

NOTIFICATION FORM FOR MINIMAL DISTURBANCE GENERAL AUTHORIZATION
In Essential Salmonid Habitat

Applicant Name and Address		Business Phone #	
		Home Phone#	
		FAX #	
Street, Road or other descriptive location		Legal Description	
		Quarter	Section Township Range
In or Near (City or Town)	County	Tax Map #	Tax Lot #
Waterway	River Mile	Latitude	Longitude

Activity Type: Fill Excavation (removal) Alteration

Brief Description: _____

Fill will involve _____ cubic yards in wetlands or below the ordinary high water or high tide line.
Removal will involve _____ cubic yards in wetlands or below the ordinary high water or high tide line.

Is the disposal area: Upland? Yes No Wetland / 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 2 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 contained in the application, 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.

_____ Title _____

_____ Print/Type Name _____

_____ Date _____

_____ Applicant Signature _____

Please return the completed form to us and keep a copy for the construction site.

(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