



Inland Water Resources Division
 Department of Environmental Protection
 79 Elm Street, 3rd Floor
 Hartford, CT 06106-5127
www.ct.gov/dep

GIS CODE #: _____
 For DEP Use Only

Statewide Inland Wetlands & Watercourses Activity Reporting Form

Complete, print, sign, and mail this form in accordance with the instructions on pages 2 and 3.

PART I: To Be Completed By The Municipal Inland Wetlands Agency Only

1. DATE ACTION WAS TAKEN (use drop-down box): Year Month
2. ACTION TAKEN (use drop-down box):
3. WAS A PUBLIC HEARING HELD? (select one only) Yes No
4. NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
 (print): _____ (signature) _____

PART II: To Be Completed By The Municipal Inland Wetlands Agency Or The Applicant

5. TOWN IN WHICH THE ACTION IS OCCURRING:
 Does this project cross municipal boundaries? (select one only) Yes No
 If Yes, list the other town(s) in which the action is occurring:
6. LOCATION: USGS Quad Map Name (see hyperlink):
Quad Number (see hyperlink):
 Subregional Drainage Basin Number (see hyperlink):
7. NAME OF APPLICANT, VIOLATOR OR PETITIONER:
8. NAME & ADDRESS/LOCATION OF PROJECT SITE:

 Briefly describe the action/project/activity: Temporary Permanent
9. ACTIVITY PURPOSE CODE (Use drop-down box):
10. ACTIVITY TYPE CODE(S) (Use drop-down box)
11. WETLAND / WATERCOURSE AREA ALTERED [must be provided in acres or linear feet as indicated]:
 Wetlands: acres Open Water Body: acres Stream: linear feet
12. UPLAND REVIEW AREA ALTERED [must be provided in acres]: acres
13. AREA OF WETLANDS AND / OR WATERCOURSES RESTORED, ENHANCED OR CREATED: acres
 [must be provided in acres]

PART III: To Be Completed By The DEP

- DATE RECEIVED: _____ DATE RETURNED TO DEP: _____
 FORM COMPLETED: YES NO FORM CORRECTED / COMPLETED: YES NO