

WETLAND DELINEATION / DETERMINATION REPORT COVER FORM

This form constitutes a request for a jurisdictional determination by the Department of State Lands. It must be fully completed and signed, and attached to the front of reports submitted to the Department for review and approval.

WETLANDS PROGRAM MANAGER/OREGON DEPARTMENT OF STATE LANDS

775 Summer Street NE, Suite 100
Salem, OR 97301-1279

<input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Owner Name, Firm and Address: Bob Knorr, Engineering Project Manager, City of Newberg 414 E. First Street, P.O. Box 970 Newberg, Oregon 97132	Business phone # 503-554-1631 Home phone # (optional) FAX # 503-537-1277 E-mail: bob.knorr@ci.newberg.or.us
<input type="checkbox"/> Authorized Legal Agent, Name and Address:	Business phone # FAX # 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: Parallel Pipeline River Crossing Project	Latitude: 45°16'43"-45°17'03"	Longitude: 122°57'15"-122°57'30"
Proposed Use: Entry and exit points for Horizontal Directional Drilling pipeline.	Tax Map # 3 2W 29	
Project Street Address (or other descriptive location): 1) City of Newberg well field, Marion County, adjacent to Willamette River and 2) SP Newsprint property, Yamhill County, adjacent to Hess Creek	Township 3S	Range 2W Section 29 QQ
City: Newberg County: Marion/Yamhill	Tax Lot (s) 100 (Yamhill) and 600 (Marion)	
	Waterway: Willamette River River Mile: 49	
	NWI Quad(s): Newberg	

Wetland Delineation Information

Wetland Consultant Name, Firm and Address: Cindy Jones, MWH 111 SW 5th Avenue, Suite 1770 Portland, Oregon 97206	Phone # 503-226-7377 FAX # 503-226-0023 E-mail address: cynthia.v.jones@mwhglobal.com
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 checked="" type="checkbox"/> Consultant <input type="checkbox"/> Applicant/Owner <input type="checkbox"/> Authorized Agent	
Wetland/Waters Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Total Wetland Acreage: extends beyond property – area not calculated

Delineation Purpose: identify wetlands to be avoided during HDD pipeline installation

<input type="checkbox"/> R-F permit application submitted with delineation	<input type="checkbox"/> Sale, purchase, lease etc.
<input type="checkbox"/> Mitigation bank site	<input type="checkbox"/> Partition, re-plat, lot line adjustment
<input type="checkbox"/> Industrial Land Certification Program site	<input type="checkbox"/> Habitat restoration project
<input type="checkbox"/> R-F application will be submitted within 90 days	<input checked="" type="checkbox"/> Other: Demonstration of impact avoidance
Other Information:	Y N
Has previous delineation/application been made on parcel?	<input type="checkbox"/> <input checked="" type="checkbox"/> If known, previous DSL #
Does LWI, if any, show wetland on parcel?	<input type="checkbox"/> <input type="checkbox"/> LWI wetland code: NA

For Office Use Only

DSL Reviewer: _____	Report Tier: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	DSL WD # _____
Date Delineation Received: ____/____/____	DSL Project # _____	DSL Site # _____
Scanned: <input type="checkbox"/> Final Scan: <input type="checkbox"/>	DSL WN # _____	DSL App. # _____