NEBRASKA
Good Life. Great Journey.
DEPARTMENT OF TRANSPORTATION

Emergency Repair Biological Assessment Form

Project Name		**Project Number**		**Control Number**	
Repair Scope		**Highway / Road**		**County**	
Start Location		**End Location**		**Length**	
Date of Review		**Reviewer**		**DDIR Number**	

Site Damage and Repair Description
**Project location map to be included as an attachment.*
Photos and Sketches
**Include sufficient photos to show damage at the site and views of the surrounding landscape.*

T&E Species Range in Project Area	Suitable Habitat Evaluation	Effect Determination	Justification	Applicable Conservation or Mitigation Conditions	Additional Comments

Updated 2/17/2023