



Requesting Review of an Essential Salmonid Habitat Designation

Most activities that remove or place any materials in designated essential salmonid habitat require a removal-fill permit from the Oregon Department of State Lands (DSL).

DSL maintains Oregon's official essential salmonid habitat map. The map uses scientific data from Oregon Department of Fish and Wildlife (ODFW) to identify areas that are critical for salmonid species to thrive. Chum, sockeye, Chinook and Coho salmon and steelhead and coastal cutthroat trout are all sensitive, threatened, or endangered salmonid species whose habitat may be designated as essential.

Map edits may be proposed using the ESH Review Request Form. Proposed edits should correct map inaccuracies – for example, if the mapping does not reflect current on-the-ground conditions, or if there is a new barrier that prevents fish from reaching an area.

Submitting an ESH Review Request form initiates the process to review data and information supporting the ESH designation, to determine if a change in designation is appropriate.

DSL will first determine whether the request is eligible for review, based on the information provided in the review request form. If the request is eligible for review, DSL will consult with other state agencies as needed. The agencies may require additional documentation for review or request a site visit.

Please note that submission of the review request form does not guarantee a change to the ESH designation. In addition, the review process may take more than a year to complete.

For More Information

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ESH Review Request Form

OREGON DEPARTMENT OF AGRICULTURE | OREGON DEPARTMENT OF STATE LANDS | OREGON DEPARTMENT OF FISH AND WILDLIFE

For agency use only

Date received: _____ Unique Feature ID #: _____ Date to ODFW: _____

Connected to ESH (Y/N): _____ ODA Notice #: _____

Purpose of Request: Remove existing ESH designation _____ Designate new channel as ESH _____

Name of Responsible Person(s)/Party(ies): _____

Name of Water District (if applicable): _____

Mailing Address: _____

Cell : _____ Home (if different from cell): _____

Email: _____

Description of channel for which you are seeking a change. See <https://ormap.net/gis/index.html> for help creating Legal Description. Use decimal degree format for latitude & longitude values (e.g. DD.ddddddd, -DDD.ddddddd).

Name of Waterbody: _____

Site Address/Location: _____

Legal Description: Township _____ Range _____ Section ¼ ¼ _____ Tax lot(s) _____

Latitude/longitude: Upstream End _____ Downstream End _____

Attach at least one photo showing the channel condition(s) that warrants a review of ESH designation.

Answer these questions as best you can. Contact ODA or DSL for help (information below).

- Based on your knowledge, during which months does the channel flow or have standing water?
J ___ F ___ M ___ A ___ M ___ J ___ J ___ A ___ S ___ O ___ N ___ D ___
- Is there a barrier (e.g., culvert, head cut, etc.) or water control structure (e.g., dam, irrigation cutoff, tide gate, etc.) within, upstream, or downstream of the channel that may block fish passage?
Yes ___ No ___ Don't Know ___
If yes, provide photo documentation and a brief description of the barrier and its location.
- Has the channel been diverted and/or screened at an upstream point of diversion?
Yes ___ No ___ Don't Know ___
- Is there a downstream connection to another channel (e.g., does the channel drain into another channel) or do floodwaters from another river or stream access this channel in some winters?
Yes ___ No ___ Don't Know ___
- What is the basis for the observation supporting the change?
Visual observation ___ Protocol based survey with fish observation ___
Non-protocol based survey with fish observation ___ Protocol based survey with habitat observation ___
Modeled habitat ___ Professional opinion ___
Other (explain) _____

Describe additional conditions that make this channel unsuitable/inaccessible, **OR** suitable/accessible salmon habitat.