



**Humboldt Redwood**  
COMPANY, LLC

FOREST  
OPERATIONS  
P.O. Box 712  
125 Main Street  
Scotia, CA 95565  
(707) 764-4472  
www.hrcllc.com

March 24, 2010

Catherine Kuhlman  
North Coast Regional Water Quality Control Board  
5550 Skylane Blvd suite A  
Santa Rosa, CA. 95403

Re: North Fork Elk River Tier 2 enrollments.

Dear Ms. Kuhlman

This letter is to request tier 2 enrollments for units 3 and 4 of 07-183 and unit 3 and 4 of 08-072. All four of these units were submitted and reviewed as tier 2 in 2009, but not enrolled because of harvest reductions. Entire tier 2 packages including fees and form 200 were previously submitted. In the year since the submittal no new sediments have been noted.

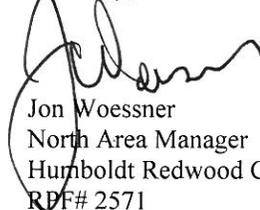
While the THPs is covered under these watershed wide WDR's, the discharger is and will remain in compliance with the Terms and Provisions of this Order. No changes have been made to the ECP from the previously submitted version.

We plan to begin operations on all the units no sooner than 5/15/10. Start of operations depends on nesting status for Osprey's and NSO's.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information is, to the best of my knowledge and belief true, accurate and complete.

If you have any questions please call me.

Sincerely,



Jon Woessner  
North Area Manager  
Humboldt Redwood Co., LLC  
RPF# 2571

Table 1. Proposed 2010 Harvest in North Fork Elk River.

THP Name	THP Number	Unit Number	Silviculture					Hazard		
			CC	ROW	CT	SHR	SEL	CC Equivalent	Low	High*
S. Lake View	07-183	2					13.7	6.9	11.6	26.9
S. Lake View	07-183	3					32.9	16.5	27.6	67.9
S. Lake View	07-183	4					17.9	9.0	11.7	79.4
Moss Elk	08-072	1					14.1	7.1	11.9	28.2
Moss Elk	08-072	2					13.5	6.8	10.5	38.4
Moss Elk	08-072	3		0.3			17.6	9.1	13	62.8
Moss Elk	08-072	4		0.3			18.2	9.4	10.9	97.3
North Ridge***	09-018	1					36.5	18.3	30.3	79.4
North Ridge	09-018	2					21.6	10.8	6.6	192.1
North Ridge	09-018	3		1.8			83.1	43.4	53.5	402.2
North Ridge	09-018	4		7			72.5	43.3	62.9	212.6
North Ridge	09-018	1a		1.8			10.2	6.9	10.7	16.7
North Ridge	09-018	3a		3.4			26.7	16.8	24.4	73.0
Top Lake	09-051	All acres		1.3			114.9	58.8	102.1	180.6
							Total	262.6		

Table 3. Summary of THPs by Yarding System and Site Preparation for North Fork Elk River.

THP Name	THP Number	Unit Number	Yarding System		Site Preparation	
			Ground Based	Yarder	Helicopter	Mechanical Broadcast
S. Lake View	07-183	2	0	13.7		
S. Lake View	07-183	3	8.1	24.8		
S. Lake View	07-183	4	1.8	16.1		
Moss Elk	08-072	1	14.1	0		
Moss Elk	08-072	2	13.5	0		
Moss Elk	08-072	3	15	2.6		
Moss Elk	08-072	4	1.9	16.3		
North Ridge	09-018	1	23	17.9		
North Ridge	09-018	2		21.5		
North Ridge	09-018	3	8.3	76.6		
North Ridge	09-018	4	30.7	48.8		
North Ridge	09-018	1a	6.2	5.8		
North Ridge	09-018	3a	5.4	24.7		
Top Lake	09-051	all				


**APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**
**I. FACILITY INFORMATION****A. Facility:**

Name: THP 1-07-183 "South Lake View"			
Address:			
City:	County:	State:	Zip Code:
Contact Person: Jon Woessner		Telephone Number: 707-764-4472	

