DISPOSAL SITE USE REPORT

INSTRUCTIONS TO TUG CAPTAINS: This disposal site use report MUST be completed (in its entirety) at the time of each disposal for both VTS and non-VTS monitored sites. Position coordinates read from the approved positioning aid MUST be recorded to the NEAREST THOUSANDTHS of a minute (e.g., 47°, 56.556', 122°, 16.786').

Note: The site use report must be submitted by the Monday after disposal. If the site use report will not reach Washington DNR by the following Monday, a scanned copy will be accepted. If scanning is not an option, a phone call or email stating the use report(s) will be late, the date they were mailed, and estimated arrival date will be accepted. If you leave a voicemail, follow up with email to DMMP@dnr.wa.gov. Also, you can press “0” to the front desk for assistance.

DNR PERMIT NO.: __________

CORPS OF ENGINEERS PERMIT NUMBER and Project. Manager or Permit signature-only required on first report of each day:

DREDGING SITE (Lat/Long): __________________________

DISPOSAL SITE: __________________________

DATE/TIME OF DISPOSAL: __________________________

NAME OF TUG/TUG CAPTAIN: __________________________

COMPANY/PHONE NUMBER: __________________________

NAME OF BARGE/TYPE: __________________________

VOLUME OF BARGE: __________________________

BARGE LOAD NO.: __________________________

FATHOMETER READING: __________________________

FOR VTS SITES, AUTHORIZATION OBTAINED FROM COAST GUARD: (First and Last name), initials after VTS officer’s name has been written in full once. Once shift change to a new officer, then full name, followed by initials until shift change occurs again: __________________________

AS BARGE STARTS TO OPEN (Also recorded for barge orientation schematic due no later with monthly report) FOR DISPOSAL: (Required)

/_________________________________________________________________________/  
TIME LATITUDE LONGITUDE

AS BARGE COMPLETES (Same as above, will be recorded for completion of barge orientation schematic) CLOSING AFTER DISPOSAL: (Required)

/_________________________________________________________________________/  
TIME LATITUDE LONGITUDE

ESTIMATED DISPOSAL QUANTITY __________________________

(how calculated required on monthly report)

DESCRIBE PERCENTAGE FLOATABLE MATERIAL REMOVED/DISPOSITION or other observations: __________________________

NAME/TITLE (Tug Captain) OF PERSON FILLING OUT REPORT/CONTACT NO.: __________________________

SIGNATURE: __________________________