

WETLAND DELINEATION / DETERMINATION REPORT COVER FORM

This form must be included with any wetland delineation report submitted to the Department of State Lands for review and approval. A wetland delineation report submittal is not "complete" unless the fully completed and signed report cover form and the required fee are submitted. Attach the form to the front of an unbound report and submit to: Oregon Department of State Lands, 775 Summer Street NE, Suite 100, Salem, OR 97301-1279

Mail a copy of the completed form with payment of the required report review fee to: **Oregon Department of State Lands, P.O. Box 4395, Unit 18, Portland, OR 97208-4395.**

For new credit card payment option, see DSL web site.

<input type="checkbox"/> Applicant <input type="checkbox"/> Owner Name, Firm and Address:	Business phone # Mobile phone # (optional) FAX # E-mail:
<input type="checkbox"/> Authorized Legal Agent, Name and Address:	Business phone # FAX # Mobile phone # E-mail:
I either own the property described below or I have legal authority to allow access to the property. I authorize the Department to access the property for the purpose of confirming the information in the report, after prior notification to the primary contact. Typed/Printed Name: _____ Signature: _____ Date: _____ Special instructions regarding site access: _____	

Project and Site Information (for latitude & longitude, use centroid of site or start & end points of linear project)

Project Name:	Latitude:	Longitude:		
Proposed Use:	Tax Map #			
Project Street Address (or other descriptive location):	Township	Range	Section	QQ
	Tax Lot (s)			
City: _____ County: _____	Waterway:		River Mile:	
	NWI Quad(s):			

Wetland Delineation Information

Wetland Consultant Name, Firm and Address:	Phone # Mobile phone # FAX # E-mail:
The information and conclusions on this form and in the attached report are true and correct to the best of my knowledge. Consultant Signature: _____ Date: _____	
Primary Contact for report review and site access is <input type="checkbox"/> Consultant <input type="checkbox"/> Applicant/Owner <input type="checkbox"/> Authorized Agent	
Wetland/Waters Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Study Area size: _____ Total Wetland Acreage: _____

Check Box Below if Applicable:

Fees:

<input type="checkbox"/> R-F permit application submitted <input type="checkbox"/> Mitigation bank site <input type="checkbox"/> Wetland restoration/enhancement project (not mitigation) <input type="checkbox"/> Industrial Land Certification Program Site	<input type="checkbox"/> Fee payment submitted \$ _____ <input type="checkbox"/> Fee (\$100) for resubmittal of rejected report Name of Payor: _____	
Other Information:		
Has previous delineation/application been made on parcel?	Y <input type="checkbox"/> N <input type="checkbox"/>	If known, previous DSL # _____
Does LWI, if any, show wetland or waters on parcel?	Y <input type="checkbox"/> N <input type="checkbox"/>	

For Office Use Only

DSL Reviewer: _____	Fee Paid Date: ____ / ____ / ____	DSL WD # _____
Date Delineation Received: ____ / ____ / ____	DSL Project # _____	DSL Site # _____
Scanned: <input type="checkbox"/> Final Scan: <input type="checkbox"/>	DSL WN # _____	DSL App. # _____