**B. Facility Owner:**

Name: Humboldt Redwood Company, LLC			Owner Type (Check One)	
Address: P.O. Box 712			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Scotia			3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
State: CA			5. <input type="checkbox"/> Other: _____	
Zip Code: 95565				
Contact Person: Jon Woessner		Telephone Number:		Federal Tax ID:

**C. Facility Operator (The agency or business, not the person):**

Name: Humboldt Redwood Company, LLC			Operator Type (Check One)	
Address: P.O. Box 712			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Scotia			3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
State: CA			5. <input type="checkbox"/> Other: _____	
Zip Code: 95565				
Contact Person: Jon Woessner		Telephone Number:		

**D. Owner of the Land:**

Name: Same as "B" above			Owner Type (Check One)	
Address:			1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City:			3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
State:			5. <input type="checkbox"/> Other: _____	
Zip Code:				
Contact Person:		Telephone Number:		

**E. Address Where Legal Notice May Be Served:**

Address: 125 Main Street		
City: Scotia	State: CA	Zip Code: 95565
Contact Person: Mike Jani		Telephone Number: (707) 764-4472

**F. Billing Address:**

Address: Humboldt Redwood Company, LLC		
City: Scotia	State: CA	Zip Code: 95565
Contact Person: Jon Woessner		Telephone Number: (707) 764-4472



**APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**II. TYPE OF DISCHARGE**

Check Type of Discharge(s) Described in this Application (A or B):

- A. WASTE DISCHARGE TO LAND**                       **B. WASTE DISCHARGE TO SURFACE WATER**

**Check all that apply:**

<input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal	<input type="checkbox"/> Animal Waste Solids	<input type="checkbox"/> Animal or Aquacultural Wastewater
<input type="checkbox"/> Cooling Water	<input type="checkbox"/> Land Treatment Unit	<input type="checkbox"/> Biosolids/Residual
<input type="checkbox"/> Mining	<input type="checkbox"/> Dredge Material Disposal	<input type="checkbox"/> Hazardous Waste (see instructions)
<input type="checkbox"/> Waste Pile	<input type="checkbox"/> Surface Impoundment	<input type="checkbox"/> Landfill (see instructions)
<input type="checkbox"/> Wastewater Reclamation	<input type="checkbox"/> Industrial Process Wastewater	<input type="checkbox"/> Storm Water
<input checked="" type="checkbox"/> Other, please describe: <u>Timber harvest activities</u>		

**III. LOCATION OF THE FACILITY**

Describe the physical location of the facility.

1. Assessor's Parcel Number(s) Facility: Discharge Point:	2. Latitude Facility: Discharge Point:	3. Longitude Facility: Discharge Point:
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**IV. REASON FOR FILING**

New Discharge or Facility                       Changes in Ownership/Operator (see instructions)  
 Change in Design or Operation                       Waste Discharge Requirements Update or NPDES Permit Reissuance  
 Change in Quantity/Type of Discharge    Other: \_\_\_\_\_

**V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

Name of Lead Agency: California Department of Forestry and Fire Protection

Has a public agency determined that the proposed project is exempt from CEQA?    Yes                       No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.  
 Basis for Exemption/Agency: \_\_\_\_\_

Has a "Notice of Determination" been filed under CEQA?                       Yes                       No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

<input type="checkbox"/> EIR	<input type="checkbox"/> Negative Declaration	Expected CEQA Completion Date: _____
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**APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**VI. OTHER REQUIRED INFORMATION**

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

**VII. OTHER**

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

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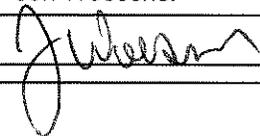
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You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

**VIII. CERTIFICATION**

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: Jon Woessner Title: Area Manager

Signature:  Date: December 15, 2008

**FOR OFFICE USE ONLY**

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:


**APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**
**I. FACILITY INFORMATION****A. Facility:**

Name: THP 1- 08-072 "Moss Elk"			
Address:			
City:	County:	State:	Zip Code:
Contact Person: Jon Woessner		Telephone Number: 707-764-4472	

