

**DEPARTMENT OF STATE LANDS
EMERGENCY AUTHORIZATION APPLICATION**

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **OTHER CONTACT PHONE:** _____

PROJECT LOCATION INFORMATION:

Type of Water: _____ If applicable, Name of Waterway: _____ River Mile: _____

Township: _____ Range: _____ Section: _____ Tax Lot: _____ County: _____

Latitude _____ Longitude _____ 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:

PROPOSED PROJECT INFORMATION:

Activity Type: _____ Waste Material Disposal Location:

Estimated Impact Dimensions (ft): _____ L _____ W _____ Depth Acres of

Impact: _____

Estimated Volume of Material being filled and/or removed (cubic yds): _____

Type of Material to be used as Fill and/or being removed:

Brief Description of Project:

Attach Photos, project location map and drawings showing proposed work plan.

OTHER AGENCY NOTIFICATION

Oregon Dept. of Fish and Wildlife Biologist: _____ Date Contacted: _____

Phone No. _____ Fax No. _____

Oregon Parks & Recreation Department: Name: _____ Date contacted: _____

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." Feb 09