 **NOTIFICATION FOR**

**CERTAIN EXEMPT VOLUNTARY HABITAT RESTORATION PROJECTS**

OR Administrative Rule 141-085-0534 exempts three categories of voluntary habitat restoration activities from removal-fill permitting requirements under the condition of project notice submittal to DSL. Mail this notice to the DSL office which covers your project area.

|  |  |  |
| --- | --- | --- |
| DSL – West of the Cascades:  Department of State Lands  775 Summer Street, Suite 100  Salem, OR 97301-1279  503-986-5200 | **OR** | DSL - East of the Cascades:  Department of State Lands  951 SW Simpson Ave., Suite 104  Bend, Oregon 97702  541-388-6112 |
|  |

**The noticing requirement is met by submitting one copy of this completed form to DSL at least 30 calendar days prior to starting the activity.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. RESPONSIBLE PERSON CONTACT INFORMATION** | | | |
| Name (print) | Affiliation (company or agency) | | |
| Mailing address or PO Box | | | |
| City | State | Zip Code | |
| Phone number | Cell or alternate number | | |
| E-mail | Fax number | | |
|  |  | | |
| **2. LANDOWNER INFORMATION (if different than person submitting notice)** | | | |
| Name (print) |  | | |
| Mailing address or PO Box |  | | |
| City | State | | Zip Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. PROJECT LOCATION INFORMATION** | | | | | |
| County | | | Nearest City | | |
| Physical address or description | | | | | |
| Stream | Name of stream | | Tributary of | | River mile |
| Is this [designated essential salmon habitat](https://www.oregon.gov/dsl/wetlands-waters/Pages/esh.aspx) (ESH)? Yes No | | | | | |
| Wetland | | Cowardin Class | | HGM | |
| LATITUDE AND LONGITUDE/LEGAL DESCRIPTION FOR PROJECT  (Check the description that applies and enter information below) | | | | | |
| Project with single removal-fill site. Provide the information for the removal-fill site under “Start.”  Project with multiple removal-fill sites. Provide the following for the project center point “Start.”  Linear project. Provide the following information for the project start point and end point. | | | | | |
| **Start** point Latitude: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Start** Longitude: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Township:  Range:  Section:  ¼ - ¼ Section:  Tax lot(s): | | | | | |
| **End** point Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End** point Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Township:  Range: Section:  ¼ - ¼ Section:  Tax lot(s): | | | | | |

**4. ACTIVITIES FOR THIS PROJECT (Check all which apply)**

**Ditch and drain tile removal:** disruption or removal of subsurface drainage structures (e.g., drain tiles) and plugging or filling of drainage ditches in wetlands.

**Placement of large wood, boulders and spawning gravels:** provided the location is not tidally influenced and material is placed consistent with the [Guide to Placing Large Wood and Boulders](https://www.oregon.gov/ODF/Documents/WorkingForests/Wood-placement.pdf).

**Other activities customarily associated with habitat restoration in essential salmon habitat waters**: less than 50 cubic yards of removal-fill in waters of this State. Includes the disposal of material resulting from the restoration activities within the project area as long as it assists in accomplishing the objectives of the habitat restoration project. Activities must be consistent with the [*Oregon Aquatic Habitat Restoration and Enhancement Guide*](https://digital.osl.state.or.us/islandora/object/osl:16552/datastream/OBJ/view) and use materials or structures that would naturally and/or historically occur at the project site.

**5. REQUIRED ATTACHMENTS**

##### Provide a location map.

**Provide a brief description of the project including**: project objectives, types and estimated volumes of materials to be placed or removed from wetlands or waterways, and how the project contributes to returning waters or wetlands from a disturbed or altered condition to a close approximation of its ecological condition prior to disturbance.

**6. WATER RESOURCE GAINS (Check all which apply)**

**Waterway Habitat Gains:**

In-stream habitat improvement: Total stream length treated:       miles

Stream miles opened that were previously inaccessible to migrating fish:

Restored side channels and alcoves:       stream miles

Riparian upland vegetation planting:       stream miles

Wetland Habitat Gains:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expected Results** | **Acres** | | **Cowardin Class** | **HGM Class** |
| Restoration/Reestablishment  (Restore functions to former wetland) |  | of |  |  |
|  | of |  |  |
|  | of |  |  |
| Enhancement/Rehabilitation  (Repair functions to a disturbed wetland) |  | of |  |  |
|  | of |  |  |
|  | of |  |  |
| Creation  (Create a new wetland from upland) |  | of |  |  |
|  | of |  |  |
|  | of |  |  |
| Temporary Wetland Impacts |  | of |  |  |
|  | of |  |  |

**7. Responsible Person Signature**

By Signing Below:

* I certify that I am familiar with the information provided herein, and, to the best of my knowledge and belief, this information is true, complete, and accurate.
* I certify that I have read and understand the conditions of the exemption described in OAR 141-085-0534 and the proposed project will adhere to those conditions.
* I understand that if this is state-owned submerged or submersible land, there may be additional easements, royalties and/or other requirements through DSL’s [Aquatic Resource Management-Proprietary Waterway Authorizations.](http://www.oregon.gov/dsl/NAV/Pages/index.aspx)
* I authorize DSL to access the project site for the purpose of verifying information contained in this form and determining compliance with the Removal-Fill Law and Oregon Administrative Rules.

Responsible Person Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DSL USE ONLY:

RC Confirmed Gains  RGL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RC Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RGL Data Entry Initials: \_\_\_\_\_\_\_\_\_\_\_