

Emergency Watershed Protection(EWP) Contact Report

Name		Date and Time of Contact
Phone Number	Address	
Location of Watershed Impairment (County, Town, Stream, Route Number, Etc.)		
Description of Watershed Impairment		
Initial Action Taken and Date (Resolution, Referral, Etc.)		
Follow-up Action Taken and Date (Site Visit, Etc.)		
Name of NRCS Employee		Service Center
Signature	Date	