

Non-Forest Land Water Type Modification Form

For changes to DNR's Water Type Map
on non-forest lands

Reference Number for DNR or LGE

| | | | |
|-------------------|-------------|-------------|---------------|
| <i>DNR Region</i> | <i>WRIA</i> | <i>Year</i> | <i>Number</i> |
|-------------------|-------------|-------------|---------------|

Received Date

You may include additional information in the space provided or on a separate page. Include the WTMF question number that each comment refers to.

| | | |
|-----------------------------|--------------------------------|------------------|
| Proponent or Landowner Name | Proponent or Landowner Address | Telephone number |
| | | Email address |
| Local Government Name | Local Government Address | Telephone number |
| | | Email address |
| Surveyor Name(s) | Organization Address | Telephone number |
| | | Email address |

Check applicable boxes:

- Adding streams/water bodies
- Removing streams/water bodies (describe in Block 13)
- Changing location of streams/water bodies (describe in Block 13)
- Changing water type designation
- Other; Describe _____

| | | | |
|----------------------------|-----------------------------------|-------------------------------|---|
| 1. Water Segment ID | 2. Name of Water | 3. Tributary To | 4. Legal Description (¼, ¼ Section, Township, Range, E/W) |
| 5. County | 6. Water Type Shown on Map | 7. Proposed Water Type | 8. Date(s) of Field Assessment |

9. Change is based on the following (check all that apply).

- Interdisciplinary Team (ID team) review (**attach ID team report**)
- Water type does not meet WAC 222-16-031 definition. Describe: _____

Survey method:

- Protocol Electrofishing Survey (**attach survey information**)
- Visual observation (**if you check this item, complete Blocks 10 through 13**)
- Random or incremental measurements (**if you check this item, complete Blocks 10 through 13**)
- Fish found List species found (if known): _____
- Physical stream characteristics (**if you check this item, complete Blocks 10 through 13**)
 - Channel is a public water diversion Distance from diversion _____
 - Channel is a fish hatchery diversion Hatchery name _____
 - Distance downstream from hatchery _____

Describe(attach additional description if needed):

10. Channel Characteristics (Use stream segment tally sheet for multiple stream segment information.)

Number of bankfull width measurements _____ Average bankfull width _____
Average stream gradient _____ Average wetted stream width _____
Ponds and impoundments >0.5 acre Yes No Number of protocol pools _____

11. The water type break was determined by: (Check all boxes that apply. For multiple segments use stream tally sheet)

- Protocol electrofishing survey (**attach survey information**)
- The end of project or property boundary
- The uppermost point of perennial flow (**describe in Block 13**)
- The last observed fish
- Physical stream characteristics
- Other (describe): _____

Provide a description of the water type break, how it is marked in the field, and, if available, the latitude and longitude of the type break location:

12. Are there any fish passage barriers downstream of the surveyed stream segment(s)?

- No
- Unable to access
- Yes – mark box(es) below
 - Natural barriers Falls Cascades Bedrock chutes
 - Other (describe): _____

Enter the length, height and gradient of the natural barrier you checked

Length: _____ Height: _____ Gradient: _____

- Temporary barriers (i.e., logjams)
- Man-made barriers; Describe: _____

Were fish observed above the barrier? Yes No

Fish passage barriers were identified by: Maps Field observation

Describe location or barrier downstream:

13. Provide any additional clarifying information and list attachments: (survey cards, photos of type break, field notes, expert report and stationing)

| | |
|--|---|
| | <h2 style="margin: 0;">Non-Forest Land Water Type Modification Concurrence Summary</h2> |
| | <p>For changes to DNR's Water Type Map on non-forest lands</p> |

| | | | |
|--|-------------|-------------|---------------|
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| Name of Reviewers | Concur | Non-concur | Date Comment Received | | | |
|-------------------|--------|------------|-----------------------|-------|-----------|----------|
| | | | Email | Phone | In Person | No Reply |
| Local Government: | | | | | | |
| WDFW: | | | | | | |
| Ecology: | | | | | | |
| Tribe: | | | | | | |
| Tribe: | | | | | | |
| Other: | | | | | | |

Reasons for Non-concurrence

Office reviewer's name _____ Position _____ Date _____

Proponent and reviewers notified by _____ (Name) on _____ (Date)