



Water Type Modification Form
 For changes to the Water Type Map
 SPOKANE COUNTY DEPARTMENT OF BUILDING AND PLANNING
 1026 WEST BROADWAY AVENUE
 SPOKANE, WA 99260
 509-477-3675 Phone 509-477-4703 Fax

Date: _____ Project No. _____

Applicant: _____

Property Owner: _____

Spokane County File No.

 STAFF WILL ENTER # UPON SUBMISSION

Check all that apply

- Adding streams/lakes Removing Streams/lakes Changing location of streams/lakes
 _____ Changing water type based on physical characteristics
 _____ Changing water type based on protocol survey
 _____ Other. Describe _____

DNR Use Only

Region Name: _____
 Region Reference No.: _____
 WRIA No. _____

1. Water Reference ID	2. Name of Water	3. Tributary To	4. Legal Description (¼ ¼ Section, Township, Range, E/W) include parcel number
5. County	6. Water Type Shown on Map	7. Proposed Water Type	8. Date of Field Visit

9. FPA Number, Project Application Number(s) (if applicable) or description of land use/permit action

10. Change is based on the following (check all that apply)

<input type="checkbox"/> Fish found <input type="checkbox"/> No fish found <input type="checkbox"/> Physical characteristics	<input type="checkbox"/> Public water diversion <input type="checkbox"/> Fish hatchery diversion <input type="checkbox"/> Water feature exists, but does not meet WAC 222-16-031 definition
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11. Water levels in the survey area were: Above Normal Normal Below Normal
 Description:

12. The water type break was determined by:

Stopping at last observed fish
 Stopping at upper extent of fish habitat
 Stopping at end of harvest or property boundary
 Other – Describe:

13. Are there any fish passage barriers downstream of the surveyed stream segment(s):

- Natural barriers: Falls Cascades Bedrock chutes If yes, what is the height _____
- Temporary barriers (log jams)
- Man-made barriers (culverts)
- Other – Describe:

Fish passage barriers were identified by: Maps Field observation Other – describe:

14. Is there evidence of mass wasting or scouring events?

- Yes. Describe how these affected current stream channel conditions and fish distribution in the stream.
- No

Qualified Professional

Organization Name

Telephone Number

Mailing Address: _____

Continued:

**Review Comments
Water Type Modification**

Attention Reviewers: Spokane County will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to Spokane County Department of Building and Planning, 1026 West Broadway Avenue, Spokane WA, 99260, Fax: 509-477-4703, E-mail: bp@spokanecounty.org

Reference Number
(Spokane County Use Only)

Comments Due Date
(Spokane County Use Only)

Reviewer's Name

Reviewers Affiliation

Reviewer's Phone Number:

Reviewer's E-Mail:

Agree with proposed change(s)

Disagree with proposed changes

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature: _____  (Signature not necessary for e-mailed responses)

Spokane County Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR:				
WDFW:				
DOE:				
Tribe:				
Other:				

Approve Change

Disapprove Change

Reasons for Disapproval:

Signature: _____ Date: _____

Proponent and reviewers notified of decision by _____ on _____
(Name) (Date)

Forwarded to DNR _____ on _____
(Name) (Date)