

NOTICE TO NAVIGATION INTERESTS

DATA SHEET

Contact: Sherry Marion

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Permit Number: _____

Location: _____

Contractor's Name: _____

Name and Telephone Number of Persons Responsible: _____

Starting Date: _____

Estimated Time for Completion: _____

Type of Equipment: _____

Description of Operation: _____

Days of Week Work Will be in Progress: _____

Daily Working Hours: _____

Marine Channels Monitored: _____

Name (Print): _____

Signature: _____

Date: _____

Title: _____