

Attachment 4
Intra-Service Section 7 Biological Evaluation

Intra-Service Section 7 Biological Evaluation Form

Originating Person: Lisa L. Williams
Telephone Number: 517-351-8324
Date: July 20, 2001

- I. Region: 3
- II. Service Activity (Program) and Geographic Area or Station Name: Natural Resource Damage Assessment Program, East Lansing, Michigan, Field Office
- III. List Species (including proposed and candidate species) or critical habitat (including proposed) found within action area:

No listed, proposed or candidate species or their critical habitats are found within the action area.

IV. Describe Location including County, State and TSR (township, section & range):
Improvement of MDNR boat ramp at the north terminus of Jones Road, in Hampton Township (T14N, R6E, Section 7 and T14N, R5E, Section 1).

V. Description of proposed action (attach additional pages as needed): Improvement of MDNR boat ramp at the north terminus of Jones Road, Hampton Township, Bay County, Michigan. The existing gravel ramp will be improved with concrete planks and a skid pier. A

- VI. Description of effects (attach additional pages as needed):
A. Explain the anticipated effects of the action on species and critical habitats listed in item III. Beneficial and adverse effects, as well as actions to avoid or minimize adverse effects, should be identified.

(No listed species or critical habitats.)

B. Determination (check all that apply)

Response requested

No Effect on species/critical habitat
list species/critical habitat:

Concurrency (optional)

Not Likely to Adversely Affect species/critical habitat
list species/critical habitat:

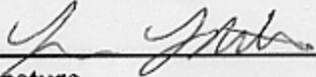
Concurrency

Likely to Adversely Affect species/critical habitat
list species/critical:

Formal Consultation

Likely to Jeopardize candidate or proposed species/critical habitat
list species/critical habitat

_____ Formal Conference

 9/7/01
Signature Date
[Project Manager at originating station]

IX. Reviewing Ecological Services Office Evaluation:

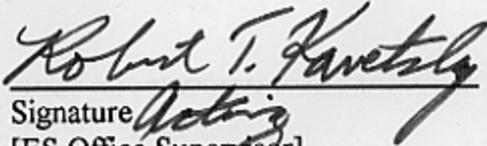
A. Concurrence Nonconcurrency _____
Explanation for nonconcurrency:

B. Formal consultation required _____

C. Conference required _____

D. Informal conference required _____

E. Remarks (attach additional pages as needed):

 9/10/01
Signature Date
[ES Office Supervisor]