

MARINE TURTLE NESTING SUMMARY REPORT

This form must be typed or printed legibly in ink and signed.

Turtle Permit Number (TP#): _____ Contract No.
 Principal Permit Holder:
 Organization:
 Address:

Telephone: (day) _____ (evening)

Beach Name:

Describe survey boundaries geographically, be specific and use known landmarks that can be found on a map (or send a marked map). Example - North Boundary: 1.5 miles south of the Martin/St. Lucie County Line; South Boundary: St. Lucie Inlet.

North Survey Boundary:
 South Survey Boundary:
 Beach Length: _____ km / mi (circle unit)
 County:
 Start Date of Survey: _____ (include month/day)
 End Date of Survey: _____ (include month/day)
 Number of Days Per Week Surveyed: _____ Time of Day Surveyed:

| NESTING SUMMARY TABLE | CC | CM | DC | UNKNOWN |
|-------------------------------------|----|----|----|---------|
| Total # of false crawls | | | | |
| Total # of nests | | | | |
| Date of first nest | | | | |
| Date of last nest | | | | |
| BEACH RELOCATION DATA: | | | | |
| Total # of nests relocated | | | | |
| Total # of eggs relocated | | | | |
| Total # of relocated nests screened | | | | |
| Total # of live hatchlings | | | | |
| HATCHERY DATA: | | | | |
| Total # of nests in hatchery | | | | |
| Total # of eggs in hatchery | | | | |
| Total # of live hatchlings | | | | |
| IN SITU DATA: | | | | |
| Total # of in situ nests screened | | | | |

NOTE: False Crawl = emergence by an adult female that does not result in a nest
 Relocated = nest reburied at a different site on the beach, not in a hatchery
 Hatchery = permanent fenced area where nests are reburied and concentrated in a group
 In Situ = natural nest left in place where deposited
 Screened = protective flat screening or portable cage screening placed over nest

COMPLETE THE BACK OF THIS FORM ALSO

MARINE TURTLE NESTING SUMMARY REPORT CONTINUED

Are false crawls (non-nesting crawls) counted during your survey? YES NO

Type of hatchery utilized: Self-releasing restraining (circle one)

Reason hatchery was utilized:

Location of hatchery (be specific):

Reason nests were beach relocated:

Predators (type predator and number of nests affected if known):

Describe predator control methods employed (if any):

Were hatchling disorientation events documented?

Have all disorientation reports been submitted to DEP? YES NO

If you do not survey seven (7) days per week, please describe how nests are counted on the day(s) surveys are resumed:

How many persons were involved in actually surveying your assigned beach?

I certify the above information to be true and accurate to the best of my knowledge.

Signature of Principal Permit Holder

Date