

Joint Permit Application

This is a joint application, and must be sent to both agencies, who administer separate permit programs. Alternative forms of permit applications may be acceptable; contact the Corps and DSL for more information.



	U.S. Army Corps of Engineers Portland District		Oregon Department of State Lands
Corps Action ID Number		DSL Number	

(1) APPLICANT AND LANDOWNER CONTACT INFORMATION			
	Applicant	Property Owner (if different)	Authorized Agent (if applicable) <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor
Contact Name	Steven Ruggles		
Business Name	City of Astoria		
Mailing Address 1	1095 Duane St.		
Mailing Address 2			
City, State, Zip	Astoria, Or 97103		
Business Phone	503-338-5173		
Cell Phone			
Fax	503-338-6538		
Email	sruggles@astoria.or.us		

(2) PROJECT INFORMATION			
A. Provide the project location.			
Project Name	Tax Lot #	Latitude & Longitude*	
Trestle Repair	Varies	460112872-1233.501553-Varies	
Project Address / Location	City (nearest)	County	
From Columbia Ave. to MP 97.3 along RR ROW	Astoria	Clatsop	
Township	Range	Section	Quarter/Quarter
8N	9W	02, 03, 07, 08, 09, 10	Varies
Brief Directions to the Site			
To access the westerly limit of the project, take a right on Columbia Ave. from W. Marine Dive/Hwy 30 westbound. Travel 200 feet to the end of the street right-of-way. The east limit of the project can be accessed by turning right onto 39 th Street from Hwy 30 west bound. Travel to the railroad tracks and park. The east limit is located approximately 1.40 miles east of this intersection on the Railroad Tracks.			
B. What types of waterbodies or wetlands are present in your project area? (Check all that apply.)			
<input checked="" type="checkbox"/> River / Stream	<input type="checkbox"/> Non-Tidal Wetland	<input type="checkbox"/> Lake / Reservoir / Pond	
<input type="checkbox"/> Estuary or Tidal Wetland	<input type="checkbox"/> Other	<input type="checkbox"/> Pacific Ocean	
Waterbody or Wetland Name**	River Mile	6 th Field HUC Name	6 th Field HUC (12 digits)
Columbia River	Varies		170800060103
C. Indicate the project category. (Check all that apply.)			
<input type="checkbox"/> Commercial Development	<input type="checkbox"/> Industrial Development	<input type="checkbox"/> Residential Development	
<input type="checkbox"/> Institutional Development	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Recreational	
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Restoration	<input type="checkbox"/> Bank Stabilization	
<input type="checkbox"/> Dredging	<input type="checkbox"/> Utility lines	<input type="checkbox"/> Survey or Sampling	
<input checked="" type="checkbox"/> In- or Over-Water Structure	<input checked="" type="checkbox"/> Maintenance	<input type="checkbox"/> Other:	

* In decimal format (e.g., 44.9399, -123.0283)

(2) PROJECT INFORMATION

** If there is no official name for the wetland or waterway, create a unique name (such as "Wetland 1" or "Tributary A").

(3) PROJECT PURPOSE AND NEED

Provide a statement of the purpose and need for the overall project.

The purpose of this project is maintenance and repair of Railroad trestles under the City of Astoria jurisdiction.

(4) DESCRIPTION OF RESOURCES IN PROJECT AREA

A. Describe the existing physical and biological characteristics of each wetland or waterway. Reference the wetland and waters delineation report if one is available. Include the list of items provided in the instructions.

The Columbia River is located on the north side of the City of Astoria and is located within the greater Columbia River Estuary. Due to its proximity to the Pacific Ocean this stretch of river is brackish and subjected to mixed diurnal tidal cycles. Bank conditions are degraded in many location, reflecting the decades of rip-rap bank stabilization that have been placed and maintained. Riparian vegetation is sparse in most locations, with a considerable amount of invasive species.

B. Describe the existing navigation, fishing and recreational use of the waterway or wetland.

The Columbia River is used for commercial transport of goods and services up river, and fishing both commercial and recreational.

(5) PROJECT SPECIFIC CRITERIA AND ALTERNATIVES ANALYSIS

Describe project-specific criteria necessary to achieve the project purpose. Describe alternative sites and project designs that were considered to avoid or minimize impacts to the waterway or wetland.

