**Date of Request**:

**Service Request Revision Number, if applicable:**

**Work Start Date**:

**Estimated Work End Date**:

***This form must be filled out for any work conducted by Jim Muck.***

***As of calendar year 2015, costs are $85.82/hour plus a portion of shared costs. (For more information contact Gail Coburn.)***

**Contact Information:**

*Project Name*:       *Project Number (CIP or O&M)*:       CIP Rtype:       CIP RCat:

*Project Manager*:       *Phone Number*:

*City Department*:

Project Information:

*Type of Project*: Culvert installation/replacement  Stream restoration  Bridge construction/replacement

Shoreline Restoration  Other:

*Description of project*:

*What watershed/basin is the project located in*[[1]](#footnote-1)?

*Is there work in or near water*?

*Project construction schedule*: Total:       In-water[[2]](#footnote-2):

Services Information: *Under the Agreement between the City of Seattle and the Services, the Services can provide project coordination to minimize potential impacts to the aquatic environment and to all fish and wildlife, not just listed species. Coordination with the Services should begin as early in project planning as possible. It is better to coordinate early to minimize effects or impacts to fish and wildlife than to modify a project toward the end.*

**Type of coordination requested**:

*Technical assistance*: Document and project review  Site visit Meetings

*Consultation*: Assist with Specific Project Information Forms (SPIF) Write Biological Evaluation Conduct Consultation

*Briefly describe what work may be involved*:

**Estimate the amount of time to perform the requested work:** *Please consult with Jim Muck in estimating the needed time. Any time is only an estimate and may vary based on project complexity or change and on unexpected issues.*

*Estimated number of hours*:

*For long- term projects that may require several months to complete, please estimate the number of hours per month, throughout the duration of the project, needed to complete the required work*:

Estimated number of hours per month:

**Assumptions*:*** *Please list any information that may pertain to this request. For example: Deliverables, who will provide documents and information on project, contact information, etc.*

**AUTHORIZING SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (electronic signature OK)

*Project Manager*

**Date Signed**:

**Please email, fax or mail completed forms to Jim Muck and he will contact you.** Actual start of work will depend on Jim’s workload and your need.

Jim Muck

NOAA Fisheries

7600 Sandpoint Way NE

Seattle, WA 98115

Phone: (206) 526-4740

Fax: (206) 526-4746

Jim.Muck@noaa.gov

1. For specific watersheds within the City of Seattle, please consult the Seattle Biological Evaluation located at <http://www.seattle.gov/util/SeattleBiologicalEvaluation/> [↑](#footnote-ref-1)
2. In-water work windows are provided in Section 4 of the Seattle Biological Evaluation. [↑](#footnote-ref-2)