

Mitigation Bank Charter Application



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

Mitigation Bank Charter Application Number (assigned by WRD): _____

Please type or print in dark ink. You may attach additional pages in response to questions asked in this application. If you attach additional pages, please clearly identify the question(s) to which you are responding on the attached pages. If your application is found to be incomplete or inaccurate, we will return it to you. Please read and refer to the instructions when completing your application. Thank you.

The purpose of this application is to provide sufficient information to the Department for review of the proposed Mitigation Bank and for inclusion by the Department in the mitigation bank charter for consideration by the Water Resources Commission. A draft outline of a mitigation bank charter is attached for your reference.

As the Department reviews your application and drafts the mitigation bank charter, the Department may request additional information, if necessary.

APPLICANT INFORMATION

APPLICANT NAME OR ORGANIZATION			CONTACT NAME	PHONE NO.
MAILING ADDRESS				
CITY	STATE	ZIP	E-MAIL	

SERVICE AREA

A. Do you propose to serve a smaller service area within the Deschutes Groundwater Study Area?

☐ Yes If yes, then describe your proposed service area: _____

☐ No

OPERATIONAL PLAN

A. Describe your organization. Include a description of how you or your organization is organized, how your organization operates, and the mission, goals and strategies of the organization. _____

B. Provide a description of how the proposed mitigation bank will be organized, how it will operate, and the mission, goals and strategies of the proposed mitigation bank. _____

C. Provide a description of the customers you intend to serve as a mitigation bank. _____

D. Identify the types of mitigation projects, if any, you intend to develop as a mitigation bank.

- ☐ Allocation of Conserved Water Projects
- ☐ Instream Water Right Transfers
- ☐ Time Limited Transfers
- ☐ Instream Leases
- ☐ Stored Water Releases
- ☐ Artificial Ground Water Recharge
- ☐ Other (describe): _____

E. Identify the types of mitigation credits you intend to hold as a mitigation bank.

- ☐ Mitigation Credits based upon Allocation of Conserved Water Projects
- ☐ Mitigation Credits based upon Permanent Instream Transfers
- ☐ Mitigation Credits based upon Time-Limited Transfers to instream use
- ☐ Mitigation Credits based upon Instream Leases
- ☐ Mitigation Credits based upon Stored Water Releases
- ☐ Mitigation Credits based upon Artificial Ground Water Recharge projects
- ☐ Mitigation Credits based upon other types of projects which result in water protected instream (describe). _____

F. Do you propose to place any limits on the size of transactions you would conduct as a mitigation bank?

- ☐ Yes If yes, then describe the size limits you intend to place on mitigation credit transactions: _____
- ☐ No

ACCOUNTING OF MITIGATION CREDITS

- A. Provide a general description of how you intend to account and track mitigation credits by type and by zones of impact (as identified by the Department). _____

CONTINGENCY PLAN

- B. Provide a description of any contingency plan you may have to address potential failure of the mitigation bank to continue providing mitigation for ground water users, specifically for those mitigation credits based upon instream leases, time-limited transfers, storage releases and/or aquifer recharge. _____

- C. Provide a description of your internal monitoring plan to determine the level of success of the mitigation bank and to identify any problems as they arise. _____

A. AUTHORITY

- D. Provide a statement (or documentary evidence) that the operator of the mitigation bank is authorized to do business in the State of Oregon. _____

- E. Provide a statement (or documentary evidence) that the operator of the mitigation bank has the approval from its governing board to operate as a mitigation bank (if appropriate). _____

SIGNATURE

The information provided in this application is true and correct to the best of my knowledge.

_____ Applicant signature	_____ Print Name (and Title if applicable)	_____ Date
_____ Co-Applicant signature	_____ Print Name (and Title if applicable)	_____ Date