**PHASE 3: Post Flood Emergency Stream Repairs Form**

**Stream Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stream site identifiers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Site Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_**

**TU Person(s) Reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEC Region: \_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_ Township: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GPS Coordinates (top/bottom of reach): \_\_\_\_\_\_\_\_\_\_**

**WIN/FIN # (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stream Class (if known):\_\_\_\_\_\_**

**Length of stream reach impacted by work (from Google Earth): \_\_\_\_\_\_**

**Name of Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Agency/Entity authorizing/directing work:**

**State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**

**Township:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Photos available? (digital, jpeg format preferred 360 KB)? If yes, specify photo # demonstrating specific problem[s]: YES \_\_\_\_ NO: \_\_\_\_ Photo Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated stable stream width (stable reach, NYStreamStats/table): \_\_\_\_\_\_\_\_\_**

**SPECIFIC PROBLEM(S) IDENTIFIED AND ACTIONS TAKEN**

(To Extent Possible, Provide Before AND After Descriptions

for Each Problem Identified, In Addition to Work Performed)

\_\_\_ Streambed Condition (E.g., channelized, dredged, over-deepened, consolidated, shifted, nick point):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_Stream General Flow Conditions (E.g., overwide, too shallow, indistinct thalweg, width estimate):

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\_\_\_Improper Channel Placement Placement/Geometry of Channel (E.g., straightened, repositioned, misaligned):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Bank conditions: (side cast berms, steep slope, unstable, armored:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_Channel Bed condition: (removal of pavement, removal of boulders or embedded wood): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_In-stream habitat quality (lack of complexity/structure, lack of pool/riffle/run sequence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Riparian condition (lack of vegetation, no organic soil): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_Culvert/Bridge construction (undersized, perched, slope not matching stream, non-embedded, misaligned):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Threat to Infrastructure: (yes, no): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Threat to housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Actions Taken Under Authority of:

Emergency Guidelines: Yes: \_\_\_ No: \_\_\_ If Yes, Name of Agency/Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Permit (Issued to):\_\_\_ Name of Issuing Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Done without Permit But Under Supervision Of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Supervision or Guidance Provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Work Done in Manner Consistent with DEC General Permit Conditions? YES: \_\_\_ NO:\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Was Work Done in Manner Compliant with DEC Field Guidance? YES: \_\_\_ NO:\_\_\_

Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Disposition: fax or electronically send a copy of this form to the Regional DEC Fisheries, Council Chair & CouncilResource Management VP. (Maintain copy for your files).