PDN 2EN1 – Aquatic Survey Report QA Checklist

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| **SPOT ID/Project TIP #:** | Click to edit. |
| **County:** | Click to edit. |

2EN1 – Assess Natural Environment Impacts – Aquatic Survey Report

| **Item #** | **Review Item** | **Completed (firm)** |
| --- | --- | --- |
|  | Required information included | |
|  | Project Description including TIP and WBS numbers |  |
|  | Road name and SR number for each road mentioned in the report. |  |
|  | Distance to the confluence with the next downstream waterway and provide the name of that stream. |  |
|  | The river basin in which all of the streams are located |  |
|  | If the subject stream is classified as 303D, provide this information and an explanation for its classification |  |
|  | List any/all nearby NPDES dischargers and the corresponding permit numbers |  |
|  | Distance to the nearest known NCNHP record of the federally listed species included on the IPaC Report, relative to the project site |  |
|  | Are there any impoundments or reservoirs that separate the project from the nearest known record |  |
|  | Describe any beaver activity |  |
|  | List all substrate types and point out the dominant and subdominant substrate types |  |
|  | Describe the overall quality of the in-stream habitat |  |
|  | What kind/width of buffer did the stream have |  |
| 1.13 | Targeted Species descriptions Characteristics, Distribution, and Habitat requirements |  |
| 1.14 | Qualification of investigators |  |
| 1.15 | Survey Methodology |  |
| 1.16 | Survey Results |  |
| 1.17 | Whether the project is in Critical Habitat for the species being surveyed |  |
| 1.18 | Recommended Biological Conclusion with supporting information |  |
| 1.19 | Biological conclusion responsibility statement |  |
| 1.20 | Literature cited/ References |  |
| 1.21 | Provide vicinity map |  |
| 1.22 | Provide aerial/map of project crossing and any known species records, NPDES or 303D occurrences in the area. |  |

*Please provide comments or action items in the table below.*

| **Item #** | **Comments and Action Items** |
| --- | --- |
| Click to edit. | Click to edit. |

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| ***This checklist may not be comprehensive for every project. All items may not be applicable for smaller projects. It is the responsibility of the reviewer to ensure that an adequate review is performed.*** |

*I have reviewed the plans for consistency with this checklist and confirmed that all items have been completed.*

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| **QA Reviewer Name:** | Click to edit. | **Date:** | Click to edit. |
| **QA Reviewer (Signature):** |  |  |  |