



**Texas Commission on Environmental Quality**  
 Dam Safety Section  
 Critical Infrastructure Division MC-177  
 12100 Park 35 Circle, Bldg. A  
 Mail: P.O. Box 13087  
 Austin, TX 78711-3087

## **INFORMATION SHEET: PROPOSED NEW CONSTRUCTION, MODIFICATION, REPAIR, ALTERATION, OR REMOVAL OF A DAM**

(Please print or type and complete **all** Sections, unless otherwise specified)  
 Reference Title 30 Texas Administrative Code (TAC), Chapter 299, Dams and Reservoirs

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.*