



Connecticut
**Department of Energy &
Environmental Protection**
FISHERIES DIVISION

DEEP Fisheries Dam Consultation Form For a Dam Safety Permit/Registration

To the Applicant - Prior to the submission of your license application to the Connecticut Department of Energy & Environmental Protection (DEEP) Dam Safety Program please complete Parts I and II below and e-mail the following to deep.inland.fisheries@ct.gov:

1. this completed DEEP *Fisheries Dam Consultation Form*,
2. a site location map,
3. a PDF version of the proposed project plans including a site survey of existing conditions (if available), and
4. photos of the site and dam.

Fisheries Division staff will contact you if further details are needed. Once the Fisheries Division staff returns the completed form to you, please include the form, and any signed plans (if applicable) in your license application submittal to the DEEP Dam Safety Program.

A copy of this completed fisheries approved form will be sent to the applicant, dam owner(s), their agent, and the DEEP Dam Safety Program. If the approved form indicates that a fishway or other protective measures are necessary, the dam owner should contact the Inland Fisheries Division at 860-434-6043 or deep.inland.fisheries@ct.gov to discuss the details of these determinations.

Part I: Applicant Information (*to be completed by APPLICANT*)

1. Applicant/Registrant Information

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Ext.:

Contact Person:

Phone:

Ext:

E-mail Address:

2. Dam Owner Name (if different than Applicant):

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Check here if additional names of owners need to be included, and label and attach them to this sheet.

3. Agent Name (optional):

(An agent could be a consultant, dam operator, or owner representative)

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Part I: Applicant Information (to be completed by APPLICANT) (continued)

4. Engineer/Surveyor/Agent Information (list as applicable)

Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: Ext.:
Contact Person: Phone: Ext.:
E-mail Address:
Service Provided:

Part II: Dam Information (to be completed by the APPLICANT)

1. Dam Name: DEEP Dam ID#: *(Provide name of dam on file with DEEP Dam Safety Program. If unsure of name or ID, contact Dam Safety at 860-424-3706 or DEEP.DamSafety@ct.gov)*
Alternate Dam or Pond Name:
Address or Location Description:
Town:
Name of stream:
Describe dam (e.g. earthen, concrete, etc.):

Type of spillway (e.g. concrete weir, drop inlet, etc.):
Total length of dam including spillway: feet Length of Spillway: feet
Height of Dam: feet Height of Spillway: feet
(Measured from downstream bed to top of dam) (Measured from downstream stream bed to top spillway)
2. What is the purpose of the dam and impoundment? (check all that apply)
- | | | |
|---|--|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Hydropower | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Public water supply | <input type="checkbox"/> Aesthetic |
| <input type="checkbox"/> Fire protection | <input type="checkbox"/> Non-public water supply | <input type="checkbox"/> No identified use |
| <input type="checkbox"/> Detention sediment basin | <input type="checkbox"/> Flood control | |
3. What is the reason you are proposing working on the dam? (check all that apply)
- DEEP Dam Repair order; if so, indicate order #:
 Maintenance or Engineering Request from DEEP Dam Safety.
(include copy of the correspondence from DEEP Dam Safety Program)
 Initiated by owner for safety, conservation, or other reasons.
- dam repair dam removal construction of a new dam
- maintenance dredging cofferdam installation Other (describe):
4. Is a drawdown necessary to conduct this work? Yes No
How far down? feet For how long?
5. **Project Description:** Provide or attach a brief, but thorough, description of the project including any proposed changes to the dam, e.g. raise the elevation of the crest of dam, widen the spillway, etc., and any measures to protect, enhance or restore fish populations:
6. **DEEP Pre-application Contact:** Indicate name of permit analyst or engineer, if applicable.

To Fisheries Staff - This completed consultation form is required to be submitted as part of a Dam Safety application to DEEP. The application has not yet been submitted to DEEP. Please review the enclosed materials and determine whether the project will significantly impact any fisheries or fisheries habitat. You may provide comments or recommendations regarding the proposal. Send this completed form to the applicant and copy the DEEP Dam Safety Program DEEP.DamSafety@ct.gov. If the proposed work **WILL** significantly impact any fisheries and/or habitat or if you have any comments or concerns regarding the regulatory review for this project, contact the DEEP Dam Safety Program.

Part III: Fish Passage Determination (To be completed by DEEP Fisheries Staff only)

Date Fish Passage Determination received: _____	
Reviewed by: _____	Title: _____
<input type="checkbox"/> No Fishway Necessary. <input type="checkbox"/> Fishway Desirable but not Necessary at this time <input type="checkbox"/> Fishway Necessary.	
Other Comments/Recommendations (or check here if these are attached following this page: <input type="checkbox"/>): _____	

Part IV: Fisheries Habitat Consultation (To be completed by DEEP Fisheries Staff only)

Date Habitat Consultation received: _____	
Reviewed by: _____	Title: _____
<input type="checkbox"/> I have determined that the work described in Part II of this form and attachments WILL NOT significantly impact any fisheries and/or habitat;	
<input type="checkbox"/> I have determined that the work described in Part II of this form and attachments WILL NOT significantly impact any fisheries and/or habitat if the below Recommendations are followed ; and/or,	
<input type="checkbox"/> I have determined that the work described in Part II of this form and attachments WILL NOT significantly impact any fisheries and/or habitat if the design features shown on the attached plans are incorporated . Fisheries staff to sign and date plans and return to the applicant with the completed Consultation Form.	
Other Comments/Recommendations (or check here if these are attached following this page: <input type="checkbox"/>): _____	

(To be completed by DEEP Fisheries Staff only)

Approved by: _____	Title: _____	Date: _____
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