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.