WMS Archive File Name:	
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WMS WATERCOURSE MAPPING SUMMARY

Per the requirements for watercourse verification outlined in Project Management and Engineering Operating Policy and Procedure #8 and Planning Department Operating Policy and Procedure #1 (effective June 18, 2007), MOA Watershed Management Services has inspected the following location for the presence or absence of stream channels or other watercourses, as defined in Anchorage Municipal Code (21,35).

• Project	Case Number or Subdivision Name:		
• Project	Location, Tax ID, or Legal Description:		
Project	Area (if different from the entire parcel or subdivision):		
In accordan area, or app	ce with the requirements and methods identified, WMS verif	ies that this parc	el, project
	<u>DOES NOT</u> contain stream channels and/or drainageways, a archival mapping information.*	s identified in WM	AS field or
	<u>DOES</u> contain stream channels and/or drainageways <u>AND</u> the on submittal documents in general congruence with WMS information. New or additional mapping <u>IS NOT REQUIRED</u> .*		
	Contains stream channels and/or drainageways <u>BUT</u> one watercourses: • are <u>NOT</u> shown on submittal documents, or • are <u>NOT</u> depicted adequately on submittal documents for • are <u>NOT</u> located or identified on submittal documents WMS field and archival mapping information. New or additional mapping <u>IS REQUIRED</u> and must be reand verification.*	verification, or in general congru	nence with
	Presence of stream channels and/or drainageways is unknown not possible at this time. WMS will verify as soon as conditionallow.		
	vitted in error by WMS or others remain subject to MOA Code and m fication of the error.	nust be shown in ne	w mapping
ADDITION	AL INFORMATION:		
$\begin{array}{ccc} \square Y & \square N \\ \square Y & \square N \\ \square Y & \square N \end{array}$	WMS written drainage recommendations are available. WMS written field inspection report or map is available. Field flagging and/or map-grade GPS data is available.	□ Preliminary □ Preliminary	□Final □Final
Inspection C	Certified By: Date:		