

NOTIFICATION FORM FOR MINIMAL DISTURBANCE GENERAL AUTHORIZATION IN ESSENTIAL SALMONID HABITAT

DSL USE ONLY

DSL APPROVAL NO.
_____ -GA

Issued: _____
Expires: _____

PLEASE MAIL COMPLETED FORM TO DSL AT THE APPROPRIATE REGIONAL OFFICE FOR YOUR PROJECT LOCATION

(West of the Cascades)
Department of State Lands Western Region
 775 Summer St. NE, Suite 100
 Salem OR 97301-1229

(East of the Cascades)
Department of State Lands Eastern Region
 1645 NE Forbes Rd., Suite 112
 Bend, OR 97701

Applicant Name: Mailing Address:	Business Phone # Cell Phone# FAX # Email Address:
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Street, Road or other descriptive location	Township	Legal Description Range	Section	Quarter
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In or Near (City or Town)	County	Tax Map #	Tax Lot #
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Wetland or Waterway Name	River Mile	Latitude (dd.ddd)	Longitude (dd.ddd)
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Activity Type: Permanent Fill Permanent removal) Temporary Alteration

Brief Description:

Fill will involve _____ cubic yards in wetlands, below the ordinary high water, or highest measured tide line of an ESH.
Removal will involve _____ cubic yards in wetlands, below the ordinary high water or highest measured tide line of an ESH.

Is the disposal area: Upland? Yes No Wetland? Yes No Waterway ? Yes No

Attach **Project Location Map** **Plan View** **and** **Cross Section View**

- I certify that I will adhere to the following while conducting the work: (please check)*
- I will fill or remove not more than 4 cubic yards of material at one site and not more than 10 cubic yards cumulatively.
 - The project will have no effect on State or Federally listed species.
 - The project will have no effect on known archeological sites.
 - If listed species or archeological sites are encountered, work will cease immediately and I will contact DSL.
 - All other permits have been obtained, including rights of way or access permits.
 - The activity will be conducted within the in-water work period recommended by Oregon Department of Fish and Wildlife.
 - The activity will not interfere with fish passage.
 - Material will not be disposed in waters or wetlands.
 - No petroleum products or other chemicals will enter the water.
 - Turbidity shall not exceed 10% of background 100 feet downstream of project site.
 - The work will not interfere with recreational navigation.
 - All disturbed areas will be re-vegetated with appropriate native species.
 - A copy of this form shall be placed on-site during construction.
 - The applicant is responsible for complying with all of the conditions in OAR 141-089-0500 through 141-089-0530.

I have read the full text of the General Authorization for Minimal Disturbance Activities in Essential Indigenous Anadromous Salmonid Habitat (OAR 141-089-0500 through 141-089-0530) and agree to comply with the conditions therein. I certify that I am familiar with the information provided above, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I understand that if this is state owned submerged and submersible land, the signature of Land Management Division below only authorizes me to apply for the removal fill activity above. I understand that there may be additional easements, royalties and/or other requirements through the State of Oregon Land Management Division.

	DSL USE ONLY								
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">_____</td> <td style="border: none; width: 20%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Applicant Signature</td> <td style="border: none; font-size: small;">Date</td> </tr> </table>	_____	_____	Applicant Signature	Date	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">_____</td> <td style="border: none; width: 20%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Land Management Division Signature</td> <td style="border: none; font-size: small;">Date</td> </tr> </table>	_____	_____	Land Management Division Signature	Date
_____	_____								
Applicant Signature	Date								
_____	_____								
Land Management Division Signature	Date								
In Water Work	Approval								