This form can be used to notify the Marine Board of an abandoned vessel. Send it to:

Mailing Address:

Oregon State Marine Board Abandoned Vessel Program PO Box 14145 435 Commercial St. N.E. Salem, OR 97309-5065 Other Contact Information: Phone: (503) 378-8587 Fax: (503) 378-4597 Email: marine.board@state.or.us Internet: http://www.boatoregon.com

| General Information                               |  |  |  |  |
|---|--|--|--|--|
| Report Date:                                      | Abandoned Vessel ID#:  |  |  |  |
|   | TO BE COMPLETED BY MARINE BOARD  |  |  |  |
| *Reporting Agency:                                | *Reporting Individual:   |  |  |  |
| *Removing Authority/Reporting Agency Information: | *Principal Contact if Not Individual Reporting:  |  |  |  |
| Address:  | Name:  |  |  |  |
|   | Phone:Fax:   |  |  |  |
| City:   | Cell:Other:  |  |  |  |
| County:State:Zip:                                 | Email:   |  |  |  |
| Location Information                              | River Mile:  |  |  |  |
| *Name of Waterbody:                               | Name of Moorage or Other<br>Geographic Reference:  |  |  |  |
| County:   | GPS or Lat/Long:   |  |  |  |
| Nearest City:                                     | Waterway   |  |  |  |
| Port District:                                    | Depth at OLW: Width at OLW:  |  |  |  |
| Upland Ownership:                                 | Tidal Influence: No Yes: <u></u> ±Feet   |  |  |  |
| Threat Information and Assessment                 | Describe the environmental resources impacted: (fish species, habitat, shellfish, etc.)                      |  |  |  |
| *Type of Threat or Hazard:                        |  |  |  |  |
| Environmental     Safety Hazard to Navigation     |  |  |  |  |
| Both Other  | Are federal or state listed species found in the area?   |  |  |  |
| Describe the threat and/or safety hazard:         | Unknown  |  |  |  |
|   | Is the abandoned vessel an immediate environ-<br>mental threat or safety hazard to navigation?               |  |  |  |
|   | Unknown      No      Yes:  |  |  |  |
| Is there fuel on board?                           | If not presently, could it pose a future environmental threat or safety hazard to navigation if not removed? |  |  |  |
| Unknown No Yes: gallons(estimate)                 | Unknown No Yes:  |  |  |  |
| Are there other hazard substances on board?       | Describe the normal volume and type of boat traffic:   |  |  |  |
| Unknown   |  |  |  |  |

