



DESCHUTES BASIN MITIGATION CREDIT DOCUMENTARY EVIDENCE FORM

This form is to be completed when mitigation credits are obtained from a mitigation credit holder, other than a mitigation bank, by a ground water application/permit/certificate holder to satisfy a mitigation obligation under the Deschutes Ground Water Mitigation rules. Please print in ink or type all information. If there are any questions about this form, please contact the Department. Phone: (503) 979-9872

Ground Water User Information:

Name: _____
Mailing Address (Street, City, State, Zip): _____
Phone Number (Home and Work-including area code): _____ E-Mail (optional): _____
Ground Water Application, Permit, or Certificate #: _____
Mitigation Obligation (amount) (see Notice of Mitigation Obligation or Initial Review for this information): _____
Zone of Impact (see Notice of Mitigation Obligation or Initial Review for this information): _____

Mitigation Credit Holder Information:

Mitigation Credit Holder Name: _____
Mailing Address: _____
Phone Number (including area code): _____ E-Mail (optional): _____

If mitigation credits have changed hands beyond the original credit holder, a complete assignment record should be included with this documentary evidence form to help demonstrate that the credits are valid. This information may be obtained from the mitigation credit holder.

Mitigation Credit Information:

In the following table, identify the mitigation project identification number(s), the number of credits assigned from each mitigation project, the zone of impact in which the credits are to be used (note - many credits may be used within more than one zone of impact) and the type of mitigation project upon which the credits are based.

Project Type Codes: Allocation of Conserved Water = ACW Permanent Instream Transfers = PT Storage Release = SR
Aquifer Recharge = AR Other = Other (if other, please describe under project type in space provided below)

<u>Mitigation Project ID</u>	<u># Mitigation Credits Assigned</u>	<u>Zone of Impact</u>	<u>Mitigation Project Type Code (see above)</u>
MP- _____	_____	_____	_____

Add additional mitigation projects and credits, using above format, by attaching additional pages if necessary.

Mitigation Project Operator (if other than original credit holder): _____ (for example, name of storage project or aquifer recharge project operator)
Mailing Address: _____
Phone Number (including area code): _____

For Stored Water Releases (if applicable):

Name of Reservoir: _____
Reservoir Permit/Certificate: _____ Contract Number(s): _____

The above described mitigation credits have been transferred from _____, mitigation credit holder, to _____, ground water application/permit/certificate holder.

Mitigation Credit Holder Signature Date

Ground Water Application/Permit/Certificate Holder Signature Date