



MUNICIPAL DAM SAFETY

Emergency Notification Contact

This form is prescribed by the Commissioner of Environmental Protection pursuant to section 22a-402(e) of the Connecticut General Statutes (CGS). If a water company or the owner of a hydroelectric power generating facility has not prepared an emergency operation plan and provided the municipality with such plan, section 22a-402(e) CGS provides that an emergency notification contact form shall be filed with a municipality. The owner of said company or facility shall complete and submit a separate form for each municipality listing all dams owned in that municipality. The original completed form shall be sent directly to the applicable municipality. **A copy of the original shall also be sent to the CT DEP, Inland Water Resources Division, Dam Safety, 79 Elm Street, Hartford, CT 06106.** Print legibly or type unless otherwise noted.

Part I: Dam Owner Information

| | | | |
|---|--------|-----------|--|
| 1. Company/Utility Name: | | | |
| Address: | | | |
| City/Town: | State: | Zip Code: | |
| Business Phone: | ext. | Fax: | |
| Contact Person: | Title: | | |
| Email: | | | |
| 2. Name of Municipality where dam(s) is located: | | | |
| 3. Number of Dams owned in above referenced municipality: | | | |

Part II: Emergency Notification Contact Information

| | | | | |
|---|--|--|----------------------------------|--|
| 1. Name of Dam/Impoundment: | | | | |
| Street Address or Description of Location: | | | | |
| Connecticut Dam Inventory Number (if known): | | | | |
| Hazard Class: (check one) | | | | |
| <input type="checkbox"/> (C) High | <input type="checkbox"/> (B) Significant | <input type="checkbox"/> (BB) Moderate | <input type="checkbox"/> (A) Low | <input type="checkbox"/> (AA) Negligible |
| Impoundment Area (acres): | Drainage Area (square miles): | | | |
| Is there an Emergency Operation Plan on file with the municipality? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Emergency Contact Information: | | | | |
| Name: | | | | Title: |
| Business Phone: | | | | Cell Phone: |
| Alternate #1 Name: | | | | Title: |
| Business Phone: | | | | Cell Phone: |
| Alternate #2 Name: | | | | Title: |
| Business Phone: | | | | Cell Phone: |

Part II: Emergency Notification Contact Information (continued)

2. Name of Dam/Impoundment:

Street Address or Description of Location:

Connecticut Dam Inventory Number (if known):

Hazard Class: (check one)

(C) High (B) Significant (BB) Moderate (A) Low (AA) Negligible

Impoundment Area (acres):

Drainage Area (square miles):

Is there an Emergency Operation Plan on file with the municipality? Yes No

Emergency Contact Information:

Name:

Title:

Business Phone:

Cell Phone:

Alternate #1 Name:

Title:

Business Phone:

Cell Phone:

Alternate #2 Name:

Title:

Business Phone:

Cell Phone:

3. Name of Dam/Impoundment:

Street Address or Description of Location:

Connecticut Dam Inventory Number (if known):

Hazard Class: (check one)

(C) High (B) Significant (BB) Moderate (A) Low (AA) Negligible

Impoundment Area (acres):

Drainage Area (square miles):

Is there an Emergency Operation Plan on file with the municipality? Yes No

Emergency Contact Information:

Name:

Title:

Business Phone:

Cell Phone:

Alternate #1 Name:

Title:

Business Phone:

Cell Phone:

Alternate #2 Name:

Title:

Business Phone:

Cell Phone:

Part II: Emergency Notification Contact Information (continued)

4. Name of Dam/Impoundment:

Street Address or Description of Location:

Connecticut Dam Inventory Number (if known):

Hazard Class: (check one)

(C) High (B) Significant (BB) Moderate (A) Low (AA) Negligible

Impoundment Area (acres):

Drainage Area (square miles):

Is there an Emergency Operation Plan on file with the municipality? Yes No

Emergency Contact Information:

Name:

Title:

Business Phone:

Cell Phone:

Alternate #1 Name:

Title:

Business Phone:

Cell Phone:

Alternate #2 Name:

Title:

Business Phone:

Cell Phone:

5. Name of Dam/Impoundment:

Street Address or Description of Location:

Connecticut Dam Inventory Number (if known):

Hazard Class: (check one)

(C) High (B) Significant (BB) Moderate (A) Low (AA) Negligible

Impoundment Area (acres):

Drainage Area (square miles):

Is there an Emergency Operation Plan on file with the municipality? Yes No

Emergency Contact Information:

Name:

Title:

Business Phone:

Cell Phone:

Alternate #1 Name:

Title:

Business Phone:

Cell Phone:

Alternate #2 Name:

Title:

Business Phone:

Cell Phone:

Part III: Certification

Each owner or authorized representative, as indicated below, must sign this part. By their signature, they certify that, to the best of their knowledge and belief, the information contained in the form is true, accurate and complete.

| | |
|--|----------------|
| <p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this notification is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p> | |
| _____ Signature of Authorized Representative | _____ Date |
| _____ Name of Authorized Representative (print or type) | _____ Title |

The certification of the form shall be signed as follows:

1. For an individual(s) or sole proprietorship: by the individual(s) or proprietor, respectively;
2. For a corporation: by a principal executive officer of at least the level of vice president, or his agent;
3. For a limited liability company (LLC): by a manager, if management of the LLC is vested in a manager(s) in accordance with the company's "Articles of Organization", or by a member of the LLC if no authority is vested in a manager(s);
4. For a partnership: by a general partner;
5. For a municipal, state, or federal agency or department: by either a principal executive officer, a ranking elected official, or by other representatives of such registrant authorized by law.

The form will be considered insufficient unless all required signatures are provided.