



State of Oregon
Department of
Environmental
Quality

Oregon Department of Environmental Quality

NPDES 700PM General Permit for Suction Dredge Mining Monitoring Record (Log) and Annual Report (700PM-R1 Form)

Calendar
Year for
Discharge
Monitoring:

Registrant Legal Name:

Assigned Permit Number:

You must submit an annual report whether or not a suction dredge was operated under your registration during the calendar year. Use a separate 700PM-R1 (and 700PM-R2 if needed) for each location.

Yes No I operated and discharged from a suction dredge to Oregon waters during the calendar year. If no, please sign and submit this form (see end of this form) to DEQ by February 28th of each calendar year. If yes, please provide information for this location, invasive species control, mercury observations/collection, noncompliance and other actions, and visual monitoring results. Use the Additional Visual Monitoring Sheet (700PM-R2 Form) if you need additional lines to record monitoring results. Registrants must use this form and additional forms if needed for the annual report, so if you use a logbook, please use care while transferring information from the logbook to this form.

- 2020
- 2021
- 2022
- 2023
- 2024

MINING LOCATION

Township: T ____ - ½ (01-09) N or (01-19) S

Range: R ____ (01-10) W or (01-51) E

Section: S ____ (01-36)

Latitude: _____ . _____

Longitude: - _____ . _____

This mining location should match a mining location in an application for your 700PM permit registration. In Willamette Meridian coordinates, provide this location as Township, Range, Section. The range of numbers for Oregon can be found next to North or South selections for Township and East or West for Range. Check the box for N(orth) or S(outh) with Township and E(ast) or W(est) for Range. Check the "- ½" box if Township number on the map also has "- ½" for Township location description (i.e., T01-½ N or T31-½ S). There are up to 36 Sections in each Township. Provide Latitude and Longitude for state water mined in decimal degrees to at least four decimal places in World Geodetic System 1984 or WGS84 (standard coordinate system for hand-held GPS units and Internet map tools).

Name of stream or other state water mined at this mining location. If the state water mined is nameless, provide name of nearest state water or downstream tributary or river that is named: _____ River Creek Other: _____

INVASIVE SPECIES CONTROL

Prior to its placement in Oregon waters and when transferring from one water body to another according to Schedule C, Condition 16:

- Yes No I checked the suction dredge and other equipment for invasive species. If yes, date checked (mm/dd/yy): _____.
- Yes No I cleaned, drained, and dried the suction dredge and other equipment for invasive species using information provided by the Oregon Marine Board. If yes, date decontaminated (mm/dd/yy): _____.
- Yes No I managed invasive species decontamination solution without discharging to state waters.

MERCURY OBSERVATIONS AND AMOUNT COLLECTED

Please account for Mercury (elemental mercury will appear as small beads of silvery metallic liquid) observed and collected (e.g., sluicibox cleanout process).

- Yes No I observed mercury in the sluice box or concentrate from the suction dredge operated at this location.
- Yes No I collected mercury from the suction dredge's sluice box or concentrate from the suction dredge. If yes, amount collected: _____ fluid ounces.

NONCOMPLIANCE REPORTING AND OTHER REQUIRED ACTIONS/OBSERVATIONS

In the space below, please write a brief description of all instances of noncompliance for activities at this location according to General Condition D3. Please describe the noncompliance and its cause; the exact period of noncompliance; estimated time noncompliance is expected to continue if still not corrected; steps taken or planned to reduce, eliminate and prevent reoccurrence of the noncompliance. (For example, relocated operation 50 feet to avoid live freshwater mussels, Pacific Lamprey larvae, or fish eggs; or moved fuel container 25 feet from wetted perimeter.)

VISUAL MONITORING, MITIGATING MEASURES, AND SUCTION DREDGE DIMENSIONS

For the mining location specified on page 1, please provide required information below on each day of operation. Use 700PM-R2 Form for additional lines if needed

Visual Monitoring Results				Total Time Operated Suction Dredge, hh:mm	Suction Dredge			Printed Name of Person Performing the Visual Monitoring and Recording the Observations
Date, mm/dd/yy	Time, hh:mm am or pm	Were operations modified, curtailed or stopped and if so, what actions were taken, in order to comply with the 300 foot turbidity limit?			Nozzle Inside Diameter, inches	Hose Inside Diameter, inches	Maximum Horse Power Rating	
		Any actions needed?	If yes, briefly describe what actions were taken?					
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
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		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						

SIGNATURE TO CERTIFY APPLICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 for knowing violations.

_____ Signature of Registrant _____ Print Name _____ Date

MONITORING RECORD (LOG) AND ANNUAL REPORT FORM SUBMITTAL

After completing and certifying the required information on this form (700PM-R1 Form), please submit the original document as the annual report to DEQ by February 28th of the following year. If needed, attach additional visual monitoring sheets (700PM-R2 Form) to this form. Additional 700PM-R2 Forms are certified by the signature certification of this form. Make copies of submittal documents for your records. Keep copies of records until three years after expiration of this 700PM permit April 30, 2028. Address the submittal to: **Department of Environmental Quality, Water Quality Program, 700PM Processing, 700 NE Multnomah Street, Suite 600, Portland OR 97232-4100.**



State of Oregon
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NPDES 700PM General Permit for Suction Dredge Mining Additional Visual Monitoring Sheet (700PM-R2 Form)

Registrant Legal Name: _____

Assigned Permit Number: _____

Use this form if you need additional lines to record visual monitoring results, mitigating measures, and suction dredge specifications. Use a separate 700PM-R2 (and matching 700PM-R1 if needed) for each location.

This latitude and longitude should match the mining location of the original related Monitoring Record (Log) and Annual Report (700PM-R1 Form).

Latitude: _____ Longitude: - _____

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- 2020
 2021
 2022
 2023
 2024

ADDITIONAL VISUAL MONITORING, MITIGATING MEASURES, AND SUCTION DREDGE DIMENSIONS

For the mining location specified on the related 700PM-R1 Form, please provide required information below on each day of operation.

Visual Monitoring Results				Total Time Operated Suction Dredge, hh:mm	Suction Dredge		Printed Name of Person Performing the Visual Monitoring and Recording the Observations
Date, mm/dd/yy	Time, hh:mm am or pm	Were operations modified, curtailed or stopped and if so, what actions were taken, in order to comply with the 300 foot turbidity limit?			Hose Inside Dia- meter, inches	Maxi- mum Horse Power Rating	
		Any actions needed?	If yes, briefly describe what actions were taken?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
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		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

