

Date Approved MAR 30, 2018

Date Expired MAR 29, 2023

*Approval rescinded per CDF letter 04/18/17

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

TIMBER HARVESTING PLAN

FOR ADMIN. USE ONLY

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY
AND FIRE PROTECTION
RM-63 (02-03)

THP No. 1-15-042 SON

Dates Rec'd
MAY 4 2015

- 1. 7-1-16M 7. _____
- 2. 7-6-16M 8. _____
- 3. 7-7-16M 9. _____
- 4. _____ 10. _____
- 5. _____ 11. _____
- 6. _____ 12. _____

THP Name: Dogwood THP

Date Filed MAY 14 2015

(In the CDF FPS, this is "THP Description")

* Date Approved JULY 1, 2016

If this is a Modified THP, check box

* Date Expires JUNE 30, 2021
One 2-year extension possible

Extensions 1) 2)

This Timber Harvesting Plan (THP) form, when properly completed, is designed to comply with the Forest Practice Act (FPA) and Board of Forestry and Fire Protection rules. See separate instructions for information on completing this form. NOTE: The form must be printed legibly in ink or typewritten. The THP is divided into six sections. If more space is necessary to answer a question, continue the answer at the end of the appropriate section of your THP. If writing an electronic version, insert additional space for your answer. Please distinguish answers from questions by *font change*, **bold** or underline.

SECTION I - GENERAL INFORMATION

This THP 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 and Forest Practice Rules.

1. TIMBER OWNER(S) OF RECORD: Name Gualala Redwoods, Inc. See page 1.1

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone (707) 884-3521

Signature [Signature] (See item 13b) Date 7/2/14

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>.

2. TIMBERLAND OWNER(S) OF RECORD: Name Gualala Redwoods, Inc. See page 1.1

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone (707) 884-3521

Signature [Signature] (See item 13b) Date 7/2/14

3. ^{AM #2} LICENSED TIMBER OPERATOR(S): Name Unknown, to be named later. Lic. No. _____

(If unknown, so state. You must notify CDF of LTO prior to start of operations)

Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

4. PLAN SUBMITTER(S): Name Gualala Redwoods, Inc. See page 1.1

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone (707) 884-3521 (If submitter is not 1, 2, or 3 above. He/she must sign below. Ref. Title 14 CCR 1032.7 (a))

Signature [Signature] (See item 13a) Date 7/2/14

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Amendments-date & S or M

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

TIMBER HARVESTING PLAN
 STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY
 AND FIRE PROTECTION
 RM-63 (02-03)

FOR ADMIN. USE ONLY

THP No. _____
 Dates Rec'd _____

 Date Filled _____
 Date Approved _____
 Date Expires _____
 Extensions 1) 2)

THP Name: **Dogwood THP**
 (In the CDF FPS, this is "THP Description")

If this is a Modified THP, check box

This Timber Harvesting Plan (THP) form, when properly completed, is designed to comply with the Forest Practice Act (FPA) and Board of Forestry and Fire Protection rules. See separate instructions for information on completing this form. NOTE: The form must be printed legibly in ink or typewritten. The THP is divided into six sections. If more space is necessary to answer a question, continue the answer at the end of the appropriate section of your THP. If writing an electronic version, insert additional space for your answer. Please distinguish answers from questions by *font change*, **bold** or underline.

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This THP 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 and Forest Practice Rules.

1. TIMBER OWNER(S) OF RECORD: Name **Gualala Redwood Timber, LLC**
 Address **P.O. Box 197**
 City **Gualala** State **CA** Zip **95445** Phone **(707) 884-3521**
 Signature *[Signature]* (See item 13b) Date **7-7-15**

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>.

2. TIMBERLAND OWNER(S) OF RECORD: Name **Gualala Redwood Timber, LLC**
 Address **P.O. Box 197**
 City **Gualala** State **CA** Zip **95445** Phone **(707) 884-3521**
 Signature *[Signature]* (See item 13b) Date **7-7-15**

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

4. PLAN SUBMITTER(S): Name **Gualala Redwood Timber, LLC**
 Address **P.O. Box 197**
 City **Gualala** State **CA** Zip **95445** Phone **(707) 884-3521** (If submitter is not 1, 2, or 3 above. He/she must sign below. Ref. Title 14 CCR 1032.7 (a))
 Signature *[Signature]* (See item 13a) Date **7-7-15**

Dogwood THP

1.1

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Section I

revised 7/7/15

5. a. List person to contact on-site who is responsible for the conduct of the operation. If unknown, so state and name must be provided for inclusion in the THP prior to start of timber operations.

