



Humboldt Redwood
COMPANY, LLC

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

March 24, 2010

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

Re: South Fork Elk River Tier 2 enrollments.

Dear Ms. Kuhlman

This letter is to request tier 2 enrollment for units 4 of 07-189. This unit was submitted and reviewed as tier 2 in 09, but not enrolled because of harvest reductions. An entire tier 2 package, 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 5/24/10.

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 South Fork Elk River.

THP Name	THP Number	Unit Number	Silviculture				Hazard ²			
			CC	ROW	Disp VR	SHR	SEL	CC Equivalent	Low	High
1-May Tom Collins	07-189	5				187	0.0	140.3	185	2
1-May Tom Collins	07-189	1					4.9	2.5	4.9	0
1-May Tom Collins	07-189	2					24	12.0	24	0
1-May Tom Collins	07-189	3					5.3	2.7	5.3	0
1-May Tom Collins	07-189	4					2.3	1.2	2.3	0
1-Mar South elk ridge	09-?	3					10.2	5.1	4.5	5.7
15-Jun South elk ridge	09-?	2*					48.6	24.3	48.6	0
1-Apr South elk ridge	09-?	1a					55.6	27.8	55.6	0
1-Mar South elk ridge	09-?	1b					8.8	4.4	8.8	0
1-Jun South elk ridge	09-?	1c					11.5	5.8	3.8	7.7
1-Jun South elk ridge	09-?	4	1.6				45.7	24.1	37.0	10.3
									249.9	

²Hazard Acres are reported here to conform to the requirements of the Pre-Harvest Planning Report. The Staff Landslide Model in South Fork Elk River allows up to 114 Acres irrespective of Hazard Class. Acres reported are true acres

*Does not include 18 acre no-harvest area

Highlight indicates a THP and Specific Unit to be enrolled prior to establishing an enforceable Zero Discharge Monitoring Plan. Weighted Acreage Totals are listed below to demonstrate compliance with the Staff Landslide Model limit of 114 Acres in South Fork Elk River. Other THP Units will be enrolled after approval of the aforementioned Monitoring Plan

No Highlight indicates a THP and Specific Unit to be enrolled after establishment of an enforceable Zero Discharge Monitoring Plan (Tier II).

Indicates a plan where a portion of the unit is Tier 1 with the remainder is tier 2

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

THP Name	THP Number	Unit Number	Yarding System		Site Preparation	
			Ground Based	Yarder	Mechanical	Broadcast
Tom Collins	07-189	5	145.6	40.4		
Tom Collins	07-189	1	4.9			
Tom Collins	07-189	2	24			
Tom Collins	07-189	3	5.3			
Tom Collins	07-189	4	2.3			
Sol elk ridge	09-?	3		10.3		
South elk ridge	09-?	2		48.63		
South elk ridge	09-?	1a	55.6			
South elk ridge	09-?	1b		8.8		
South elk ridge	09-?	1c		11.5		
South elk ridge	09-?	4	33.8	18.92		

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

1/07/09

4521 North Coast Regional Water

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
122308 107	12/23/08	WWDR Fee for 1-	\$ 1,226.00	\$ 0.00	\$ 1,226.00
CHECK NO.	23137	TOTALS	\$ 1,226.00	\$ 0.00	\$ 1,226.00

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

023137

70-2328
 0719

CHECK DATE 1/07/09
 CHECK NO. 023137

****\$ 1,226.00

ONE THOUSAND TWO HUNDRED TWENTY-SIX 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

EE

TWO SIGNATURES REQUIRED FOR OVER 5,000 DOLLARS

⑈023137⑈ 10719232841⑈ 87653⑈ 16430⑈



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



I. FACILITY INFORMATION

A. Facility:

Name: THP 1- 07-189 "Tom Collins"			
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:	

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	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: _____	

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

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:
--	---	--

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:

EIR Negative Declaration Expected CEQA Completion Date: _____

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY



State of California
Regional Water Quality Control Board

**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:

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 #:
-------------------------	-----------------------	----------------------	----------