The project includes removal and replacement of rotting wood structural members on the Railroad Trestles under the jurisdiction of the City of Astoria. These are existing structures with established rail service so there are no reasonable alternatives to analyze.

The purpose of this project is to maintain the existing railroad trestle infrastructure.

(5) PROJECT SPECIFIC CRITERIA AND ALTERNATIVES ANALYSIS

(6) PROJECT DESCRIPTION

A. Briefly summarize the overall project including work in areas both in and outside of waters or wetlands.

The project will be to repair rotted and damaged pilings, mudsills, caps, stringers, and cross members on the trestles within the City of Astoria jurisdiction.

B. Describe work within waters and wetlands.

Same as above.

C. Construction Methods. Describe how the removal and/or fill activities will be accomplished to minimize impacts to waters and wetlands.

The material needed for repairs will be lowered down from the trestle or staging area above. Most of the work will be labor intensive with small tools, the material removed will be hauled off by the contractor.

D. Describe source of fill material and disposal locations if known.

(6) PROJECT DESCRIPTION

No known.

(6) PROJECT DESCRIPTION

E. Construction timeline. The city requests a permit for a 5 year period, with permission to work out of the in-water work period. A lot of the damage done to the trestles is done during in-water work period.

What is the estimated project start date? 6/15

What is the estimated project completion date? 6/20

Is any of the work underway or already complete? Yes No
 If yes, describe.

F. Fill Volumes and Dimensions (if more than 4 impact sites, include a summary table as an attachment)

Wetland / Waterbody Name *	Fill Dimensions					Duration of Impact**	Material***
	Length (ft.)	Width (ft.)	Depth (ft.)	Area (sq.ft. or ac.)	Volume (c.y.)		
Columbia River					220	NA	Wood

G. Total Fill Volumes and Dimensions

Fill Impacts to Waters	Length (ft.)	Area (sq. ft or ac.)	Volume (c.y.)
Total Fill to Wetlands			
Total Fill Below Ordinary High Water			
Total Fill Below <u>Highest Measured Tide</u>			220
Total Fill Below <u>High Tide Line</u>			
Total Fill Below <u>Mean High Water Tidal Elevation</u>			

H. Removal Volumes and Dimensions (if more than 4 impact sites, include a summary table as an attachment)

Wetland / Waterbody Name*	Removal Dimensions					Duration of Impact**	Material***
	Length (ft.)	Width (ft.)	Depth (ft.)	Area (sq. ft. or ac.)	Volume (c.y.)		
Columbia River					220	NA	Wood

I. Total Removal Volumes and Dimensions

Removal Impacts to Waters	Length (ft.)	Area (sq. ft or ac.)	Volume (c.y.)

Total Removal to Wetlands			
Total Removal Below Ordinary High Water			
Total Removal Below <u>Highest Measured Tide</u>			220
Total Removal Below <u>High Tide Line</u>			
Total Removal Below <u>Mean High Water Tidal Elevation</u>			

* If there is no official name for the wetland or waterway, create a unique name (such as "Wetland 1" or "Tributary A").
 ** Indicate the days, months or years the fill or removal will remain. Enter "permanent" if applicable. For DSL, permanent removal or fill is defined as being in place for 24 months or longer.
 *** Example: soil, gravel, wood, concrete, pilings, rock etc.

(7) ADDITIONAL INFORMATION			
Are there any <u>state</u> or <u>federally</u> listed species on the project site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the project site within designated or proposed critical habitat?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the project site within a national <u>Wild and Scenic River</u> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the project site within the <u>100-year floodplain</u> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
* If yes to any of the above, explain in Block 4 and describe measures to minimize adverse effects to these resources in Block 5.			
Is the project site within the <u>Territorial Sea Plan (TSP) Area</u> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
* If yes, attach TSP review as a separate document for DSL.			
Is the project site within a designated <u>Marine Reserve</u> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
* If yes, certain additional DSL restrictions will apply.			
Will the overall project involve construction dewatering or ground disturbance of one acre or more?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
* If yes, you may need a 1200-C permit from the Oregon Department of Environmental Quality (DEQ).			
Is the fill or dredged material a carrier of contaminants from on-site or off-site spills?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
Has the fill or dredged material been physically and/or chemically tested?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
*If yes, explain in Block 4 and provide references to any physical/chemical testing report(s).			
Has a cultural resource (archaeological) survey been performed on the project area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
* If yes, provide a copy of the survey with this application. Do not describe any resources in this document.			
Identify any other federal agency that is funding, authorizing or implementing the project.			
Agency Name	Contact Name	Phone Number	Most Recent Date of Contact
List other certificates or approvals/denials required or received from other federal, state or local agencies for work described in this application. For example, certain activities that require a Corps permit also require <u>401 Water Quality Certification</u> from Oregon DEQ.			
Approving Agency	Certificate/ approval / denial description	Date Applied	
Other DSL and/or Corps Actions Associated with this Site (Check all that apply.)			
<input type="checkbox"/> Work proposed on or over lands owned by or leased from the Corps			

