

WHEN RECORDED RETURN TO:
HARVEY S. ERICKSON
3657 Kye Rd.
Washougal, WA 98671

DOCUMENT TITLE(S)
APPROVAL FOR Surface Mining (FORM SM-6)

REFERENCE NUMBER(S) of Documents assigned or released:
[] Additional numbers on page ____ of document.

GRANTOR(S):
HARVEY ERICKSON & SONS
[] Additional names on page ____ of document.

GRANTEE(S):
THE PUBLIC
[] Additional names on page ____ of document.

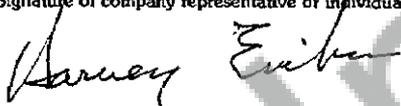
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
SECTION 27, T4N, R5E
[] Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):
02-05-27-0-0-1100-00
[] Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.



**COUNTY OR MUNICIPALITY
APPROVAL FOR
SURFACE MINING
(Form SM-6)**

NAME OF COMPANY OR INDIVIDUAL APPLICANT(S) Same as name of the exploration permit holder. (Type or print in ink.) Harvey Erickson and Sons		TOTAL ACREAGE AND DEPTH OF PERMIT AREA (Include all acreage to be disturbed by mining, setbacks, and buffers, and associated activities during the life of the mine.) (See SM-8A.) Total area disturbed will be <u>13.5</u> acres Maximum vertical depth below pre-mining topographic grade is <u>210</u> feet Maximum depth of excavated mine floor is <u>1000</u> feet relative to mean sea level																											
MAILING ADDRESS 3651 Skye Road Washougal WA 98671		COUNTY <u>Skamania</u> No attachments will be accepted. Legal description of permit area:																											
Telephone (360) 837-3109		<table border="1"> <thead> <tr> <th>1/4</th> <th>1/4</th> <th>Section</th> <th>Township</th> <th>Range</th> </tr> </thead> <tbody> <tr> <td>NW</td> <td>NE</td> <td>27</td> <td>2N</td> <td>SEWM</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			1/4	1/4	Section	Township	Range	NW	NE	27	2N	SEWM															
1/4	1/4	Section	Township	Range																									
NW	NE	27	2N	SEWM																									
Proposed subsequent use of site upon completion of reclamation Forest Land for Wildlife - Also see conditions of County Land Use approval, attached Final Order CU-06-02																													
Signature of company representative or individual applicant(s) 		Name and title of company representative (please print) Harvey Erickson, Land Owner		Date signed June 26-07																									
TO BE COMPLETED BY THE APPROPRIATE COUNTY OR MUNICIPALITY: Please answer the following questions 'yes' or 'no'.																													
1. Has the proposed surface mine been approved under local zoning and land-use regulations? <i>See above CU-06-02</i>				<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Yes	No																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
2. Is the proposed subsequent use of the land after reclamation consistent with the local land-use plan/designation? <i>See above CU-06-02</i>				<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Yes	No																												
<input checked="" type="checkbox"/>	<input type="checkbox"/>																												
When complete, return this form to the appropriate Department of Natural Resources regional office.																													
Name of planning director or administrative official (please print) Karen A. Witherspoon		Address Skamania County Department of Planning & Community Development P.O. Box 790 Stevenson, WA 98648																											
Signature 		Title (please print) AICP, Director																											
Telephone 509-427-3900		Date 6/26/07		DNR Reclamation Permit No. FOR DEPARTMENT USE ONLY:																									

DOC # 2007166652
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