| Identifying Number(s):       Vessel Propulsion Type:         HIN #:       Power (single propeller)       Power (twin screw)         Manufacturer:       Power (jet pump)       Other:         "Gress Tonnage:       Sail only       Sail with auxiliary outboard         *Length:       "Width:       "Height:       Sail with auxiliary inboard         Vessel Type:       Sail only       Sail with auxiliary outboard       Outboard         *Manufacturer:       'Width:       'Yessel Engine Type:       Inboard/Outboard       Outboard         Commercial Passenger       Ocean Charterboat       Inboard       Inboard/Outboard       Outboard         Steel       Fiberglass       Aluminum       Wood       Gasoline       Diesel       Electric (battery)         Other:  | Abandoned Vessel Information  | Color:   |  |  |
|--|---|--|--|--|
| Vessel Name:   |   | Vessel Propulsion Type:  |  |  |
| *Gross Tonnage:  |   | Power (single propeller)     Power (twin screw)  |  |  |
| "Length:       'Width:       'Height:       Sail with auxiliary inboard         Vessel Type:       Recreational       Commercial Fishing       Inboard/Outboard       Outboard         Commercial Passenger       Ocean Charterboat       Inboard       Inboard/Outboard       Outboard         Commercial (other)       Other:  | Manufacturer:   | Power (jet pump) Other:  |  |  |
| Vessel Type:   | *Gross Tonnage:   | Sail only Sail with auxiliary outboard   |  |  |
| Recreational       Commercial Fishing         Commercial Passenger       Ocean Charterboat         None       Other:         Hull Material:       Type of Fuel:         Steel       Fiberglass       Aluminum         Other:       Other:         Floating Home/Boathouse Information       Construction Type:         *Structure Type:       Other:         Floating Home/Boathouse       Combo         Other:       Boathouse         Plate or Other Identifying Number:       Uog         Plate or Other Identifying Markings:       General Description:         *Length:       "Width:         *Itaus & Condition Information       Condition         Status       Grounded or sunken         Other (explain):       Good         Was it secured?       Unknown         If not secured, is it likely to move as the result of normal currents or wave, wake or tidal action?       If yes, how soon is it likely to sink?         If not secured, is it likely to move as the result of normal currents or wave, wake or tidal action?       hours       days         If yes, describe potential results:       If yes, describe potential results:       If yes, describe potential results:       If yes, describe potential results: | *Length: *Width:*Height:  | Sail with auxiliary inboard  |  |  |
| Hull Material:       Type of Fuel:         Steel       Fiberglass       Aluminum       Wood       Gasoline       Diesel       Electric (battery)         Other:       Other:       Other:  | Vessel Type:  | Inboard Inboard/Outboard Outboard  |  |  |
| Floating Home/Boathouse Information       Construction Type:         *Structure Type:       Wood Metal Mixed Materials         Floating Home       Boathouse       Combo         Other:       Floating Number:       Floatation Material:         Plate or Other Identifying Number:       Log Barrel/Box Foam Other         Other Identifying Markings:       General Description:         *Length:       *Width:       *Height:         Status       Condition Information       Condition         Status       Condition Information       On the date of this report or at last inspection, the abandoned vessel, floating home or boathouse was:       Status         Floating       Sinking       Grounded or sunken       Stable       Unstable       Unknown         Was it secured?       Unknown       No       Yes       If afloat, did it appear to be taking on water?         If yes, describe how and to what it was secured:       If yes, how soon is it likely to sink?  | Hull Material:  | Gasoline Diesel Electric (battery)   |  |  |
| Floating Home       Boathouse       Combo         Floating Home       Boathouse       Combo         Other:   |   | Construction Type:   |  |  |
| □ Other:   |   |  |  |  |
| Plate or Other Identifying Number:   | Other:  |  |  |  |
| Other Identifying Markings:  | Plate or Other Identifying Number:  |  |  |  |
| *Length:*Width:*Height:       Condition         Status & Condition Information       Condition         Status       On the date of this report or at last inspection, the abandoned vessel, floating home or boathouse was:       On the date of this report or at last inspection, the abandoned vessel, floating home or boathouse was:       On the date of this report or at last inspection, the structural integrity of the abandoned vessel, floating home or boathouse was:       On the date of this report or at last inspection, the structural integrity of the abandoned vessel, floating home or boathouse appeared to be:         Floating       Sinking       Grounded or sunken       Its general state of repair appeared to be:         Other (explain):       Good       Fair       Bad       Unknown         If yes, describe how and to what it was secured:       If afloat, did it appear to be taking on water?       Unknown       If yes, how soon is it likely to sink?         If not secured, is it likely to move as the result of normal currents or wave, wake or tidal action?       hours   |   |  |  |  |
| Status       On the date of this report or at last inspection, the abandoned vessel, floating home or boathouse was:         I Floating       Sinking       Grounded or sunken         Other (explain):  |   |  |  |  |
|  | Status         On the date of this report or at last inspection, the abandoned vessel, floating home or boathouse was:         □       Floating       □       Sinking       □       Grounded or sunken         □       Other (explain): | On the date of this report or at last inspection, the structural integrity of the abandoned vessel, floating home or boathouse appeared to be:         Stable       Unstable       Unknown         Its general state of repair appeared to be:       Good       Fair       Bad       Unknown         If afloat, did it appear to be taking on water?       No       Yes       Yes         If yes, how soon is it likely to sink? |  |  |
| Photos Attached: 🗌 No 📃 Yes: #:  |   | Photos Attached: No Yes: #:  |  |  |

