



In-Water Work Extension and/or Project Change

Contract Number

Key Number

Project Info

Date of Submittal

- Project Change
 In Water Variance
 Alternative Mitigation

ESA Consultation Type

NMFS Permit No.

Project Name

Primary Project Type

USFW Permit No.

Route

Beg MP

End MP

Other Road / Path Name

ODOT Region

County

DSL Permit No.

Contractor Name

Contractor Address

COE Permit No.

Project PM

ODOT PM (If different than Project PM)

In-Water Work

Not Applicable

6th Field HUC

Check if additional HUC's apply, and list below.

ODFW In-Water Work Window

to

Requested In-Water Work Window

to

Where is the Activity Area for Proposed Work?

Main Channel Tributary

Wet Channel Dry Channel

What is the nature of the proposed activity?

- Pile Removal
 Pile Driving
 Riprap Installation
 Work Inside Isolated Work Area
 Drilled Shaft Construction

Other:

Identify

Other:

Identify

Proposed Changes & Explanations

Reason why the work cannot be completed as defined in the biological documentation and/or during the permitted in-water work window and why the change and/or extension is needed. Describe location, timing, and duration of activity. Be specific.

Describe the location, habitat affected, type of activity to take place, and the timing/duration of the activity while specifying why re-initiation is not required. Be specific in regards to each applicable activity such as de-watering, fish salvage, excavation, tree removal, etc.

Submit completed form to Project PM for review and processing.

Identify the life stages of any ESA listed species that will be present in the project area.

Provide current water level conditions and expected seasonal patterns. Describe contingency plan for changing environmental conditions and what situations could shut down the project for the season if not completed before conditions change.

Additional conservation/mitigation measures (BMPs), that will be taken during the extension.

ODFW and/or USFW Comments:

Concurrence

Project PM	Signature	Date Requested
ODOT Biologist	Signature	Date Requested
Regional Environmental Manager	Signature	Date Requested

Agency	Concurrence Date	Additional Measures	Comments
USACE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DSL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
NMFS		<input type="checkbox"/> Yes <input type="checkbox"/> No	
USFWS		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ODFW		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	