(7) ADDITIONAL INFORMATION

- | | | |
|--|----------------------|-------|
| <input type="checkbox"/> State owned waterway | DSL Waterway Lease # | |
| <input type="checkbox"/> Other Corps or DSL Permits | Corps # | DSL # |
| <input type="checkbox"/> Violation for Unauthorized Activity | Corps # | DSL # |
| <input type="checkbox"/> Wetland and Waters Delineation | Corps # | DSL # |
- A wetland / waters delineation has been completed (if so, provide a copy with the application)
- The Corps has approved the wetland / waters delineation within the last 5 years
- DSL has approved the wetland / waters delineation within the last 5 years

(8) IMPACTS, RESTORATION/REHABILITATION, COMPENSATORY MITIGATION

A. Describe unavoidable environmental impacts that are likely to result from the proposed project. Include permanent, temporary, direct, and indirect impacts.

B. For temporary removal or fill or disturbance of vegetation in waterways, wetlands or riparian (i.e., streamside) areas, discuss how the site will be restored after construction.

Compensatory Mitigation

C. Proposed mitigation approach. Check all that apply:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Permittee-responsible Onsite Mitigation | <input type="checkbox"/> Permittee-responsible Offsite mitigation | <input type="checkbox"/> Mitigation Bank or in-lieu fee program | <input type="checkbox"/> Payment to Provide (not approved for use with Corps permits) |
|--|---|---|---|

D. Provide a brief description of mitigation approach and the rationale for choosing that approach. If you believe mitigation should not be required, explain why.

Mitigation Bank / In-Lieu Fee Information:

Name of mitigation bank or in-lieu fee project:

Type of credits to be purchased:

If you are proposing permittee-responsible mitigation, have you prepared a compensatory mitigation plan?

- Yes. Submit the plan with this application and complete the remainder of this section.

(8) IMPACTS, RESTORATION/REHABILITATION, COMPENSATORY MITIGATION

No. A mitigation plan will need to be submitted (for DSL, this plan is required for a complete application).

Mitigation Location Information (Fill out only if permittee-responsible mitigation is proposed)

Mitigation Site Name/Legal Description	Mitigation Site Address	Tax Lot #	
County	City	Latitude & Longitude (in DD.DDDD format)	
Township	Range	Section	Quarter/Quarter

(9) ADJACENT PROPERTY OWNERS FOR PROJECT AND MITIGATION SITE

<p>Pre-printed mailing labels <input type="checkbox"/> of adjacent property owners attached</p>	<p>Project Site Adjacent Property Owners</p>	<p>Mitigation Site Adjacent Property Owners</p>
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See Attached

**(10) CITY/COUNTY PLANNING DEPARTMENT LAND USE AFFIDAVIT
(TO BE COMPLETED BY LOCAL PLANNING OFFICIAL)**

I have reviewed the project described in this application and have determined that:

- This project is not regulated by the comprehensive plan and land use regulations.
- This project is consistent with the comprehensive plan and land use regulations.
- This project will be consistent with the comprehensive plan and land use regulations when the following local approval(s) are obtained:
 - Conditional Use Approval
 - Development Permit
 - Other Permit (see comment section)
- This project is not consistent with the comprehensive plan. Consistency requires:
 - Plan Amendment
 - Zone Change
 - Other Approval or Review (see comment section)

An application has has not been filed for local approvals checked above.

