

Final Harvesting Report

Small Scale Salvage Program

Haida Gwaii Natural Resource District

ESF #: _____ 19545-25/FLTC **A**

| | |
|--|---|
| Deliver or Mail to: District Manager Haida Gwaii Natural Resource District PO Box 39 Queen Charlotte BC V0T1S0 FrontCounterHaidaGwaii@gov.bc.ca | For office use only (Date received by District Manager) |
|--|---|

APPLICANT INFORMATION

| LEGAL NAME OF APPLICANT: | | APPLICANT CONTACT INFORMATION: | |
|--------------------------|---------------|--------------------------------|--------------------------------|
| Surname | Given Name(s) | Street Address | Mailing Address (if different) |
| Client Number: | | City | Province Postal Code |
| | | Phone Number | Email Address |
| Prepared by: | | Contact information: | |
| Company Name | | Street Address | Mailing Address (if different) |
| Surname | Given Name(s) | City | Province Postal Code |
| | | Phone Number | Email Address |

I have reviewed the relevant documents and conducted a field assessment on the area(s) authorized for harvest under this license. As a result, I am able to attest to the completion of obligations as set out in the license in a manner consistent with the identified results, standards and guidelines, subject to specific comments provided below.

| FLTC Obligations | | |
|--|------------------------------|-----------------------------|
| All obligations are complete | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Obligations are substantially complete with the exception(s) noted below | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| Specify Obligations not satisfactory completed: | | |

| SPECIFIC Obligations | | |
|---|------------------------------|---|
| Harvesting has been conducted in a manner consistent with the license and any requirements attached thereto. If no, provide more information below. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| All timber required by the license to be harvested has been removed from the site. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| Waste and residue standards have been assessed. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| Measures undertaken to protect soil, water, archaeological features and wildlife habitat have achieved the required results. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| All roads, landings and trails have been deactivated or otherwise treated in a manner consistent with the requirements of the license. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| An assessment of the area for post-harvest regeneration has been completed, including species composition and density. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| Risk of site not meeting general free growing without restocking is: | Low <input type="checkbox"/> | Medium <input type="checkbox"/> High <input type="checkbox"/> |
| Post harvesting photos are included with this declaration. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| The opening definition, disturbance, and forest cover into RESULTS has been completed. | Yes <input type="checkbox"/> | NA <input type="checkbox"/> |
| ID # _____ | | |
| Specify Obligations not satisfactory completed: | | |

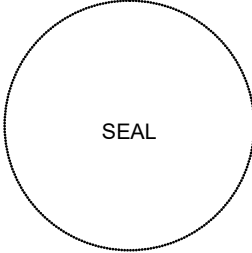
| ADDITIONAL INFORMATION |
|--|
| Post-harvest regeneration stocking conditions: |
| Species composition: |
| Estimated Density: |

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FIELD PHOTOS

Imbed post-harvest photos

I certify that the work necessary to complete this declaration has been done or directly supervised by me, and that the information contained herein is accurate.



Name / Designation (RPF/RFT)
/ Registration #

Date