

The Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Army Engineer District, Wilmington, ATTN: Sheila Jack, Forms Information Management Officer, Post Office Box 1890, Wilmington, NC 28402-1890. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid SAW control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESS. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.

**U.S. ARMY ENGINEER DISTRICT, WILMINGTON
 CUSTOMER SERVICE SURVEY – REGULATORY PROGRAM**

We at the U.S. Army Engineer District, Wilmington, Regulatory Division are committed to improving service to our customers and would like to know how well we have been doing. Who are our customers? You are our **customers** if you submitted a permit application, requested a jurisdictional determination or wetland delineation, or scheduled a pre-application meeting with us. **Other customers** include those of you who receive our Public Notice and/or commented on a particular project or our work in general, because of your interest in the Regulatory Program. To identify how we can better serve you, we need your help. Please take the time to fill out this brief survey and mail it back to us. Your honest opinions will help us determine areas in which we need to improve. For each question, please indicate the level of service you received by marking the appropriate number on a scale from 1-5, with 1 being low (dissatisfied) and 5 being high (very satisfied). If the question does not apply to you, simply mark N/A. Thank you for your time and comments! Response to this survey is VOLUNTARY. If you choose not to respond, it will not affect any current or future dealings you may have with the USAED, Wilmington in any way.

I. FOR APPLICANTS & OTHERS REQUIRING AUTHORIZATIONS	LOW SATISFACTION			HIGH SATISFACTION		
1. Do you think you received your Corps permit decision in a reasonable amount of time?	1	2	3	4	5	NA
2. Do you think you received your Corps jurisdictional determination in a reasonable amount of time?	1	2	3	4	5	NA
3. If we recommended/required project changes/modifications to reduce impacts, did we clearly explain the reasons why?	1	2	3	4	5	NA
4. If we recommended/required project changes/modifications to reduce impacts, did the changes seem reasonable to you?	1	2	3	4	5	NA
5. If we denied your permit, did we clearly explain the reasons why?	1	2	3	4	5	NA
6. For enforcement cases, did our office clearly and professionally explain the basis for the enforcement action (e.g., what work we believe you performed without authorization)?	1	2	3	4	5	NA
7. For enforcement cases, did our office include options for resolution?	1	2	3	4	5	NA
II. FOR "OTHER" CUSTOMERS						
1. For permitted actions, was the permit effective in achieving appropriate protection/mitigation for impacts to aquatic resources?	1	2	3	4	5	NA
2. For enforcement actions, did the Corps require appropriate compensation/restoration for impacts to aquatic resources?	1	2	3	4	5	NA
III. FOR APPLICANTS & "OTHER" CUSTOMERS						
1. Did the Corps representative act professionally and treat you with courtesy?	1	2	3	4	5	NA
2. Did the Corps provide sufficient information to allow you to complete an application form, comment on a public notice, or otherwise evaluate our work?	1	2	3	4	5	NA
3. Did we respond to your letters and telephone calls in a reasonable amount of time?	1	2	3	4	5	NA
4. Did the Corps representative answer your questions clearly, giving you accurate information about our Regulatory Program?	1	2	3	4	5	NA
5. What is your OVERALL rating of the level of service provided by the Corps of Engineers Regulatory Program?	1	2	3	4	5	NA

Note: DATA FROM THIS QUESTIONNAIRE WILL BE USED BY THE DISTRICT TO IMPROVE SERVICE. ALSO, INFORMATION WILL BE TABULATED NATIONALLY BY SERVICE AREA. RESPONDENTS WILL NOT BE IDENTIFIED BY NAME OR ORGANIZATION FOR ANY REPORT DERIVED FROM THIS SURVEY.

PLEASE COMPLETE THE FOLLOWING QUESTIONS BY GIVING US ANY COMMENTS OR SUGGESTIONS FOR HOW WE CAN IMPROVE.

Please indicate the nature of your business (if applicable, check more than one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Property Developer | <input type="checkbox"/> Flood/Water Control District | <input type="checkbox"/> Sand & Gravel |
| <input type="checkbox"/> Public Agency Applicant | <input type="checkbox"/> Consultant | <input type="checkbox"/> Law Office |
| <input type="checkbox"/> Civic or Trade Organization | <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Silviculture |
| <input type="checkbox"/> Member of Legislature | <input type="checkbox"/> Public Agency | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Federal/State/Local Official | <input type="checkbox"/> Personal/Private Project | <input type="checkbox"/> Media |
| <input type="checkbox"/> Conservation Organization | <input type="checkbox"/> Adjacent Property Owner | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other (<i>describe</i>): _____ | | |

What service(s) did you seek from the Corps? (If applicable, check more than one):

- | | |
|--|--|
| <input type="checkbox"/> General Information | <input type="checkbox"/> Jurisdictional/Wetland Determination |
| <input type="checkbox"/> Pre-application Consultation | <input type="checkbox"/> Resolution of Violation/Non-compliance |
| <input type="checkbox"/> Nationwide General Permit | <input type="checkbox"/> Regulatory Program Presentation |
| <input type="checkbox"/> Regional or Programmatic General Permit | <input type="checkbox"/> Commented on Public Notice/Permit Application |
| <input type="checkbox"/> Standard Individual Permit | <input type="checkbox"/> Other (<i>describe</i>): _____ |
| <input type="checkbox"/> Letter of Permission | _____ |

Which Regulatory office (*Division, Asheville, Raleigh, Washington, Wilmington*) did you deal with? _____

Name of person you contacted in our office (*optional*): _____

Do you have any comments or suggestions on the Regulatory Program?

Information about you (*optional*):

Name/Title: _____

Address: _____

Telephone (*include area code*): _____

May we contact you? Yes ___ No ___

PRIVACY ACT STATEMENT

Authorities: The Government Performance and Results Act of 1993 and Executive Order (EO) 12862, "Setting Customer Service Standards", dated September 11, 1993. **Purpose:** To determine the quality of service our customers expect, as well as their satisfaction with USACE's existing services. **Information provided on this form will be used in evaluating the performance of the Corps Regulatory Program. Routine Uses:** This information may be shared with the Office of Management and Budget, members of Congress, and other Federal, state, and local government agencies.

PLEASE MAIL COMPLETED FORM TO: USAED, WILMINGTON, REGULATORY DIVISION, ATTN: LISA MORRIS, POST OFFICE BOX 1890, WILMINGTON, NC 28402-1890.

(Reverse of SAW Form 673)