Name Unknown, to be amended prior to start of operations.

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 LTO, then written agreement must be provided per 1050 (c).

The LTO is responsible for proper construction, inspection and maintenance of erosion controls until the work completion report has been approved by the Director. The landowner is responsible for inspection and any needed repair and maintenance of erosion controls during the remainder of the prescribed maintenance period.

As per 14 CCR 923.7(j), the prescribed maintenance period for deactivated or abandoned roads shall be one year unless otherwise prescribed by the Director pursuant to 14 CCR § 1050. The prescribed maintenance period for logging roads and associated landings, including appurtenant roads, shall be three years.

6. a. Expected date of commencement of timber operations:

date of THP conformance, or _____(date)

- b. Expected date of completion of timber operations:

5 years from date of THP conformance, or _____(date)

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7. The timber operation will occur within the:

COAST FOREST DISTRICT The Tahoe Regional Planning Authority Jurisdiction

Southern Subdistrict of the Coast F.D. A County with Special Regulations, identify:

SOUTHERN FOREST DISTRICT Coastal Zone, no Special Treatment Area

Special Treatment Area(s), type and identify: **the Gualala River Coastal Zone Special Treatment Area, Wild and Scenic River Designation for the Main Stem of the Gualala**

High use subdistrict of the Southern F.D.

NORTHERN FOREST DISTRICT Other

8. Location of the timber operation by legal description:

Base and Meridian: Mount Diablo Humboldt San Bernardino

Section	Township	Range	Acreage	County	Assessor's Parcel Number*
25	11N	R15W	52	Sonoma	_____
26	11N	R15W	8.2	Sonoma	_____
36	11N	R15W	.3	Sonoma	_____
30	11N	R14W	12.1	Sonoma	_____
31	11N	R14W	117.9	Sonoma	_____
33	11N	R14W	1.3	Sonoma	_____
4	10N	R14W	.3	Sonoma	_____

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5	10N	R14W	51.7	Sonoma	
6	10N	R14W	28.4	Sonoma	
8	10N	R14W	23.9	Sonoma	
15	10N	R14W	2.3	Sonoma	
16	10N	R14W	11.8	Sonoma	
17	10N	R14W	6.6	Sonoma	
21	10N	R14W	2.3	Sonoma	
22	10N	R14W	13.7	Sonoma	
27	10N	R14W	3.4	Sonoma	
German Rancho			6	Sonoma	

TOTAL ACREAGE 342 (Logging Area Only) * Optional

Planning Watershed: CALWATER Version, Identification Number, and Name: **Mouth of the Gualala 1113.850202, Big Pepperwood 1113.850201, Little Creek 1113.830004, Annapolis 1113.840303 USGS 7.5 min maps Gualala 1977, Stewarts Point 1978 and McGuire Ridge 1991**

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9. Yes No Has a Timberland Conversion been submitted? If yes, list expected approval date or permit number and expiration date if already approved.
10. Yes No Is there an approved Sustained Yield Plan for this property? Number ____; Date app. ____
 Yes No Has a Sustained Yield Plan been submitted but not approved? Number ____; Date sub. ____
11. Yes No Is there a THP or NTMP on file with CDF for any portion of the plan area for which a Report of Satisfactory Stocking has not been issued by CDF?
 If yes, identify the THP or NTMP number(s): _____
 Yes No Is there a contiguous even aged unit with regeneration less than five years old or less than five feet tall? If yes, explain. Ref. Title 14 CCR 913.1(933.1, 953.1) (a)(4).
12. Yes No Is a Notice of Intent necessary for this THP?
 Yes No If yes was the Notice of Intent posted as required by 14 CCR 1032.7 (g)?
13. RPF preparing the THP: Name Art Haschak RPF Number 2423
 Address 387 Pacific Blvd.
 City Arcata State CA Zip 95521 Phone (707) 354-4057
 FAX _____

- a. Yes No I have notified the plan submitter(s), in writing, of their responsibilities pursuant to Title 14 CCR 1035 of the Forest Practice Rules.
 Yes No I have notified the timber owner and the timberland owner of their responsibilities for compliance with the Forest Practice Act and rules, specifically the stocking requirements of the rules and the maintenance of erosion control structures of the rules.

Plan submitter is the same as timber owner. The plan submitter and their representatives are actively involved in timber harvesting, plan preparation and execution, and are aware of their responsibility for marking, stocking and maintenance of erosion control structures. For these reasons written notification was not deemed necessary.

