Notice to Navigation Interests Information Sheet

CELRH-OR-TW    Fax: (304) 399-5333    Phone: (304) 399-5239

Date: ______________

Name (contractor/sub-contractor): ____________________
Telephone Number: ____________________
Contact Person: ____________________

City: ________________          State: __

Who work is being done for: ________________________________________________
City: ________________          State: __

Type of work that is being done: _____________________________________________

Location (river/mile point/right or left descending): ______________________________

Description of floating plant (vessel name/types of equipment /how many pieces of equipment): ______________________________________________________

Monitoring which VHF marine channels at the worksite: __________________________

Location of floating plant during non-working hours: _____________________________

Date work will begin: _______________________________________________________

Completion Date: __________________________________________________________

Work hours (start time/end time per day, and days per week):
________________________________________________________________________

Note: Work can NOT begin sooner than 14 days after transmission of this information.