

Land Surveyor Report

Final Determination by the Certified DOI Land Surveyor:

A review of the above request has been completed and the following determination(s) has been made by the DOI Land Surveyor or Certified Federal Surveyor:

(Check one)

	The [land description / land surveys] is/are acceptable for the stated purpose, see comments below.
	The [land description / land surveys] has/have potential problems as noted below; however, the risk appears minor and the action within the stated purpose should not be affected.
	The [land description / land surveys] has/have potential problems and should not be used for the stated purpose. The following errors and/or concerns as noted below need to be corrected/addressed before this/these [land description / land surveys] should be used.
	A boundary survey is required. (See cost/time estimate below)

Recommendations/Comments/Concerns/Corrections:

I certify that the parcel described on the attached document(s) contains _____ acres.

This report correctly represents the records and documents evaluated by me or under my direct supervision in conformance with the requirements of the Department of the Interior *Standards for Federal Lands Boundary Evidence*, of the parcel(s) of land identified.

<i>Name: DOI Land Surveyor, or Certified Federal Surveyor</i>	<i>Office, Title and Contact Information:</i>	<i>Date:</i>
<i>[Signature]</i>		

11/21/14 #3992
New

This report correctly represents the records and documents evaluated under my direction and control and in conformance with the requirements of the Department of the Interior *Standards for Federal Lands Boundary Evidence*, of the parcel(s) of land identified.

<i>Name: Certified DOI Land Surveyor</i>	<i>Contact Information:</i>	<i>Date:</i>
<i>[Signature]</i>		

Authorized Officer:

- I concur with the above recommendation(s) and:
 - Additional funding is not required.
 - Funding for the recommended action(s) is authorized in the amount of \$_____.
Cost code: _____
 - Funding for the recommended action(s) will be provided at a later date.
- I do not accept the above recommendation(s) for the following reason(s):

Comment:

<i>Authorized Officer Name:</i>	<i>Office, Title and Contact Information:</i>	<i>Date:</i>
<i>[Signature]</i>		

This report is to be retained in the official case file.