



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Natural Resources
Inland Fisheries Division

Request for Determination of Need for Fishway for Dam Safety Permit

Section 26-136 of the Connecticut General Statutes requires that the DEEP determine if a fishway is necessary at any dam for which there will be work done that requires a DEEP Dam Safety Permit. This form is used to initiate this review. It is recommended that you submit the form prior to submitting the Dam Safety permit application to allow the review process to be more efficient.

Send the completed form to DEEP Inland Fisheries Division, P.O. Box 719, Old Lyme, CT 06371 or scan to PDF and email to: deep.inland.fisheries@ct.gov. Include additional pages as required. **Please include a map showing the location of the dam and if available, attach one or two photos of the dam.**

Once received, the bottom of page 2 will be completed by the Inland Fisheries Division. A copy will be sent to the 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.

If the owner prepares an application for a Dam Safety Permit, a copy of the signed form must be included with the application materials. If not included, the application may take longer to process and review.

Contact the Inland Fisheries Division at 860-434-6043 or deep.inland.fisheries@ct.gov with questions.

Part I: Dam Information

<p>1. Dam Name: _____</p> <p><i>(Provide name of dam on file with DEEP Dam Safety Program. If unsure of name or ID, contact Dam Safety at 860-424-3706)</i></p> <p>Alternate Dam or Pond Name: _____</p> <p>Town: _____ Name of stream: _____</p> <p>Describe dam (e.g. earthen, concrete, etc.): _____</p> <p>Type of spillway (e.g. concrete weir, drop inlet, etc.): _____</p> <p>Total length of dam including spillway: _____ feet Length of Spillway: _____ feet</p> <p>Height of Dam: _____ feet Height of Spillway: _____ feet</p> <p><small>(Measured from downstream bed to top of dam) (Measured from downstream stream bed to top spillway)</small></p>	<p>DEEP Dam ID#: _____</p>												
<p>2. What is the purpose of the dam and impoundment? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Agricultural</td> <td><input type="checkbox"/> Hydropower</td> <td><input type="checkbox"/> Recreation</td> </tr> <tr> <td><input type="checkbox"/> Conservation</td> <td><input type="checkbox"/> Public water supply</td> <td><input type="checkbox"/> Aesthetic</td> </tr> <tr> <td><input type="checkbox"/> Fire protection</td> <td><input type="checkbox"/> Non-public water supply</td> <td><input type="checkbox"/> No identified use</td> </tr> <tr> <td><input type="checkbox"/> Detention sediment basin</td> <td><input type="checkbox"/> Flood control</td> <td></td> </tr> </table>		<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	
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<p>3. What is the reason you are proposing working on the dam?</p> <p><input type="checkbox"/> DEEP Dam Repair order; if so, indicate order #:</p> <p><input type="checkbox"/> Maintenance or Engineering Request from DEEP Dam Safety. <small>(include copy of the correspondence from DEEP Dam Safety Program)</small></p> <p><input type="checkbox"/> Initiated by owner for safety, conservation, or other reasons.</p>													

Part I: Dam Information (continued)

4. Describe the proposed changes to the dam: e.g. raise the elevation of the crest of dam; widen the spillway, etc.

5. Is a drawdown necessary to conduct this work? Yes No
How far down? feet For how long?

6. Provide additional information relevant to the protection, enhancement or restoration of fish population at this location:

Part II: Owner/Agent Information

1. Dam Owner Name:
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.

2. Agent Name (optional):
(An agent could be a consultant, dam operator, or owner representative)
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext.:
E-mail:

===== **For CT DEEP Use Only** =====

Date Received: _____ by _____

Fish Passage Determination:

- No Fishway Necessary. Comments: _____
- Fishway Desirable but not Necessary at this time. Comments: _____
- Fishway Necessary. Comments: _____

Describe Other Fish Protection Measures Necessary: _____

Reviewed by: _____ Title: _____ Date: _____

Approved by: _____ Title: _____ Date: _____