A black and white logo

Description automatically generated with low confidence

OREGON DEPARTMENT OF STATE LANDS

REMOVAL-FILL

EMERGENCY AUTHORIZATION APPLICATION

Received Date

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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  No  Please 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 | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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](mailto: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 Lands  775 Summer Street NE Suite 100  Salem, OR 97301  Ph: 503-986-5200 Fax: 503-378-4844 | or | **East of the Cascades:**  Department of State Lands  951 SW Simpson Avenue, Suite 104  Bend, OR 97702  Ph: 541-388-6112 Fax: 541-388-6480 |