

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
- Full Design and Permitting for AMD Treatment System (please call us first as only a limited number of projects will be considered)
- Construction Oversight of AMD Remediation Project Construction
- Existing Treatment System Evaluation and Recommendations
- Watershed Restoration Plan Development (for Qualified Hydrologic Unit approval)
- Monitoring Plan Development
- Biological Survey (Fish, Macroinvertebrates) and/or Stream Habitat Survey
- Documentation of Improving Waters
- Technical Capacity Building
- Other AMD-Related Assistance (Please describe on next page or attach separate page)

2. What information on your watershed or area of concern already exists (check all that apply)?

- Stream Restoration/Management Plan
- Rivers Conservation Plan
- Project Scarlift Report
- TMDL Study
- EPA Section 319 Watershed Implementation Plan
- Water Quality Data (please describe type and condition of data on back)
- GIS mapping
- Other (please fully describe on back)

3. Are you requesting technical assistance that is necessary to implement recommendations in your watershed restoration plan or other similar plan?

No Yes (Please provide the name of the plan _____)

4. Are you requesting technical assistance that must be completed in order for your group to apply for grant funds?

No Yes Funding Source: _____
Funding Application Deadline Date: _____
(Please describe the project you will be applying for below or on back.)

Please provide additional comments below (indicate question number from above if applicable) :

Please mail the completed form to:

Trout Unlimited AMD Technical Assistance

18 E. Main St, Suite 3, Lock Haven, PA 17745

Or scan and email it to awolfe@tu.org

If you have any questions or concerns, please contact Amy Wolfe at (570) 786-9562.