**B. Facility Owner:**

Name: Humboldt Redwood Company, LLC			Owner Type (Check One)	
Address: P.O. Box 712			1. <input type="checkbox"/> Individual	2. <input checked="" type="checkbox"/> Corporation
City: Scotia	State: CA	Zip Code: 95565	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person: Jon Woessner		Telephone Number:	5. <input type="checkbox"/> Other: _____	
		Federal Tax ID:		

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City: Scotia	State: CA	Zip Code: 95565	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Contact Person: Jon Woessner		Telephone Number:	5. <input type="checkbox"/> Other: _____	

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Contact Person: Jon Woessner		Telephone Number: (707) 764-4472



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Check all that apply:

- Domestic/Municipal Wastewater Treatment and Disposal, Cooling Water, Mining, Waste Pile, Wastewater Reclamation, Animal Waste Solids, Land Treatment Unit, Dredge Material Disposal, Surface Impoundment, Industrial Process Wastewater, Animal or Aquacultural Wastewater, Biosolids/Residual, Hazardous Waste, Landfill, Storm Water, Other: Timber harvest activities

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New Discharge or Facility, Changes in Ownership/Operator, Change in Design or Operation, Waste Discharge Requirements Update or NPDES Permit Reissuance, Change in Quantity/Type of Discharge, Other:

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: California Department of Forestry and Fire Protection, Has a public agency determined that the proposed project is exempt from CEQA?, Basis for Exemption/Agency, Has a "Notice of Determination" been filed under CEQA?, Expected CEQA Documents: EIR, Negative Declaration, Expected CEQA Completion Date:



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

Three horizontal lines for listing attachments.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

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Print Name: Jon Woessner Title: Area Manager
Signature: [Handwritten Signature] Date: December 15, 2008

FOR OFFICE USE ONLY

Table with 4 columns: Date Form 200 Received, Letter to Discharger, Fee Amount Received, Check #.



Humboldt Redwood  
COMPANY, LLC

Main Office  
P.O. Box 37  
Scotia, CA 95565  
(707) 764-2222

Forest Operations  
P.O. Box 712  
Scotia, CA 95565  
(707) 764-2330

December 23, 2008

Ms. Catherine Kuhlman  
California Regional Water Quality Control Board  
North Coast Region  
5550 Skylane Blvd, Suite A  
Santa Rosa, CA 95403

Subject: Enrollment of Tier I 2009 WWDR

Dear Ms. Kuhlman:

The attached check is for the enrollment of five THP's into the WWDR. Enrollment letters are attached separately for the following: 1-08-048HUM, 1-08-041HUM, 1-07-183HUM, 1-08-072HUM, 1-08-084HUM.

Sincerely,

Humboldt Redwood Company, L.L.C.

Wayne D. Rice,  
RPF# 2622

Humboldt Redwood Company, LLC  
 6500 Durable Mill Rd. P.O. Box 390  
 Calpella, CA 95418

12/12/08

4521 North Coast Regional Water

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
120208	12/02/08	WWDR Fees 5 pla	\$ 6,130.00	\$ 0.00	\$ 6,130.00
CHECK NO.	22852	TOTALS	\$ 6,130.00	\$ 0.00	\$ 6,130.00

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

Humboldt Redwood Company, LLC  
 6500 Durable Mill Rd. P.O. Box 390  
 Calpella, CA 95418

Bank of America  
 Northbrook IL

022852

70-2328  
 0719

CHECK DATE 12/12/08  
 CHECK NO. 022852

\*\*\*\*\$ 6,130.00

SIX THOUSAND ONE HUNDRED THIRTY AND 00/100\*\*\*\*\*  
 CHECK AMOUNT

PAY TO THE ORDER OF  
 North Coast Regional Water  
 Quality Control Board  
 5550 Skylane, Suite A  
 Santa Rosa CA 95403

*[Signature]*  
 \_\_\_\_\_  
*[Signature]*  
 \_\_\_\_\_

TWO SIGNATURES REQUIRED FOR OVER 5,000 DOLLARS

⑈022852⑈ ⑆071923284⑆ 87653⑈ 16430⑈