

**DEPARTMENT OF STATE LANDS  
EMERGENCY AUTHORIZATION APPLICATION**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OTHER CONTACT PHONE: \_\_\_\_\_

**PROJECT LOCATION INFORMATION:**

Waterway: \_\_\_\_\_ River Mile: \_\_\_\_\_ County: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Tax Lot: \_\_\_\_\_ Nearest City: \_\_\_\_\_

Federal Wild/Scenic River?  Y  N State Scenic Waterway?  Y  N Essential Salmon Habitat?  Y  N

[NOTE: If State Scenic Waterway, contact with Oregon Department of Fish & Wildlife and Oregon Parks and Recreation Department is required.]

Driving Directions:

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE NEED FOR THE PROJECT AND POTENTIAL CONSEQUENCES OF NO ACTION:

\_\_\_\_\_  
\_\_\_\_\_

**OTHER AGENCY NOTIFICATION**

Oregon Dept. of Fish and Wildlife Biologist: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Other: \_\_\_\_\_

**PROPOSED PROJECT INFORMATION:**

Activity Type: \_\_\_\_\_ Waste Material Disposal Location: \_\_\_\_\_

Impact Area Feet/Linear Area: \_\_\_\_\_ Acres of Impact: \_\_\_\_\_ Estimated Volume of Material (cubic yds): \_\_\_\_\_

Material Used: \_\_\_\_\_

**Brief Description of Project:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Send or fax your application to the following address/fax number:**

*West of the Cascades:*  
State of Oregon  
Department of State Lands  
775 Summer Street NE Suite 100  
Salem, OR 97301-1279  
503-986-5200  
FAX 503-378-4844

**OR**

*East of the Cascades:*  
State of Oregon  
Department of State Lands  
1645 NE Forbes Road, Suite 112  
Bend, Oregon 97701  
541-388-6112  
FAX 541-388-6480

You may also call the coordinator for the county of the project location and relay the above information. To find the coordinator and number to call, go to website "Directory" on left, click "Contact Us" and "Removal-Fill Permits."