

CHECK APPROPRIATE BLOCKS

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 527.570).

1B PERMIT TO OPERATE POWER DRIVEN MACHINERY (ORS 477.625).

1C PERMIT TO CLEAR RIGHTS OF WAY (ORS 477.635).

PREVIOUS NOTIFICATION NO.

COUNTY (ENTER ONLY ONE): **Columbia**

PLEASE CHECK PERSON MAKING APPLICATION

2 OPERATOR: **Oregon Natural Gas Development Corp.**
220 NW Second Ave.
Portland, OR 97201
PHONE NO. 220-2573

NAME OF OPERATOR'S DESIGNATED REPRESENTATIVE TO CONTACT IN CASE OF FIRE EMERGENCY: **Charles Stinson** PHONE NO. 226-4583

3 LAND-OWNER: **Cavenham Forest Ind**
1500 SW First Ave.
Portland, OR 97201

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. **/ - (X)**

4 TIMBER OWNER: **Cavenham Forest Ind**
1500 SW First Ave.
Portland, OR 97201
TIMBEROWNER E.I. NUMBER OR SOCIAL SECURITY NO. [REDACTED]

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. _____

1/4 SECTION	NE				NW				SW				SE				S E C.	T W P.	R G E.	6. OPERATION STARTING DATE (15 DAY NOTICE REQUIRED) MO. DAY	7. TYPES OF OPERATIONS (USE NOS. IN INSTRUCTIONS)	8. WESTERN OREGON SEVERANCE TAX HARVEST UNIT NO. (IF ANY)	TO BE COMPLETED BY OREGON DEPARTMENT OF FORESTRY							
	1/16 SECTION	N	N	S	S	N	N	S	S	N	N	S	S	N	N	S							S	MO.	DAY	FPM TAX CLASS	REGULATED USE AREA			

EXPLAIN "OTHER" TYPES OF OPERATIONS: **Level 1/4 acre and apply rock for drilling rig and support equipment in the drilling of a natural gas well**

9. SIGNATURE OF AUTHORIZED REPRESENTATIVE: **Todd Thomas** PRINT NAME OF SIGNER: **Todd Thomas** DATE SIGNED: **3-13-86**

TO BE COMPLETED BY THE OREGON DEPARTMENT OF FORESTRY

BY: **John Davis** DATE: **3-13-86** TIME: **1400** FOREST OFFICE: **Cu 3** SIGNATURE: **ES 53**

YOU ARE HEREBY ADVISED THAT THE STATE FORESTER HAS DETERMINED THE FOLLOWING RESOURCES OCCUR WITHIN OR ADJACENT TO YOUR OPERATION AREA. CLASS 1 STREAM(S) HIGH RISK AREA(S) CRITICAL WILDLIFE HABITAT WATER RIGHT(S)

DISTRICT: **ES 53** FOREST OFFICE: **Cu 3** RC: **5** EG: **1** S: **7**

SIGNATURE: **H. MIKE MILLER** STATE FORESTER