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- b. Yes No I will provide the timber operator with a copy of the portions of the approved THP as listed

in 14 CCR 1035 (f). If "no", who will provide the LTO a copy of the approved THP?

The plan submitter is responsible for providing the LTO a copy of the approved THP and any approved operational amendments, as specified in 14 CCR 1035(f).

I or my supervised designee will meet with the LTO prior to commencement of operations to advise of sensitive conditions and provisions of the plan pursuant to Title 14 CCR 1035.2.

Supervising RPF or supervised designee will meet with LTO.

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

By agreement with the plan submitter, the responsibility of the submitting RPF is to prepare the plan and perform any necessary post-plan submission activities that may arise during plan review until the plan is approved. This includes answering first and second review questions, revising pages of the plan and attending the PHI. During preparation of the plan I am responsible for watercourse classification, flagging of WLPZs, marking of timber in WLPZs, choosing silvicultural and yarding prescriptions, flagging of silvicultural and yarding boundaries, sample marking of silvicultural areas when required, flagging of no-cut areas if any exist, identifying road points and developing prescriptions for their repair, developing an erosion control plan, conducting archaeological surveys and notifications as well as some biological and botanical research and surveying. As the submitting RPF, I am responsible for the accuracy and contents of this plan. As forest managers of landowner, the forestry staff of Delta Pacific, Inc. will be responsible for the administration of timber operations including authority to amend the Plan for the submitter. An RPF from Delta Pacific will be amended into the plan prior to the start of operations. The timber operator is responsible for the execution of this Plan as approved or amended.

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

All work after plan approval that requires an RPF, including plan amendments, completion reports etc.

- e. After considering the rules of the Board of Forestry and the mitigation measures incorporated in this THP, I have determined that the timber operation:

will have a significant adverse impact on the environment. (Statement of reasons for overriding considerations contained in Section III)

will not have a significant adverse impact on the environment.

Registered Professional Forester: I certify that I, or my supervised designee, personally inspected the THP area, and this plan complies with the Forest Practice Act, the Forest Practice Rules and the Professional Foresters Law. If this is a Modified THP, I also, certify that: 1) the conditions or facts stated in 14 CCR 1051 (a) (1) - (16) exist on the THP area at the time of submission, preparation, mitigation, and analysis of the THP and no identified potential significant effects remain undisclosed; and 2) I, or my supervised designee will meet with the LTO at the THP site, before timber operations commence, to review and

discuss the contents and implementation of the Modified THP.

Signature  Date 6/30/14

-cont

LICENSED TIMBER OPERATOR RESPONSIBILITY ACKNOWLEDGEMENT
(As per Section 1035.3 Title 14, CCR)

Harvesting Plan Number: 1-15-042 SON (Dogwood THP)

Licensed Timber Operator Information

Name: Darrell Rogers DBA Rogers and Son

Street Address/PO Box: 36700 Annapolis Road City: Annapolis Zip Code: 95412

Telephone Number: (707) 888-0979 LTO Number: A-422

As the LTO listed above I acknowledge responsibility for the following:

- 1) Inform the responsible RPF or plan submitter orally or in writing of any site conditions which in The LTO's opinion prevent implementation of the approved plan and amendments.
- 2) Be responsible for the work of his or her employees and familiarize all employees with the intent and details of the operational and protection measures of the plan and amendments that apply to their work.
- 3) Keep a copy of the applicable approved plan and amendments available for reference at the site of active timber operations.
- 4) Comply with all provisions of the Act, Board rules and regulations and the applicable approved plan, and amendments.
- 5) Attend an on-site meeting or discuss archaeological site protection with the RPF or supervised designee familiar with on-site conditions.
- 6) To inquire of the plan submitter, timberland owner or their authorized agent, RPF who wrote the plan, or the supervised designee, if any mitigation measures or specific operating instructions are contained in the Confidential Archaeological Addendum or any other confidential addendum to the plan.
- 7) Provide the RPF responsible for professional advice throughout the timber operations, the name, address and phone number of an on-site contact employee authorized by the LTO to receive RPF advice.
- 8) Keep the RPF responsible for professional advice throughout the timber operations advised of the status of timber operation activity.
- 9) Within 5 days before, and not later than the startup of timber operations, notify the RPF of the start of timber operations.
- 10) Within 5 days before, and not later than the shutdown of a timber operation, the LTO shall notify the RPF of the shutdown of timber operations.
- 11) Cease operations, except for emergencies and operations needed to protect water quality, upon receipt of written notice of an RPF's withdrawal of professional services from the plan. The LTO shall not resume operations until written notice is received from the plan submitter that another RPF has visited the site and accepts responsibility for providing advice regarding the plan as the RPF of record.

