

Project Number (to be assigned by ABP) _____

**FISCAL YEAR 2014 ANNUAL PLAN
WATER MANAGEMENT PROJECT
NOMINATION FORM**

1. Nominating Party (Please note affiliation, i.e. Parish, Association, Organization)

Name: _____ Affiliation: _____

Address: _____

Phone: _____ email: _____

Signature: _____

2. Statement of the Problem. (Please give a brief description of problem and current area conditions. If you think the problem relates to water quality, sediment accumulation, access, forest health, fisheries or other issues, please indicate as well).

3. Project Boundary: (draw specific location of project area on attached map):

Parish: _____ Water Management Unit (if known): _____

Lat/Long (if known): _____

4. Affected Area: (draw specific area anticipated to benefit from project on attached map - if known):

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5. Action Description: (any proposed action or suggestion to rectify the problem. List any anticipated benefits from the water management project-if known)

6. Survey and Preliminary Assessments: (Please attach any pertinent information or documents that you might have pertaining to the problem area for review and provide a list of the documents you have attached.)

7. Additional information regarding the water management project area, problem or proposed action (if known):

Please return this form by mail to the address below, fax to (225) 342-6887, email to Atchafalaya@dnr.com or bring in person to an Atchafalaya Basin Water Management Project Nomination meeting.

Louisiana Department of Natural Resources
Atchafalaya Basin Program
P O Box 94396
Baton Rouge, LA 70804

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