Local planning official name (print) <i>MIKE MORGAN</i>	Title <i>CITY PLANNER</i>	City / County (circle one) <i>ASTORIA</i>
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Signature 	Date <i>5-5-15</i>
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Comments:

(11) COASTAL ZONE CERTIFICATION

If the proposed activity described in your permit application is within the Oregon coastal zone, the following certification is required before your application can be processed. A public notice will be issued with the certification statement, which will be forwarded to the Oregon Department of Land Conservation and Development (DLCD) for its concurrence or objection. For additional information on the Oregon Coastal Zone Management Program, contact DLCD at 635 Capitol Street NE, Suite 150, Salem, Oregon 97301 or call 503-373-0050.

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge and belief, the proposed activity described in this application complies with the approved Oregon Coastal Zone Management Program and will be completed in a manner consistent with the program.

Print /Type Name <i>MIKE MORGAN</i>	Title <i>CITY PLANNER</i>
Signature 	Date <i>5-5-15</i>

(12) SIGNATURES

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities. By signing this application I consent to allow Corps or DSL staff to enter into the above-described property to inspect the project location and to determine compliance with an authorization, if granted. I hereby authorize the person identified in the authorized agent block below to act in my behalf as my agent in the processing of this application and to furnish supplemental information in support of this permit application. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirement of obtaining the permits requested before commencing the project. I understand that payment of the required state processing fee does not guarantee permit issuance. To be considered complete, the fee must accompany the application to DSL. The fee is not required for submittal of an application to the Corps.

Fee Amount Enclosed

\$

Applicant Signature

Print Name

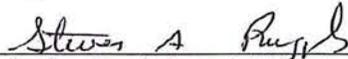
Title

Steven Ruggles

Engineering Tech

Signature

Date



5/26/15

Authorized Agent Signature

Print Name

Title

Signature

Date

Landowner Signature(s)**Landowner of the Project Site (if different from applicant)**

Print Name

Title

Signature

Date

Landowner of the Mitigation Site (if different from applicant)

Print Name

Title

Signature

Date

Department of State Lands, Property Manager (to be completed by DSL)

If the project is located on state-owned submerged and submersible lands, DSL staff will obtain a signature from the Land Management Division of DSL. A signature by DSL for activities proposed on state-owned submerged/submersible lands only grants the applicant consent to apply for a removal-fill permit. A signature for activities on state-owned submerged and submersible lands grants no other authority, express or implied and a separate proprietary authorization may be required.

Print Name

Title

Signature

Date

(13) ATTACHMENTS

Drawings (items in bold are required)

- Location map with roads identified
- U.S.G.S topographic map
- Tax lot map
- Site plan(s)
- Cross section drawing(s)
- Recent aerial photo
- Project photos
- Erosion and Pollution Control Plan(s), if applicable
- DSL/Corps Wetland Concurrence letter and map, if approved and applicable
- Pre-printed labels for adjacent property owners (Required if more than 5)
- Restoration plan or rehabilitation plan for temporary impacts
- Mitigation plan
- Wetland functional assessment and/or stream functional assessment
- Alternatives analysis
- Biological assessment (if requested by Corps project manager during pre-application coordination.)
- Stormwater management plan (may be required by the Corps or DEQ)
- Other:
 -
 -

Send Completed form to:

U.S. Army Corps of Engineers
ATTN: CENWP-OD-GP
PO Box 2946
Portland, OR 97208-2946
Phone: 503-808-4373

Counties:
Baker, Clackamas,
Clatsop, Columbia,
Gilliam, Grant, Hood
River, Jefferson, Lincoln,
Malheur, Marion, Morrow,
Multnomah, Polk,
Sherman, Tillamook,
Umatilla, Union,
Wallowa, Wasco,
Washington, Wheeler,
Yamhill

OR

U.S. Army Corps of Engineers
ATTN: CENWP-OD-GE
211 E. 7th AVE, Suite 105
Eugene, OR 97401-2722
Phone: 541-465-6868

Counties:
Benton, Coos, Crook,
Curry, Deschutes,
Douglas Jackson,
Josephine, Harney,
Klamath, Lake, Lane,
Linn

Send Completed form to:

DSL - West of the Cascades:

Department of State Lands
775 Summer Street NE, Suite 100
Salem, OR 97301-1279
Phone: 503-986-5200

OR

DSL - East of the Cascades:

Department of State Lands
1645 NE Forbes Road, Suite 112
Bend, Oregon 97701
Phone: 541-388-6112

Send all Fees to:
Department of State Lands
775 Summer Street NE, Suite 100
Salem, OR 97301-1279
Pay by Credit Card by Calling 503-986-5253