



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
DAM AND RESERVOIR SAFETY
APPLICATION FOR SAFETY PERMIT

DATE

PART I – 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

OWNER(S) ENGINEER REG. NUMBER

ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER (REQUIRED)

Attached Documents (NOTE: This Application is not complete without addressing Part II.)

PART II – AS BUILT PLANS*

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

* See Rules and Regulations for Clarification

Empty space for AS BUILT PLANS.