

Date Received: _____

For Office Use Only

Group Eligibility: _____

TAG Number: _____

Project Priority: H M L



AMD Technical Assistance Request Form

Please fill in the following form as completely as possible. Feel free to use the back of this page to describe the type of assistance you require. Provide as much detail as possible as it will assist us in helping you quickly.

Name of Your Organization or Municipality: _____

When was your group formed? _____ **Approx. Membership:** _____

Name/Title of Contact Person: _____

Address: _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Do you have 501(c)(3) (incorporated non-profit) status? Yes No Don't know

What stream or watershed area requires the technical assistance (watershed, county or counties, townships, or other geographical description of your area): _____

1. What kind(s) of technical assistance do you require (check all that apply and describe on back)?

- Rapid Characterization of Mine Drainage (a review of existing data and a one-day field visit resulting in a short report of findings and recommendations)
- Rapid Watershed Assessment (a review of existing data, potential multiple field visits to locate and characterize mine discharges for a defined location, and a short report of findings and recommendations)
- Conceptual Design and Cost Estimates for AMD Remediation System
- Construction Oversight of AMD Remediation Project Construction
- Evaluation and Recommendations for Existing Passive Treatment System and/or Maintenance / Retrofitting Needs
- Pre- and/or Post-Construction Biological and/or Stream Habitat Surveys
- Other Mine Drainage Assistance (Please describe on back)

2. What information on your watershed or area of concern already exists (check all that apply)?

- Stream Restoration/Management Plan
- Rivers Conservation Plan
- Project Scarlift Report
- TMDL Study
- Other Reports describing mine discharges or the watershed (describe on back)
- Water Quality Data (please describe type and condition of data on back)
- GIS mapping
- Other (please fully describe on back)

3. Has your group ever received a Growing Greener , 319 Program, Office of Surface Mining, WAG, or Source Water Protection Grant?

No Yes (List Grants on back)

4. Are you requesting technical assistance to complete or improve a project that has already been funded?

No Yes (Please indicate funding source _____)

5. Are you requesting technical assistance that is necessary to implement recommendations in your watershed restoration plan, protection plan or Rivers Conservation Plan?

No Yes (Please provide the name of the plan _____)

6. Are you requesting technical assistance that must be completed in order for your group to apply for other grant funds?

No Yes Funding Source: _____
Funding Application Deadline Date: _____
(Please describe the project you will be applying for below.)

Please provide additional comments below (indicate question number from above if applicable) :

Please mail the completed form to:

Trout Unlimited AMD Technical Assistance
18 E. Main St, Suite 3, Lock Haven, PA 17745
Or scan and email it to awolfe@tu.org
If you have any questions or concerns, please contact Amy Wolfe at (570) 786-9562.