



STATE OF MISSOURI  
 MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DAM AND RESERVOIR SAFETY  
**DAM INVENTORY QUESTIONNAIRE**

NAME OF DAM		
OWNER(S) NAME		
OWNER(S) ASSOCIATION		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER (REQUIRED)		
LOCATION OF DAM		
COUNTY		
TOWNSHIP  NORTH	RANGE  <input type="checkbox"/> EAST <input type="checkbox"/> WEST	SECTION  1/4 1/4
NAME OF ENGINEER		
NAME OF BUILDER OR CONTRACTOR		
TYPE OF DAM (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> EARTH <input type="checkbox"/> ROCK/FILL <input type="checkbox"/> CONCRETE OR MASONRY <input type="checkbox"/> TAILINGS		
USE OF LAKE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> RECREATION (FISHING, SWIMMING, ETC.) <input type="checkbox"/> LIVESTOCK WATERING <input type="checkbox"/> WATER SUPPLY <input type="checkbox"/> CROP IRRIGATION <input type="checkbox"/> INDUSTRIAL		
YEAR DAM WAS BUILT	SURFACE AREA OF LAKE (ACRES)	
DIMENSIONS OF A DAM (FILL IN BLANKS BELOW)		
DAM HEIGHT	WIDTH OF CREST	LENGTH OF DAM
PRIMARY SPILLWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMERGENCY SPILLWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON FILLING OUT QUESTIONNAIRE		DATE