



**WELLS NATIONAL ESTUARINE RESEARCH RESERVE
FACILITIES USE REQUEST**

This form will be used by the Wells NERR Research Department to review requests for the use of our facilities and grounds for any research and/or monitoring activities. Please be aware that a majority of the Little River and Webhannet River Estuaries are United States Fish and Wildlife Service property. A permit from their local office (Rachel Carson National Wildlife Refuge, Wells, ME) is required before accessing or impacting their property in any way. Please keep this in mind when planning your project and picking areas to work in.

If you have any questions about the available facilities, equipment, boats, sampling areas, etc., please contact Research Associate Jeremy Miller at 207-646-1555 Ext. 122 or jmiller@wellsnerr.org.

Name : _____

Affiliation: _____

Address: _____

City State Zip

Phone No. _____

E-Mail address _____

Date and Time of Arrival _____

Date and Time of Departure _____

Brief Description of Project (2-3 Sentences) :

Please check all that apply:

Education - Total Students

- Undergraduate _____
- Graduate _____
- Other _____

Research

- Scientist/Faculty
- Masters Project
- Ph.D. Project
- Post Doc Project
- Other _____

Funding

- NSF Funded
- Other _____

NEEDS:

Dormitory Space (TOTAL NUMBER OF PERSONS AND GENDER): males _____ females _____

Check in _____ Check Out _____

Teaching Lab (hours and dates) _____

Research Lab (equipment, bench space, etc.) _____

Cold Storage Space Required (if available)? _____

Boat Use (If available). Dates, Time, Number of Persons _____

Toxic and Other Chemicals to be used on Site (MUST REMOVE OR DISPOSE, CANNOT LEAVE)

Disposal Plan _____

Plants/Animals to be collected or used for experiments: (A collecting permit may be required for Regulated Species. If a permit is required, it is up to the investigator to assure compliance with all state and federal regulations)

Other Equipment Needs _____

Additional Information _____

PLEASE NOTE: ALL VISITING INVESTIGATORS ARE RESPONSIBLE FOR DISMANTLING AND PROPERLY DISPOSING OF ANY ITEMS USED FOR THEIR RESEARCH DURING THEIR STAY.

Date of Request _____

Signature _____

Title _____

****I hereby agree to acknowledge the Wells National Estuarine Research Reserve (Wells NERR) in any publications resulting from work conducted on site. Additionally, I agree to provide copies of any publications to the Wells NERR once completed.**