

U.S. Department
of Transportation

United States
Coast Guard



Commanding Officer
United States Coast Guard
Vessel Traffic Service
Houston/Galveston

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10500
May 18, 2001

Dear Terminal Owner/Operator:

Last November the Houston/Galveston Navigation Safety Advisory Committee published the first ever *Facility Information Guide for the Ports of Galveston, Houston and Texas City*. Thank you for your key role in that historic effort. Without your support and participation this comprehensive collection of important data on every facility in the Galveston Bay area would not have become a reality.

On behalf of HOGANSAC, my staff has developed a revised Facility Terminal Questionnaire in preparation for the Fall 2001 edition of the Guide. The new questionnaire is designed to solicit updated information on your facility. The revised questionnaire also seeks information users have requested be included in the new Guide. Your assistance in completing the enclosed questionnaire will enhance the value and utility of the second edition of the Guide.

Please complete a separate copy of the enclosed questionnaire for each barge or ship dock within your terminal complex. The questionnaire should be returned to the Vessel Traffic Service at your earliest convenience, but no later than August 10, 2001. You may return this questionnaire using the enclosed self-addressed envelope, by fax to (713) 671-5159 (attn: RDCS Glenn), or by e-mail to tglenn@vtshouston.uscg.mil

Thank you for your continued support of this important initiative. If you have any questions about the Guide or completing the questionnaire please call (713) 671-5103 and ask to speak with one of the project officers for this initiative: Senior Chief Radarman Tom Glenn or Chief Quartermaster Chuck Reynolds.

Sincerely,

Peter S. Simons
Commander, U.S. Coast Guard

Encl: (1) Facility Terminal Questionnaire.

FACILITY TERMINAL QUESTIONNAIRE

Please complete the enclosed survey for each facility within your area of responsibility. Note that one form should be completed as completely as possible for each barge or ship dock within your terminal complex.

Name of facility:

Name or number of berth:

Point of contact and phone number:

24 Hour point of contact:

Facility address:

Mailing address:

(If different

from facility)

Minimum depth alongside berth at MLW:

Length of dock: _____ BCM (Tank Berth Only):

Overall length from headline to sternline mooring location:

Max Length and Beam of vessel allowed:

If berth is a slip, what is the distance across the slip to opposite berth or to the 16' contour line:

Date of last survey:

Surveying entity:

Location of Fire Fighting Water Manifold:

Can the dock be used as a Layberth? Y N