

PART OF PLAN

TIMBER HARVESTING PLAN

FOR ADMIN. USE ONLY

STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION RM-63 (03-15)

FOR ADMIN. USE ONLY

- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

THP No. 1-18-095-MEN Dates Rec'd: SEP 07 2018 OCT 10 2018

Date Filed OCT 18 2018 Date Approved SEP 23, 2021 Date Expired SEP 22, 2026

THP Name: Little THP

If this is a MODIFIED THP, check box: [ ] Extension: [ ] Am #

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. All rule references are from Title 14 CCR; when cited, the form text will only make reference to the rule number itself. The THP is divided into six sections. See separate instructions for information on completing this form. NOTE: The form must be printed legibly in ink or typewritten. Additional space may be inserted, as needed, to provide required information. 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 Redwood Timber LLC

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone 707-894-4245

Signature [Signature] Date 3/11/2021

NOTE: The Timber Owner is responsible for payment of a yield tax. Timber Yield Tax information may be obtained at: Timber Tax Section, MIC: 60, State Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0060. Phone 1-800-400-7115. For Timber Tax information, please see our website at: www.boe.ca.gov/proptaxes/timbertax.htm.

2. TIMBERLAND OWNER(S) OF RECORD: Name Gualala Redwood Timber LLC

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone 707-894-4245

Signature [Signature] Date 3/11/2021

3. LICENSED TIMBER OPERATOR(S): Name Unknown, to be named later Lic. No. (If unknown, so state. You must notify CAL FIRE of LTO prior to start of operations)

Address

City State Zip Phone

Signature Date

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4. PLAN SUBMITTER(s): Name Gualala Redwood Timber LLC

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Section I

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The submitter is the person who owns, leases, contracts, or operates on timberland. If the submitter is not identified in (1), (2), or (3), above, an explanation of his/her authority to submit the plan should be provided in Section III. [1032.7(a) and 1034(e)].

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone 707-894-4245

Signature  Date 3/11/2021

5. a. List person to contact on-site who is responsible for the conduct of the operation. If unknown, so state; 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 the LTO, then a written agreement must be provided per 1050 (c). Note, if the plan is located in an ASP watershed the prescribed maintenance period for logging roads and associated landings, including appurtenant roads, shall be three years. 923.7 [943.7, 963.7](j).

**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)

7. THE TIMBER OPERATION WILL OCCUR WITHIN THE:

- COAST FOREST DISTRICT  The Tahoe Regional Planning Authority Jurisdiction
- Southern Sub district of the Coast F. D.  A County with Special Regulations
- SOUTHERN FOREST DISTRICT  Coastal Zone, no Special Treatment Area (STA)
- High use Sub district of the Southern F. D.  STA(s), provide type and identify: \_\_\_\_\_
- NORTHERN FOREST DISTRICT  Other: \_\_\_\_\_

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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 (Optional) |
|---------|----------|-------|---------|-----------|-------------------------------------|
| 4       | 11N      | 15W   | 7       | mendocino |                                     |
| 9       | 11N      | 15W   | 15      | mendocino |                                     |
| 10      | 11N      | 15W   | 37      | mendocino |                                     |
| 14      | 11N      | 15W   | 81      | mendocino |                                     |
| 15      | 11N      | 15W   | 42      | mendocino |                                     |
| 23      | 11N      | 15W   | 17      | mendocino |                                     |

TOTAL ACREAGE 199 (Logging Area Only)

PLANNING WATERSHED: CALWATER Version, Identification Number, & Name:

Doty Creek Planning Watershed (DCPW) (1113.810003)

Robinson Creek Planning Watershed (1113.810002) {as mapped by Cal Water}

USGS QUADRANGLE NAME(S) AND DATE(S): Gualala 1960

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**MARK ALL THAT APPLY:**

ASP watershed;  Upstream of ASP;  Exempt from ASP watershed rules;  Non ASP watershed;  303d watershed

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 John R. Bennett RPF Number 2650

Address P.O. Box 197

City Gualala State CA Zip 95445 Phone (707) 8944245

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.**

- 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 Gualala Redwood Timber LLC. (GRT) will be responsible for the administration of timber operations including authority to amend the Plan for the submitter. An RPF from (GRT) 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 3/11/2021

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Section I

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**LICENSED TIMBER OPERATOR RESPONSIBILITY ACKNOWLEDGEMENT**  
(As per 14 CCR §§ 1035.3(a)(1)-(2), 1092.14(a)(1)-(2).)

**Harvesting Plan Number:** no number at this time THP name is "Little"  
**Licensed Timber Operator Information**

Name: To be amended

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ LTO Number: \_\_\_\_\_

I hereby agree to abide by the terms and specifications of the plan. I have read and understand my responsibility as LTO, as described under 14 CCR §§ 1022.4, 1090.12 and 1092.14. I agree to fulfill my responsibilities as an LTO as they pertain to this plan.

**LTO Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Responsible On-Site Contact (if different)**

Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**REGISTERED PROFESSIONAL FORESTER (RPF) RESPONSIBILITY ACKNOWLEDGEMENT**  
(As per 14 CCR § 1035.1)

**RPF Certified to Provide Professional Advice:**

Name: to be amended

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ RPF Number: \_\_\_\_\_

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:** \_\_\_\_\_

**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: 707-894-4245

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 14 CCR § 1035(d)(2)(B))

**Timberland Owner**

Name: same as plan submitter  
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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