

CPL Public Waters Project Form

CONTACT INFORMATION:

DNR Hydrologist name:

Phone: Email:

PROJECT INFORMATION:

Project Name: Organization:

Contact Person: Email:

THIS PROJECT INVOLVES PUBLIC WATER(S): **YES** continue with form **NO** skip to signature

PUBLIC WATERS IN PROPOSED PROJECT:

DOW #:	Name:	County:	T/ R/ S	or	UTM
					E N
					E N
					E N
					E N
					E N

There are waters involved in this project that are outside my work area and I have provided the applicant with contact information for the appropriate Area Hydrologist.

Please check the appropriate boxes:

PERMITS

I have discussed any public water permits, applications and requirements the applicant may be responsible for while completing this project within public water(s).

With the project as presented, a Public Waters permit:

- is likely to be required, need further information.
- will be required.
- will not be required.

A permit review has not been conducted and the results of a possible review are neither implied nor stated.

COMMENTS please provide any comments about projects, impacts, etc., to be considered when funding decisions are made.

By checking this box and signing my name below I certify that I discussed the proposed project with the applicant.

Date: _____

DNR Area Hydrologist Name (print)

DNR Area Hydrologist Signature

APPLICANT: Upload this PDF file to the Review and Approval tab within the application system.