



Oregon

Kate Brown, Governor

Department of Land Conservation and Development

635 Capitol Street NE, Suite 150

Salem, Oregon 97301-2540

Phone: 503-373-0050

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www.oregon.gov/LCD



Soils Assessment Submittal Form

Soils Professional Information

Soils professional*: _____ Certification number: _____

Property Information

Person who requested soils assessment: _____

Mailing address: _____

Email address: _____ Telephone number: _____

Property owner (if different): _____

Property address (if different): _____

County: _____ Township: _____ Range: _____ Section: _____

Tax lot(s): _____ Parcel Acreage: _____ Acres Evaluated: _____

Comprehensive Plan designation: _____ Zone: _____

Proposed land use action: _____

The soils professional must submit an electronic copy of the soils assessment together with this form to Timothy Murphy, Farm and Forest Lands Specialist, at the above address. The person requesting the soils assessment or the property owner must submit a check for a non-refundable administrative fee of \$625 made out to the Department of Land Conservation and Development, to Timothy Murphy, at the same address.

Soils assessments must be consistent with the Soils Assessment Report Requirements and will be checked for completeness and be subject to audits as described in OAR 660-033-0030(9). Some soils assessments will additionally be subject to review and field checks by a DLCD-contracted soils professional as described in OAR 660-033-0030(9). Property owners and soils professionals will be notified of any negative reviews or field checks. Soils assessments will not be released to local governments without submittal of a signed release form by the property owner and person who requested the soils assessment; however, when released, any negative reviews or field checks will accompany the soils assessments.

The department and the Land Conservation and Development Commission will not be held liable for non-performance or information that is contained in soils assessments, or for negative reviews, field checks or audits of soils assessments. For the protection of the department and commission, we ask that you read and sign the following authorization and disclaimer:

I hereby expressly give my consent, should I be notified by the department that the submitted soils assessment for my property is selected for a review and field check, to authorize timely

access to my property by a DLCD-contracted soils professional to perform a field check to corroborate the information provided in the submitted soils assessment. I understand that failure to authorize access to the property may result in a negative review.

I hereby waive my right to pursue a claim for relief or cause of action alleging injury from the content of soils assessments or from any negative reviews, field checks or audits conducted by the department and any and all soils professionals used by the department under OAR 660-033-0030(5) and (9). I hold these entities harmless and release them from liability for any injury or damage that may occur in conjunction with the submitted soils assessment.

In exchange for the department's review of this submittal under the soils assessment program, I expressly agree to forever waive and give up all claims, suits, actions, proceedings, losses, damages, liabilities, awards and costs of every kind and description, including any and all federal and state claims, reasonable attorney's fees, and expenses at trial (collectively "claims") which I have or may have a right to bring against any agency, department, the state, or their agents, officials or employees arising out of or related to my participation and performance in the soil assessment program, including but not limited to claims for mistake or negligence of the department, the state of Oregon, and their officers, employees and agents. I further agree that the provisions of this Liability Waiver and Release from Federal and State Claims shall be effective and binding upon my heirs, executors, administrators, successors, assigns, beneficiaries, or delegates and shall inure to the benefit of the department, the State of Oregon, and their officers, employees and agents.

Person who requested soils assessment	Date
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Property owner (if different)	Date
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In addition to agreeing to the above, I hereby certify that the attached soils assessment that I performed for the property identified on this form is soundly and scientifically based and meets the reporting requirements established by the department.

Soils professional	Date
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* Must be from the posted list of qualified soils professionals at:
<http://www.oregon.gov/LCD/pages/soilsassessment.aspx>