| Owner, Lien Holder & Insurer Information         TO BE COMPLETED BY MARINE BOARD         Title Information: <ul> <li>None on Record</li> <li>Name(s) on Title:</li> <li>Address:</li> <li>Address:</li> </ul> | Lien Holder Information:  None on Record Lien Holder(s): Lien Holder Address: |  |  |  |
|---|---|--|--|--|
| City:County:  | City: County:   |  |  |  |
| State:Zip:Phone:  |   |  |  |  |
| Registered Owner (if different):  | Insurer Information:  |  |  |  |
| Name(s) on Registration:  | Insurer Name:   |  |  |  |
| Address on Registration:  |   |  |  |  |
| City: County:   | City: County:   |  |  |  |
| State:Zip:Phone:  | State:Zip:Phone:  |  |  |  |
| Was the Owner/Interested party given legal Notice?  | No Yes N/A End Date:  |  |  |  |
| Has Record of Owner Contact Been Submitted?   | No Yes Complete Date:   |  |  |  |
| Consultation Information  | Note contacts with these agencies and the results:                            |  |  |  |
| U.S. Coast Guard: No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| Corps of Engineers: No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| U.S. EPA: INO Yes Date:<br>Name: Phone:   | Result:   |  |  |  |
| U.S. NOAA: No Yes Date:<br>Name: Phone:   | Result:   |  |  |  |
| ODEQ: No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| ODFW: No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| OSP (Fish & Wild.): No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| ODSL (State Lands): No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| County Sheriff: No Yes Date:<br>Name: Phone:  | Result:   |  |  |  |
| Other Agency: Date:<br>Name:Phone:  | Result:   |  |  |  |

| Proposed Removal and Cleanup Informa            | ation        | Will open competitive bidding requirements apply? |                              |           |  |
|---|--------------|---|------------------------------|-----------|--|
| Earliest date removal could begin:              |              | 🗌 Yes   | ☐ No (explain below)         |           |  |
| Anticipated duration of removal and cleanup:    |              |   |                              |           |  |
| hours dayswee                                   | eks          | Disposal of the abandoned property to be done by: |                              |           |  |
| Removal and cleanup to be performed by:         |              | Salvage   | operation Dublic sale        | /auction  |  |
| ☐ In-house Labor and/or Equipment               | %            | 🗌 Re-use b  | y removing authority 🗌 De    | emolition |  |
| Other Agency Labor and/or Equipment             | %            | Re-use by public agency:                          |                              |           |  |
| Agency:   |              | Other:  |                              |           |  |
| Role:   |              | Will ORS 98.24                                    | 5 disposal procedures be fo  | llowed?   |  |
| Contractor Labor and/or Equipment               | %            | Yes   | 🗌 No (explain below)         |           |  |
| ☐ Other (identify and explain role below):      | %            |   |                              |           |  |
|   |              | Is any residual                                   | value expected from the disp | oosal?    |  |
| List of companies/individuals able to do the wo | <u>ork</u> : | Yes, the  | estimated value is: \$       |           |  |
| Name:Role:                                      |              | 🗌 No (expla                                       | ain):                        |           |  |
| Location:                                       |              |   |                              |           |  |
| Name:Role:                                      |              | What are the ov                                   | verall estimated costs?      |           |  |
| Location:                                       |              | Removal:  | \$                           | ;         |  |
| Name: Role:                                     |              | Cleanup:  | \$                           | 5         |  |
| Location:                                       |              | Direct Costs                                      | for Removing Authority: \$   | ;         |  |
| Name: Role:                                     |              | Recovery fro                                      | m owner/insurer/disposal: \$ | ;         |  |
| Location:                                       |              | Anticipated re                                    | eimbursement from Board: \$  | S         |  |
|   |              |   |                              |           |  |

\*Describe the proposed methods, participants, and timing of the removal, cleanup and disposal:

| Estimated Cost Worksheet                               |              |      |          |      |
|--|--------------|------|----------|------|
| Cost Categories and Items                              | Performed By | Rate | Duration | Cost |
| Pre-removal consulting/inspection activities subt      | otal:        |      |          | \$   |
| Item:  |              |      |          |      |
| Item:  |              |      |          |      |
| Removal activities subtotal:                           |              |      |          | \$   |
| Item:  |              |      |          | \$   |
| Cleanup activities subtotal:                           |              |      |          | \$   |
| Item:  |              |      |          | \$   |
| Other activity costs subtotal:                         |              |      | 1        | \$   |
| Item:  |              |      |          | \$   |
| Subtotal of equipment costs:                           |              |      |          | \$   |
| Subtotal of labor costs:                               |              |      | \$       |      |
| Costs reimbursed by or recovered from owner/insurer:   |              |      | \$       |      |
| Costs recouped through disposal of abandoned property: |              |      | \$       |      |