



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

PERMIT NO.		DATE	
GENERAL INFORMATION			
DAM OWNER			
<input type="checkbox"/> SOLE PROPRIETOR		<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
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	$\frac{1}{4}$ $\frac{1}{4}$	TOWNSHIP	NORTH
		RANGE	<input type="checkbox"/> EAST <input type="checkbox"/> 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 SUBMIT TO: Department of Natural Resources Water Resources Center Dam and Reservoir Safety PO Box 250 Rolla, MO 65402 573/ 368-2175			