

**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.**

Department of Army Permit Number:

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