**New York State Department of Environmental Conservation**

**Division of Water**

**Bureau of Flood Protection and Dam Safety, 4th Floor**

625 Broadway, Albany, New York 12233-3504

**Phone:** (518) 402-8185 • **FAX:** (518) 402-9029

**Website:** [www.dec.ny.gov](http://www.dec.ny.gov/)

# Dam Safety Annual Certification Form

*6 NYCRR Part 673.8 requires that Owners of Class C - High Hazard and Class B -Intermediate Hazard dams submit an annual certification to the NYSDEC - Dam Safety Section by January 31 of each year.* *Please refer to 6 NYCRR Part 673 which governs the definitions and provides additional detail on the questions listed below.*

**Reporting Year (prior full calendar year):**  2022

**Dam Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dam Location:** County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NYS Dam ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazard Class: (circle one)**  B-Intermediate C-High

**Location** **(deg/min/sec):** Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Do you have a written Inspection and Maintenance Plan, in compliance with Part 673, that is being implemented?  If no, provide a date it will be completed and implemented: | Yes No  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| Do you have a written Emergency Action Plan (EAP) in compliance with Part 673 and TOGS 3.1.3? | Yes No |
| Has an EAP review been completed during the reporting year?  If yes, Date review completed:  Note: The EAP is to be reviewed annually. | Yes No  \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| Were changes to the EAP needed?  If yes, provide revision date:  If no: certify “I have reviewed the EAP and no changes, including phone numbers are needed (initial here) | Yes No  \_\_\_\_/\_\_\_/\_\_\_\_\_  Initial here if no changes were needed: \_\_\_\_\_\_\_ |
| If changes were needed, are the updates attached to this annual certification? | Yes Sent Separately |

**Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

**This Certification must be signed by an individual on his or her own behalf, or by either a principal executive officer or ranking elected official, or duly authorized representative of the dam owner.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Form and Attachments to:

NYSDEC - Dam Safety Section

625 Broadway, 4th Floor

Albany, New York 12233-3504

Phone: (518) 402-8185

Fax: (518) 402-9029

Note: The Dam Owner may have other reporting requirements as identified in Part 673 including, but not limited to, reporting: i) flow in an erodible auxiliary spillway, ii) change in ownership, and iii) an engineering assessment every 10 years, following the initial engineering assessment.