

CHECK APPROPRIATE BLOCKS	<input checked="" type="checkbox"/>	1A	NOTICE IS GIVEN TO THE STATE FORESTER THAT AN OPERATION(S) WILL BE CONDUCTED ON LANDS DESCRIBED BELOW AND ON THE COMPLETED ATTACHED MAPS (ORS 527.670).	PREVIOUS NOTIFICATION NO.					
	<input type="checkbox"/>	1B	APPLICATION FOR PERMIT TO OPERATE POWER DRIVEN MACHINERY (ORS 477.625).	COUNTY (ENTER ONLY ONE)					
	<input type="checkbox"/>	1C	APPLICATION FOR PERMIT TO CLEAR RIGHTS OF WAY (ORS 477.685).	COLUMBIA					
PLEASE CHECK PERSON MAKING APPLICATION	2	OPERATOR	NAME OREGON NATURAL GAS DEVELOPMENT COMPANY MAILING ADDRESS - STREET 220 N.W. SECOND AVE. CITY, STATE AND ZIP CODE PORTLAND, OR 97209	PHONE NO. 220-2573					
	3	LAND-OWNER	NAME LONGVIEW FIBRE CO. MAILING ADDRESS - STREET P.O. BOX 667 CITY, STATE AND ZIP CODE LONGVIEW, WA 98632	PHONE NO. 206-425-1550					
	4	TIMBER OWNER	NAME LONGVIEW FIBRE CO. MAILING ADDRESS - STREET P.O. BOX 667 CITY, STATE AND ZIP CODE LONGVIEW, WA 98632	PHONE NO. 206-425-1550					
				NAME LONGVIEW FIBRE CO. MAILING ADDRESS - STREET P.O. BOX 667 CITY, STATE AND ZIP CODE LONGVIEW, WA 98632	PHONE NO. 206-425-1550				
NAME OF OPERATOR'S DESIGNATED REPRESENTATIVE TO CONTACT IN CASE OF FIRE EMERGENCY 2A TODD THOMAS PHONE NO. 220-2573									
THE OPERATOR, TIMBER OWNER OR LAND-OWNER UPON GIVING THIS NOTICE GIVES CONSENT TO THE STATE FORESTER TO GO UPON THE LAND SUBJECT TO THE OPERATION FOR THE PURPOSE OF INSURING COMPLIANCE WITH THE FOREST PRACTICES ACT.									
NOTICE TO TAXPAYER THE PARTY OWNING TIMBER AT THE TIME OF HARVEST IS SHOWN IN SECTION 4 AND IS THE PARTY RESPONSIBLE FOR PAYMENT OF OREGON TIMBER TAXES.									
WESTERN OREGON PRIVATE LAND ONLY CHECK BOX IF ALL TIMBER TO BE HARVESTED UNDER THIS NOTIFICATION IS EXEMPT FROM WESTERN OREGON SEVERANCE TAX. IF CHECKED AND UNDER "SMALL TRACT OPTION" GIVE CERTIFICATION.									
NO. _____									
5. 1/4 SECTION: NE, NW, SW, SE, S, T, R, E, C, W, P, G, E.									
1/16 SECTION: N, N, S, S, N, N, S, S, N, N, S, S, N, N, S, S, S, E, C, W, P, G, E.									
PLEASE CHECK 1/16 SECTIONS WHERE OPERATING									
COMPLETE FOR AREAS OUTSIDE OF REGULAR SECTIONS: GOVERNMENT LOT NUMBER									
EXPLAIN "OTHER" TYPES OF OPERATIONS: DRILLING NATURAL GAS WELL									
TIMBER SALE NAME AND NUMBER (IF ANY)									
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: X TODD A. THOMAS KLS									
DATE SIGNED: 03-20-88									
TO BE COMPLETED BY THE OREGON DEPARTMENT OF FORESTRY:									
15 DAY WAITING PERIOD IS HEREBY WAIVED									
BY: DATE: 04-06-88 TIME: mail FOREST PRACTICES FORESTER: LIN FARM									
F.P.F. NO.: 12XX F.P.F. PHONE: 397-2636									
YOU ARE HEREBY ADVISED THAT THE STATE FORESTER HAS DETERMINED THE FOLLOWING RESOURCES OCCUR WITHIN OR ADJACENT TO YOUR OPERATION AREA. YOUR OPERATION MAY REQUIRE PRIOR APPROVAL BEFORE YOU BEGIN.									
<input checked="" type="checkbox"/> CLASS 1 WATER(S) <input type="checkbox"/> HIGH RISK AREA(S) <input type="checkbox"/> CRITICAL WILDLIFE HABITAT <input type="checkbox"/> WATER RIGHT(S) <input type="checkbox"/> PROTECTED HABITAT(S) <input type="checkbox"/> COASTAL SHORELANDS.									
ADAMS CREEK									
DISTRICT: FG 53					FOREST OFFICE: CU 3				
SIGNATURE: LEE OHAN					RC 5 EG 1 S 7 JAMES E. BROWN STATE FORESTER				