

## WETLAND DELINEATION / DETERMINATION REPORT COVER FORM

A complete report and signed report cover form, along with [applicable review fee](#), are required before a report review timeline can be initiated by the Department of State Lands. All applicants will receive an emailed confirmation that includes the report's unique file number and other information.

**Ways to submit report:**

- ❖ **Under 50MB** - A single unlocked PDF can be emailed to: [wetland.delineation@dsl.oregon.gov](mailto:wetland.delineation@dsl.oregon.gov).
- ❖ **50MB or larger** - A single unlocked PDF can be uploaded to [DSL's Box.com](#) website. After upload notify DSL by email at: [wetland.delineation@dsl.oregon.gov](mailto:wetland.delineation@dsl.oregon.gov).
- ❖ **OR** a hard copy of the unbound report and signed cover form can be mailed to: Oregon Department of State Lands, 775 Summer Street NE, Suite 100, Salem, OR 97301-1279.

**Ways to pay review fee:**

- ❖ By credit card on [DSL's epayment portal](#) after receiving the unique file number from DSL's emailed confirmation.
- ❖ By check payable to the Oregon Department of State Lands attached to the unbound mailed hardcopy **OR** attached to the complete signed cover form if report submitted electronically.

Contact and Authorization Information	
<input type="checkbox"/> Applicant <input type="checkbox"/> Owner Name, Firm and Address:	Business phone # Mobile phone # (optional) E-mail:
<input type="checkbox"/> Authorized Legal Agent, Name and Address (if different):	Business phone # Mobile phone # (optional) E-mail:
I either own the property described below or I have legal authority to allow access to the property. I authorize the Department to access the property for the purpose of confirming the information in the report, after prior notification to the primary contact.	
<b>Typed/Printed Name:</b> _____ <b>Signature:</b> _____ Date: _____     Special instructions regarding site access: _____	
Project and Site Information	
Project Name:	Latitude: _____     Longitude: _____ <b>decimal degree</b> - centroid of site or start & end points of linear project
Proposed Use:	Tax Map # _____ Tax Lot(s) _____ ----- Tax Map # _____ Tax Lot(s) _____
Project Street Address (or other descriptive location):	Township     Range     Section     QQ Use separate sheet for additional tax and location information
City: _____     County: _____	Waterway: _____     River Mile: _____
Wetland Delineation Information	
Wetland Consultant Name, Firm and Address:	Phone # _____ Mobile phone # (if applicable) _____ E-mail: _____
The information and conclusions on this form and in the attached report are true and correct to the best of my knowledge.	
<b>Consultant Signature:</b> _____	Date: _____
<b>Primary Contact</b> for report review and site access is <input type="checkbox"/> Consultant <input type="checkbox"/> Applicant/Owner <input type="checkbox"/> Authorized Agent	
Wetland/Waters Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Study Area size: _____     Total Wetland Acreage: _____
Check Applicable Boxes Below	
<input type="checkbox"/> R-F permit application submitted	<input type="checkbox"/> Fee payment submitted \$ _____
<input type="checkbox"/> Mitigation bank site	<input type="checkbox"/> Resubmittal of rejected report (\$100)
<input type="checkbox"/> EFSC/ODOE Proj. Mgr:	<input type="checkbox"/> Request for Reissuance. See eligibility criteria. (no fee)
<input type="checkbox"/> Wetland restoration/enhancement project (not mitigation)	DSL # _____     Expiration date _____
<input type="checkbox"/> Previous delineation/application on parcel If known, previous DSL # _____	<input type="checkbox"/> LWI shows wetlands or waters on parcel Wetland ID code _____
For Office Use Only	
DSL Reviewer: _____	Fee Paid Date: _____ / _____ / _____
Date Delineation Received: ____ / ____ / ____	DSL WD # _____
	DSL App.# _____