

## Tide Gate Pre-Project Information Form

PROJECT ID*:	Date received by TG Coordinator*:
APPLICANT INFORMATION Name: Organization:	Mailing Address: Phone: Email:
LANDOWNER INFORMATION Name: Mailing Address: Phone: Email:	PROJECT LOCATION Affected Waterbody(s): Basin: <input type="checkbox"/> Project map and directions from nearest major highway attached.

*\*Assigned by Tide Gate Coordinator*

PROJECT SUMMARY:

PURPOSE & NEED:

- 1) What is the problem to be addressed?
- 2) Is the proposed action a tide gate repair or replacement?
- 3) Desired start date?

TIDE GATE INFORMATION:

- 1) Number of Tide Gates:
- 2) Current pipe size:
- 3) Current gate material:
- 4) Current gate type:
- 5) Site Location (Lat/Long):

WATERSHED INFORMATION:

- 1) Is there a stream above the tide gate?
- 2) Is there salmonid spawning areas in any stream above the tide gate?
- 3) Is the waterbody at the outlet of tide gate salt, brackish, or freshwater?
- 4) Are there adjacent property owners who could be impacted by the project?
- 5) What is the primary land use upstream of the tide gate?

LANDOWNER GOALS:

RECOMMENDED ATTACHMENTS:

1. Draft Project Drawings (Use Corps Drawing Checklist and Wetland Delineation Checklist):
  - a. Current Condition

- b. Proposed Condition
- 2. Site Photos
  - a. Tide gate
  - b. Culvert inlet
  - c. Stream/channel upstream
  - d. Floodplain upstream