diablo Humboldt San Bernardino

<u>Section</u>	<u>Township</u>	<u>Range</u>	<u>Acreage</u>	<u>County</u>	<u>Assessor's Parcel Number*</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL ACREAGE _____ (Logging Area Only) * Optional

Planning Watershed(s): CALWATER Version, Identification Number, and Name:

U.S. Geological Survey (USGS) Quadrangle name(s) and date(s):

Attach any maps as required by 1092.09 and PTEIR at the end of the form.

8. a. Check the Silvicultural methods or treatments allowed by the rules and PTEIR that are to be applied under this PTHP
If more than one method or treatment will be used show boundaries on map and list approximate acreage for each.
- Clearcutting _____ ac. Shelterwood Prep. Step _____ ac. Seed Tree Seed Step _____ ac.
 Shelterwood Seed Step _____ ac. Shelterwood Removal Step _____ ac.
 Selection _____ ac. Group Selection _____ ac. Transition _____ ac.
 Commercial Thinning _____ ac. Road Right of Way _____ ac. Sanitation Salvage _____ ac.
 Special Treatment Area _____ ac. Rehab. of Understocked Area _____ ac. Fuelbreak _____ ac.
 Variable Retention _____ ac.
 Alternative _____ ac. Conversion _____ ac. Non Timberland Area _____ ac.
- Total acreage _____ ac. (Explain if total is different from that listed in 7.)
- b. If Selection, Group Selection, Commercial Thinning, Sanitation Salvage or Alternative methods are selected the post harvest stocking levels (differentiated by site if applicable) must be stated. Note mapping requirements of 1092.09(l)(2).
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9. Indicate type of yarding system and equipment to be used:

- | GROUND BASED* | | CABLE | | SPECIAL | |
|---------------|---|-------|---|---------|--|
| a. | <input type="checkbox"/> Tractor, including end/long lining | d. | <input type="checkbox"/> Cable, ground lead | g. | <input type="checkbox"/> Animal |
| b. | <input type="checkbox"/> Rubber tired skidder, Forwarder | e. | <input type="checkbox"/> Cable, high lead | h. | <input type="checkbox"/> Helicopter or balloon |
| c. | <input type="checkbox"/> Feller buncher | f. | <input type="checkbox"/> Cable, Skyline | i. | <input type="checkbox"/> Other (Explain) |

* All tractor operations restrictions apply to ground based equipment.

10. Erosion Hazard Rating: Indicate Erosion Hazard Ratings present on PTHP. (Must match EHR worksheets)

Low Moderate High Extreme

If more than one rating is checked, areas must be delineated on map to 20 acres in size (10 acres for high and extreme EHRs in the Coast District).

11. a. Yes No Are there any landowners within 1000 feet downstream of the PTHP boundary whose ownership adjoins or includes a Class I, II, or IV watercourse(s) which receives surface drainage from the proposed timber operations? If yes, the requirements of 1092.07 apply. Proof of notice should be attached to the PTHP. If no, 11 b. need not be answered.
- b. Yes No Is an exemption requested of the notification requirements of 1092.07? If yes, explanation and justification for the exemption must be attached to the PTHP. Specify if you are requesting an exemption from the letter, the newspaper notice or both.
- c. Yes No Was any information received on domestic water supplies that required additional mitigation beyond that required by standard Watercourse and Lake Protection rules? If yes, list site specific measures to be implemented by the LTO.
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12. a. Yes No Is a confidential archaeological addendum as defined in 895.1 attached? If no, complete subsection b. and c. If yes, you may disregard b., but must complete c.
- b. Yes No If archaeology was covered in the PTEIR, an archaeological survey has been conducted of the PTHP area according to current rules and no additional sites were found.
- c. Yes No Are there any archaeological or historical sites located in the PTHP area? If yes, protection measures are contained in a confidential attachment to the PTHP.
13. a. Yes No Will timber operations cause any significant adverse impacts to occur to any threatened or endangered plant or animal species in the area of the PTHP?
- b. Yes No Will timber operations be conducted in compliance with an accepted "no take" or authorized incidental "take" procedure, either of which has authorization or concurrence of a wildlife agency acting within its authority under state or federal endangered species acts for a listed species? If yes, then describe the species and applicable permit or procedure.

NOTE: See the CDF Mass Mailing, 07/02/1999, section on "CDF Guidelines for Species Surveys and Mitigations" to complete these questions.

14. Yes No Are there any unique areas in the area of the PTHP? If yes list the areas and any special provisions.

15. Yes No Are there any practices that are deviations from the standard operational rules which were reviewed under the certified PTEIR? If yes, the deviations and required practices must be listed in the attached checklist.

16. Yes No Are there any operational practices which deviate from the standard rules that were not reviewed under the PTEIR but which are allowed in the rules? If yes provide description, location, explanation and justification.

17. RPF preparing the PTHP: Name _____ RPF Number _____

Address _____

City _____ State _____ Zip _____ Phone _____

- a. Yes No I have notified the plan submitter, in writing, of their responsibilities pursuant to Title 14 CCR 1092.11 of the Forest Practice Rules.
- b. Yes No I have notified the timberland owner, in writing, of their responsibilities for compliance with the Forest Practice Act and, where applicable, Board rules, regarding site preparation, stocking, and maintenance of roads, landings, and erosion control facilities.

c. I have the following authority and responsibilities for preparation and administration of the PTHP and timber operation. (Include both work completed and work remaining to be done):

d. Additional required work requiring an RPF which I do not have the authority or responsibility to perform:

e. I certify that I, or my supervised designee, personally inspected the PTHP area and that the proposed timber operations are within the scope of the environmental analysis contained in the PTEIR and therefore will not result in any significant environmental impacts beyond those addressed in the PTEIR. There have been no physical environmental changes in the PTHP area that are so significant as to require any addendum or supplement to the PTEIR.

Signature _____ Date _____

DIRECTOR OF FORESTRY AND FIRE PROTECTION

This Program Timber Harvesting Plan conforms to the rules and regulations of the Board of Forestry, the Forest Practice Act, and the PTEIR:

By: _____
(Signature)

(Date)

(Printed Name)

(Title)