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

APPLICATION FOR REGISTRATION PERMIT

DATE

GENERAL INFORMATION

* OWNER(S) NAME		
* 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		
* IN CASE OF EMERGENCY (TYPE OR PRINT) Name:	* TELEPHONE NUMBER (REQUIRED)	

CHECK ONE:

☐ Yes, I do have an Emergency Action Plan for the Dam.

☐ No, I do not have an Emergency Action Plan for the Dam.

IT IS MANDATORY THAT YOU COMPLETE ALL I TEMS MARKED WITH AN ASTERISK (*).

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