PLEASE CHECK ONE: ☐ New ☐ Modification ☐ Repair ☐ Removal

**SECTION 1: OWNER INFORMATION**

Owner’s (or representative) Name:

Organization:

I have authorized the submittal of the final construction plans and specifications to the Texas Dam Safety Program according to 30 TAC Chapter 299.

*(Signature of Owner) (Date)*

Owner’s Address:

City: State: Zip Code:

Phone: ( ) Emergency Contact Phone: ( )

Email:

Owner Code (*Please check one*): ☐ Federal (F) ☐ Local Government (L) ☐ Utility (U) ☐ Private (P)

☐ State (O) ☐ Other (O) specify:

Engineering Firm:

State Tax I.D. Number: TBPE Firm Number:

Project Engineer: TBPE License Number:

Engineering Firm Address:

City: State: Zip Code:

Phone: ( ) Emergency Contact Phone: ( )

Email:

**SECTION 2: GENERAL INFORMATION**

Name of Dam:

Texas Dam Safety (TX) Number: Location:

Latitude: Longitude:

County: Stream Name:

River Basin: General Location:

Date of Emergency Action Plan (EAP), if one exists:

**SECTION 3: INFORMATION ON DAM**

**Classification**

Size Classification: ☐ Large ☐ Intermediate ☐ Small

Hazard Classification: ☐ High ☐ Significant ☐ Low

Number of People at Risk: Study Year:

**Type of Dam:** ☐ Earthen ☐ Concrete ☐ Gravity ☐ Rockfill ☐ Masonry ☐ Other (specify):

**Dam Structure** (dimensions to nearest tenth of foot, volume to nearest acre-foot or cubic yard, areas to nearest acre):

Height of Dam (ft): *(effective crest to lowest point of original streambed)*

Structural Height of Dam (ft): *(effective crest to lowest structural point of the dam)*

Length of Dam (ft): Crest Width (ft):

Normal Pool (ft-msl): Service Spillway (ft-msl):

Emergency Spillway (ft-msl): Effective Top of Dam (ft-msl):

Downstream Toe (ft-msl): Embankment Volume (cubic yard):

Maximum Reservoir Capacity (ac-ft): Normal Reservoir Capacity (ac-ft):

Normal Pool Surface Area (ac):

Total Spillway Capacity (cfs): *(at the effective crest of the dam)*

**Outlet (Drain and/or Low Flow)**

Outlet Effective Diameter: ☐ in ☐ ft

Type:

**Service Spillway**

Type**:** ☐ Open Channel ☐ Overflow Structure ☐ Drop Inlet ☐ Gate ☐ Siphon ☐ Conduit ☐ Other (specify):

Width/Diameter (ft): Capacity (cfs):

**Emergency Spillway**

Type**:** ☐ Open Channel ☐ Overflow Structure ☐ Drop Inlet ☐ Gate ☐ Siphon ☐ Conduit ☐ Other (specify):

Width/Diameter (ft): Capacity (cfs):

**SECTION 4: HYDROLOGIC INFORMATION**

Required Hydrologic Criteria (% PMF): PMF Passing (%):

PMF Study Year: Drainage Area (ac): ☐ square miles ☐ acres

ARC III CN Number (if needed): Time of Concentration (min):

Design Storm Peak Discharge (cfs): Design Storm Peak Stage (ft-msl):

Design Storm Duration (hr):

*If you have questions on how to fill out this form or about the Dam Safety Program, please contact us at 512-239-5195. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512-239-3282.*