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REPORT OF CHANNEL CONDITIONS

(100 to 400 Feet Wide)

For use of this form, see EP 1130-2-520; the proponent agency is CECW-OD

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DATE *(YYYYMMDD)*

TO

FROM

RIVER/HARBOR NAME AND STATE

MINIMUM DEPTHS IN EACH 1/4 WIDTH OF CHANNEL ENTERING FROM SEAWARD

NAME OF CHANNEL	DATE OF SURVEY *(YYYYMMDD)*	AUTHORIZED PROJECT			LEFT OUTSIDE QUARTER *(feet)*	MID-CHANNEL		RIGHT OUTSIDE QUARTER *(feet)*
		WIDTH *(feet)*	LENGTGH *(miles)*	DEPTH *(feet)*		LEFT INSIDE QUARTER *(feet)*	RIGHT INSIDE QUARTER *(feet)*	

REMARKS *(Continue on additional sheets if needed)*