STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
DAM AND RESERVOIR SAFETY

APPLICATION TO RENEW REGISTRATION PERMIT

PERMIT NO.	DATE

GENERAL INFORMATION

DAM OWNER

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION

OWNER(S) NAME

OWNER(S) ADDRESS

CITY	STATE	ZIP CODE

TELEPHONE NUMBER (REQUIRED)

NAME OF DAM	ID NUMBER
	MO

COUNTY

LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION		
SECTION ¼ ¼	TOWNSHIP NORTH	RANGE ☐ EAST ☐ WEST

APPROXIMATE UTM COORDINATES

Meters North Meters East

DAM HEIGHT	RESERVOIR AREA

PURPOSE OF DAM AND RESERVOIR

NAME OF PERSON FILLING OUT THIS APPLICATION (TYPE OR PRINT)

SIGNATURE

DESCRIBE THE MAINTENANCE AND OPERATION OF THE DAM DURING THE PAST FIVE YEARS:

NOTE: All trees and woody vegetation must be removed from the Spillway and the Embankment.

PLEASE COMPLETE APPLICATION AND INCLUDE <u>CURRENT TELEPHONE NUMBER</u>

PLEASE SUBMIT TO: Department of Natural Resources
Water Resources Center
Dam and Reservoir Safety
PO Box 250
Rolla, MO 65402
573/ 368-2175