In addition to the above, I have specific responsibilities for the following: _____

I have read and understand my responsibilities as the Licensed Timber Operator summarized above and specifically described in 14 CCR 1035.3. I certify that I will fulfill my legal obligation as stated in the forest practice rules, and agree to fulfill my responsibilities as described above.

LTO Signature: Darrell C. Rogers Title: LTO

Responsible On-Site Contact (if different)

Name: _____

Printed Name: _____ Date: _____

Street Address/PO Box #: _____ City: _____ Zip: _____

Telephone Number: _____

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REGISTERED PROFESSIONAL FORESTER (RPF) RESPONSIBILITY ACKNOWLEDGEMENT

(As per Section 1035.1 Title 14, CCR)

RPF Certified to Provide Professional Advice:

Name: John R. Bennett

Street Address/PO Box: P.O. Box 197 City: Gualala Zip Code: 95445

Telephone Number: (707) 291-0819 RPF Number: 2650

As of January 1, 2001, I have read and understand my responsibility as RPF, as described under 14 CCR 1035.1(a-g). I agree to fulfill my responsibilities as an RPF as they pertain to this plan.

Yes No I have been retained as the RPF, available to provide professional advice to the licensed timber operator and timberland owner upon request throughout the active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

RPF Signature: [Handwritten Signature]

PLAN SUBMITTER RESPONSIBILITY ACKNOWLEDGEMENT

(As per Section 1035 Title 14, CCR)

Plan Submitter

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____

As of January 1, 2001, I have read and understand my responsibilities as Plan Submitter as described under 14 CCR 1035. I certify that I have fulfilled my legal obligation as stated in the forest practice rules, and agree to fulfill my responsibility as the plan submitter as it pertains to this plan.

Yes No I have retained the services of an RPF to provide professional advice to the LTO and timberland owner upon request throughout active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

Yes No I have authorized the timberland owner, to perform the services of a professional forester, understanding that the services will be provided personally on lands owned by the timberland owner.

Plan Submitter Signature: _____

TIMBERLAND OWNER RESPONSIBILITY ACKNOWLEDGEMENT

(As per Section 1035(d)(2)(B) Title 14, CCR)

Timberland Owner

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____

As of January 1, 2001, I have read and understand my responsibilities as timberland owner as described under 14 CCR 1035(d)(2)(A - C). I certify that I have fulfilled my legal obligation as stated in the forest practice rules, and agree to fulfill my responsibilities as the timberland owner as it pertains to this plan.

I understand that I have been authorized by the plan submitter to perform the services of a professional forester pursuant to the Landowner exception in Public Resources Code Section 757, and such services will be personally performed only on those lands that I own.

Timberland Owner's Signature: _____

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7/1/16 COASTAL AREA OFFICE RESOURCE MANAGEMENT

LTO Notification

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PLAN SUBMITTER RESPONSIBILITY ACKNOWLEDGEMENT
(As per 14 CCR § 1035)

Plan Submitter

Name: Gualala Redwood Timber, LLC

Street Address/PO Box: P.O. Box 197 City: Gualala Zip Code: 95445

Telephone Number: 707-884-3521

I have read and understand my responsibilities as Plan Submitter as described under 14 CCR § 1035. I certify that I have fulfilled my legal obligation as stated in the forest practice rules and agree to fulfill my responsibility as the plan submitter as it pertains to this plan.

Yes No I have retained the services of an RPF to provide professional advice to the LTO and timberland owner upon request throughout active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

Yes No I have authorized the timberland owner to perform the services of a professional forester, understanding that the services will be provided personally on lands owned by the timberland owner.

II. Plan Submitter Signature: 

TIMBERLAND OWNER RESPONSIBILITY ACKNOWLEDGEMENT
(As 14 CCR § 1035(d)(2)(B))

Timberland Owner

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____

I have read and understand my responsibilities as timberland owner as described under 14 CCR § 1035(d)(2)(A)-(C). I certify that I have fulfilled my legal obligation as stated in the forest practice rules, and agree to fulfill my responsibilities as the timberland owner as it pertains to this plan.

I understand that I have been authorized by the plan submitter to perform the services of a professional forester pursuant to the Landowner exception in PRC § 757, and such services will be personally performed only on those lands that I own.

Timberland Owner's Signature: _____

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