

Date Received: _____

For Office Use Only

Group Eligibility: _____

TAG Number: _____

Project Priority: H M L



Trout Unlimited's AMD Technical Assistance Program

Request Form

Please fill in the following form as completely as possible. Feel free to use the back of this page to describe the type of assistance you require. Provide as much detail as possible as it will assist us in helping you quickly.

Name of Your Organization or Municipality: _____

When was your group formed? _____ **Approx. Membership:** _____

Name/Title of Contact Person: _____

Address: _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Do you have 501(c)(3) (incorporated non-profit) status? Yes No Don't know

What stream or watershed area requires the technical assistance (watershed, county or counties, townships, or other geographical description of your area): _____

1. What kind(s) of technical assistance do you require (check all that apply and describe on back)?

- Rapid AMD Characterization (characterization of a single discharge or a combination of discharges in a watershed and will evaluate the type and severity of the AMD, as well as the treatment restoration potential)
- Rapid AMD Watershed Snapshot (one-time snapshot of water quality and flow to assess metals and acidity loadings on a stream or in a specific problem area)
- Conceptual Design for AMD Treatment System
- Construction Oversight of AMD Remediation Project Construction
- Existing Treatment System Evaluation and Recommendations
- Monitoring Plan Development
- Biological Survey (Fish, Macroinvertebrates) and/or Stream Habitat Survey
- Technical Capacity Building
- Other AMD-Related Assistance (Please describe on back)

