

**USCG Thirteenth District
Waterways Analysis and Management System Questionnaire**

Waterway: Umpqua River

The following survey will assist the Coast Guard in determining whether the navigational aids within the Umpqua River waterway are appropriate. Any observations or suggestions will assist us in conducting a complete analysis of the waterway. Your participation is greatly appreciated. Please return the survey to:

Commander
Thirteenth Coast Guard District (dpw)
915 Second Ave. Room 3510
Seattle, WA 98174

Questions may be directed to ENS Daniel Park at (206)220-7283 or Daniel.H.Park@uscg.mil

1) Mariner Profile:

Name: _____

Address: _____

City: _____

State, ZIP: _____

Phone: ____ (____) _____

Vessel Name: _____

Vessel Type: _____

Vessel Length: _____

Vessel Beam: _____

Vessel Draft: _____

Vessel Tonnage: _____

Transit Frequency:

___ Daily ___ Weekly ___ Monthly

Time of Transit:

___ Daytime ___ Nighttime

Navigational equipment most used while transiting this waterway (please rank from 1 to 11 with 1 being most important):

___ Chart ___ Electronic Charts ___ RADAR

___ D/GPS ___ Shore Lights

___ Fathometer ___ Buoys

___ Lighthouses ___ Magnetic Compass

___ Gyro Compass ___ Seaman's Eye

2) General Questions:

a) How far off the Oregon Coast do you normally operate? _____

b) How many years/months have you transited the Umpqua River waterway?

c) Do you have an electronic charting system on board? YES / NO

If so, is this your primary form of navigation? YES / NO

If not, what is your primary form of navigation?

3) Aids to Navigation specific questions:

a) Do you utilize the aids in the channel? YES / NO

b) Are you satisfied with the position of the aids? Is the light on any aid too dim or too bright?

c) Do you think any additional aids are needed? If so, where?

d) Could any aids be discontinued? If so, which ones and why?

e) In your opinion, are modifications to the aids to navigation system needed to enhance marine safety at Umpqua River?

f) Do you use Umpqua Lighthouse for navigation? YES / NO

i) If yes...

(1) Please describe how you use it

(2) How often do you use it?

(3) When the light is not working how does it affect your ability to navigate?

g) Please provide any additional comments regarding the waterway:

4) Would you be interested in inviting a Coast Guard representative to ride on your vessel? This would enable us to see the waterway from your perspective. YES / NO

5) How did you hear about the Waterways Analysis we are conducting? Please circle ALL that apply:
RADIO, LETTER, LOCAL NOTICE TO MARINERS, NEWSPAPER, TV, FLYER, OTHER: _____

Please Return Survey No Later Than: April 1st, 2010

Fax: (206)220-7265

THANK YOU FOR YOUR TIME! WE APPRECIATE IT!