

USPS-NOS COOPERATIVE CHARTING PROGRAM
NAUTICAL FEATURE INFORMATION WORKSHEET

Fields indicated with an asterisk (*) are always required. Fields indicated with a double asterisk (**) are required only if Echo Sounding Equipment was used.

Fields indicated with five asterisk (*****), are always required if the Data Type is Aid to Navigation.

Items already reported in a Nautical report are automatically sent to the Coast Pilot Branch. A separate Coast Pilot report is not necessary.

CHART

Chart Number: _____

*Investigation Date: _____

Chart Edition: _____

Chart Date: _____

*Special Investigation: Yes No

*Data Type: (Please check the box that applies)

- | | |
|---|--|
| <input type="checkbox"/> Aid to Navigation | <input type="checkbox"/> Overhead Cable |
| <input type="checkbox"/> Artificial Reef | <input type="checkbox"/> Pier/Dock |
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Pile/Dolphin |
| <input type="checkbox"/> Depth Legend | <input type="checkbox"/> Platform |
| <input type="checkbox"/> Discrete Point Data | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Duck Blinds | <input type="checkbox"/> Shoal |
| <input type="checkbox"/> Fish Stakes | <input type="checkbox"/> Sign/Marker |
| <input type="checkbox"/> Geographic Name (see GNIS database) | <input type="checkbox"/> Submerged Cable |
| <input type="checkbox"/> Landmark | <input type="checkbox"/> Wreck |
| <input type="checkbox"/> Note Change (Includes telephone numbers or any other charted text) | |
| <input type="checkbox"/> Obstruction | |

*****CG Notified: Yes No

*Action: Add Change
 Delete Relocate
 Change and Relocate

Description:

Support Label(s) & Items(s): _____

*Method of Investigation: (Please check the box that applies)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Visual | <input type="checkbox"/> Pole Depth |
| <input type="checkbox"/> Lead Line | <input type="checkbox"/> Pipe Drag |
| <input type="checkbox"/> Echo Sounder | <input type="checkbox"/> Other _____ |

*Latitude (North): _____
(Required format for Latitude: DD MM.MMM or DD MM SS.SS)

*Longitude (West): _____
(Required format for Longitude: DDD MM.MMM or DDD MM SS.SS)

*Datum: NAD 83 NAD27
 WGS 84 Unknown

*Position Data and Method: See Position Data and Method Worksheet.

*Was Echo Sounding Equipment Used: Yes No

**Manufacturer & Model: _____

**Observed Depth: _____

**Time of Observed Depth: _____

**Transducer Correction: _____

Additional Information: