DESCHUTES BASIN MITIGATION CREDIT DOCUMENTARY EVIDENCE FORM FOR MITIGATION BANKS

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

*This form is to be completed by a **Mitigation Bank** when mitigation credits are obtained from a mitigation bank by a groundwater application/permit/certificate holder to satisfy a mitigation obligation under the Deschutes Groundwater Mitigation rules.*

Groundwater User Information:

Name: _____

Mailing Address (Street, City, State, Zip): _____

Phone Number: _____ Email (optional) _____

Groundwater Application, Permit, or Certificate #: _____

Mitigation Obligation (amount) (see Notice of Mitigation Obligation or Initial Review for this information): _____

Zone of Impact (see Notice of Mitigation Obligation or Initial Review for this information):_____

Mitigation Bank Information:

Mitigation Bank Name: _____

Mailing Address (Street, City, State, Zip): _____

Phone Number: _____ Email (optional) _____

Mitigation Credit Information:

In the following table, identify the mitigation project identification number(s), the number of credits assigned from each mitigation project, the zone of impact in which the credits are to be used (***NOTE:** many credits may be used within more than one zone of impact)* and the type of mitigation project upon which the credits are based *(The Mitigation Bank shall notify purchasers of mitigation credits of the category of credits purchased. The Bank shall state if the credits are temporary or whether subject to the continued maintenance of a mitigation project. If temporary credits are not maintained the permit will be subject to regulation or cancellation.)*

Project Type Codes: Instream Lease (Temporary) = ISL; Time-Limited Instream Transfer (Temporary) = TLT; Allocation of Conserved Water = ACW; Permanent Instream Transfers = PT; Storage Release = SR; Aquifer Recharge = AR; Other = Other (if other, please describe under project type in space provided below)

Mitigation Project ID	# Mitigation Credits Assigned	Zone of Impact	Mitigation Project Type Code (see above)
MP-_____	_____	_____	_____
MP-_____	_____	_____	_____

Add additional mitigation projects and credits below using above format:

Mitigation Project Operator (if other than original credit holder): _____(for example, name of storage project or aquifer recharge project operator)

Mailing Address (Street, City, State, Zip): _____

Phone Number: _____ Email (optional) _____

For Stored Water Releases (if applicable):

Name of Reservoir: _____

Reservoir Permit/Certificate: _____ Contract Number(s): _____

The above described mitigation credits have been transferred from _____, mitigation credit holder, to _____, groundwater application/permit/certificate holder.

_____ _____

Mitigation Bank Signature Date

_____ _____

Ground Water Application/Permit/Certificate Holder Signature Date