



**STATE OF LOUISIANA
DEPARTMENT OF NATURAL RESOURCES
ATCHAFALAYA BASIN PROGRAM
ANNUAL PLAN
WATER MANAGEMENT
PROJECT NOMINATION FORM**

For questions, contact (225) 342-6437 or Atchafalaya@dnr.com

RETURN COMPLETED FORM

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

FAX: (225) 342-9439

EMAIL: Atchafalaya@dnr.com

**OFFICE USE ONLY
ABP PROJECT NO.**

A. Project Nominator Information

NAME _____ *AFFILIATION (PARISH, ASSOCIATION, ORGANIZATION, ETC.)* _____

MAILING ADDRESS _____ *PHONE NUMBER (CELL)* _____

CITY _____ *STATE* _____ *ZIP CODE* _____ *PARISH OF RESIDENCE* _____

B. 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).

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

Parish:			
Water Management Unit (if known):			
Latitude (N) :		Longitude (W):	

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

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

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

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

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H. Are you the sole landowner for the project area? (CHECK ONE)

YES NO

If NO, then list the landowners:

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Signature

Date

