

OREGON DEPARTMENT OF STATE LANDS

REMOVAL-FILL

EMERGENCY AUTHORIZATION APPLICATION

Received Date

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|  DSL File No: |
| SECTION 1: APPLICANT INFORMATION |
| Name: |       | Organization (if applicable): |       |
| Mailing Address: |       | City:       | State:       | Zip:        |
| Telephone Number: |       |  | Email Address: |  |       |

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| LANDOWNER INFORMATION (if different than Applicant) |
| Name: |       | Organization (if applicable): |       |
| Mailing Address: |       | City:       |  State:       | Zip:        |
| Telephone Number: |       |  | Email Address: |  |       |

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|  **SECTION 2: PROJECT LOCATION INFORMATION**  |
|  Project Address *(if different than Applicant):*  |       | Nearest City:  |       |
|  County:  |        | Latitude:  |       |  Longitude:  |       | Find coordinates: <https://www.latlong.net/> |
|  Waterway or Wetland: |        |  Name of Waterway: |       | River Mile *(if applicable)*: |       |
| Township | Range | Section | Quarter / Quarter | Tax Lot (s) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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| Is this a designated [State Scenic Waterway](https://www.oregon.gov/oprd/BWT/Pages/SSW-list.aspx)? | [ ]  Yes [ ]  No |
| Is this a designated [Essential Salmon Habitat](https://www.oregon.gov/dsl/wetlands-waters/Pages/esh.aspx) (ESH)? | [ ]  Yes [ ]  No |
| Driving Directions:       |

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|  SECTION 3: DESCRIBE NEED FOR THE PROJECT AND POTENTIAL CONSEQUENCES OF NO ACTION |
| **Is the project required for erosion-flood repair or stream bank stabilization?** [ ]  Yes [ ]  NoPlease describe the need for the project and the potential consequences of no action. Declare if the emergency is related to Public Health, Public Safety, and/or Substantial Property including crop, farmland, dwelling, or transportation structure. |
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|  SECTION 4: PROPOSED PROJECT INFORMATION |
|  **Estimated Impact Details** |
| **Name of Waterway or Wetland** | **Impact (Removal or Fill)** | **Length (ft)** | **Width (ft)** | **Depth****(ft)** | **Volume of Material (cy)** | **Type of Material** | **Acres of Impact (wetland)** | **Duration (Permanent or Temporary)** |
|       |       |       |       |       |       |       |       |       |
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| **Total Volume of Removal and Fill (cy):**  |  **Total Acres of Impact (Wetland):** |  **Material Disposal Location:**  |
| **Detailed Description of Project:***Please include the following details:** Proposed activity, equipment, and construction methods
* How the work minimizes impacts to wetlands/ waterways
* How the work is the minimum amount necessary to alleviate the emergency
* If temporary, how long until removal and/or fill is removed
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| **Date and Time Event Took Place:**       | **Project Start Date:**       |  **Project End Date:**       |

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|  **SECTION 5: OTHER AGENCIES NOTIFIED** |
| **Permitting Agency:**  | **Person Contacted:** | **Phone:** | **Email:** |  **Comments:** |
| OR Dept. Fish & Wildlife |       |       |       |       |
| Oregon Parks & Recreation |       |       |       |       |
| Corps of Engineers |       |       |       |       |

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| SECTION 6: SIGNATURE |

# By signing below, I understand:

The information provided herein is, to the best of my knowledge and belief, true, complete, and accurate.

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| **Name:**  |  | **Applicant Signature** |  | **Date** |

**Instructions:** The following materials are required to process this request. Submit all materials online, by mail to the regional address below, fax or email (support.services@dsl.oregon.gov).

**Attach:**  [ ]  Completed, signed form [ ]  Photos

[ ]  Drawings of proposed work plan including: a) Construction access routes b) Staging areas

**Submit online:** <https://www.oregon.gov/dsl/wetlands-waters/Documents/uploadinstructions_removalfill.pdf> **Mail or fax your application to the following address/fax number:**

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|  **West of the Cascades:**Department of State Lands775 Summer Street NE Suite 100Salem, OR 97301Ph: 503-986-5200 Fax: 503-378-4844 | or | **East of the Cascades:**Department of State Lands951 SW Simpson Avenue, Suite 104Bend, OR 97702Ph: 541-388-6112 Fax: 541-388-6480 |