



# DISPOSAL SITE USE REPORT

**INSTRUCTIONS TO TUG CAPTAINS:** This disposal site use report **MUST** be completed (in its entirety) at the time of each disposal for both VTS and non-VTS monitored sites. Position coordinates read from the approved positioning aid **MUST** be recorded to the NEAREST THOUSANDTHS of a minute (e.g., 47°, 56.556', 122°, 16.786').

**Note:** The site use report must be submitted by the Monday after disposal. If the site use report will not reach Washington DNR by the following Monday, a scanned copy will be accepted. If scanning is not an option, a phone call or email stating the use report(s) will be late, the date they were mailed, and estimated arrival date will be accepted. If you leave a voicemail, follow up with email to [DMMP@dnr.wa.gov](mailto:DMMP@dnr.wa.gov). Also, you can press "0" to the front desk for assistance.

DNR PERMIT NO.: 20-\_\_\_\_\_

**CORPS OF ENGINEERS**

**PERMIT NUMBER and Project. Manager or Permit signature-only required on first report of each day:**

\_\_\_\_\_

DREDGING SITE (Lat/Long): \_\_\_\_\_

DISPOSAL SITE: \_\_\_\_\_

DATE/TIME OF DISPOSAL: \_\_\_\_\_

NAME OF TUG/TUG CAPTAIN: \_\_\_\_\_

COMPANY/PHONE NUMBER: \_\_\_\_\_

NAME OF BARGE/TYPE: \_\_\_\_\_

VOLUME OF BARGE: \_\_\_\_\_

BARGE LOAD NO.: \_\_\_\_\_

FATHOMETER READING: \_\_\_\_\_

**FOR VTS SITES,**

**AUTHORIZATION OBTAINED**

**FROM COAST GUARD: (First and Last name),** initials after VTS officer's name has been written in full once.

Once shift change to a new officer, then full name, followed by initials until shift change occurs again: \_\_\_\_\_

\_\_\_\_\_

**AS BARGE STARTS TO OPEN (Also recorded for barge orientation schematic due no later with monthly report)**

**FOR DISPOSAL: (Required)**

TIME	LATITUDE	LONGITUDE
_____	_____	_____

**AS BARGE COMPLETES (Same as above, will be recorded for completion of barge orientation schematic)**

**CLOSING AFTER DISPOSAL: (Required)**

TIME	LATITUDE	LONGITUDE
_____	_____	_____

**ESTIMATED DISPOSAL**

**QUANTITY**

\_\_\_\_\_

(how calculated required on monthly report)

**DESCRIBE PERCENTAGE FLOATABLE MATERIAL**

**REMOVED/DISPOSITION or other observations:** \_\_\_\_\_

**NAME/TITLE (Tug Captain) OF PERSON FILLING**

**OUT REPORT/CONTACT NO.:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_