FLORIDA ARTIFICIAL REEF MATERIALS
PLACEMENT REPORT AND POST-DEPLOYMENT NOTIFICATION

To Be Completed For Each Deployment Location or Date of Deployment

County or Municipality: ______________________________________ Date of Placement: ______________________

Grant No. (if applicable) U.S. Army Corps Permit No.: ____________________________________________
FWC - _______ _______________________________

Total project cost: $ ___________ (Funding Source(s) and Amount(s): FWC $ _______ Local $ _______ Other $ _______)

Name of Permitted Location Name
Reef Site: ______________________________________ for This Deployment: ______________________

Latitude: _______ O ________. _______ ’ North Longitude: _______ O ________. _______ ’ West

GPS Brand: ___________ GPS Model number: ___________

Geographical Location: _____________________________
(nautical miles) at _______ degrees from ___________
(bearing) (reference inlet)

Water Depth: _______ feet (minus) Max. Material Height: _______ feet (equals) Actual Vertical Clearance: _______ feet

TYPE AND AMOUNT OF MATERIAL DEPLOYED AT THE LOCATION DESCRIBED ABOVE: (ATTACH A PHOTOGRAPH OF THE MATERIAL ON THE BARGE IMMEDIATELY PRIOR TO DEPLOYMENT)

Primary Type of Material: ____________________________ Number of Pieces: _______ Dimensions: ____________________________

Secondary Type of Material: ____________________________ Number of Pieces: _______ Dimensions: ____________________________

How was tonnage calculated? (Check all that apply, attach additional sheets if necessary): □ Before & after barge draft calculation
□ Known weight of individual pieces
□ Trucking receipts

TOTAL TONNAGE FOR THIS DEPLOYMENT: _______________________

I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Observer’s Name: ____________________________ Title: ____________________________ (PLEASE PRINT)
Observer’s Signature: ____________________________ Date: ____________________________
Observer’s Remarks: ____________________________

I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION COMPLIES WITH THE ABOVE REFERENCED PERMIT CONDITIONS

Permittee’s Staff Name: ____________________________ Title: ____________________________ (PLEASE PRINT)
Permittee’s Staff Signature: ____________________________ Date: ____________________________

Local Tracking number ________________ FWC Tracking number ________________ Entered by ________________ on ________________

Rev. 4/23/2007