

## Request for Determination of Stream Flow Release Requirement for Dam Safety Permit

Sections 26-141b-1 through 26-141b-8, inclusive, of the Regulations of Connecticut State Agencies, established Stream Flow Standards and requires certain dams across the state to make stream flow releases to support the downstream ecosystem and habitats. Although the first releases are not required to begin until 2024, if repairs or maintenance are proposed for a dam, it provides an opportunity to evaluate the release structures and ensure that the range of necessary stream flow releases either (1) can be accommodated with the existing release structures; or (2) if modifications are necessary, such modifications could be incorporated into the current construction to save effort and expense in the long run. This form is used to evaluate if stream flow releases are required and if so, the release volume(s). 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 Water Quantity Unit, WPMD, WPLR, 79 Elm St, Hartford, CT 06106-5127 or scan to PDF and email to: <a href="mailto:deep.streamflowclass@ct.gov">deep.streamflowclass@ct.gov</a>. Include additional pages as required. Please include a map showing the location of the dam, and if appropriate as noted below, the US Geological Survey StreamStats Report.

Once received, the bottom of page 2 will be completed by the Water Quantity Unit. A copy will be sent to the dam owner(s), their agent, and the DEEP Dam Safety Program. 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 Water Quantity Unit at 860-424-3020 or deep.streamflowclass@ct.gov with guestions.

## Part I: Dam Information

1.	Dam Name:  (Provide name of dam on file with DEEP Dam Safety Program. If unsure of name or ID, contact Dam Safety at 860-424-3706)								
	Alternate Dam or Pond Name:								
	Town:	Name of stream:							
	Describe dam (e.g. earthen, concrete, etc.):								
2.	What is the purpose of the dam and impoundment? (check all that apply)								
	☐ Agricultural	☐ Hydropower ☐ Recreation							
	☐ Conservation	☐ Public water supply ☐ Aesthetic							
	☐ Fire protection	☐ Non-public water supply ☐ No identified use							
	☐ Detention sediment basin	Flood control							
3.	What is the reason you are proposing working on the dam?  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.								
4. Describe the proposed changes to the dam: e.g. raise the elevation of the crest of dam; widen the spillway, etc.									

## Part I: Dam Information (continued)

	5.	Do any of the exemple ( <a href="https://eregulations">https://eregulations</a> apply to your dam?			SA/Title_26S				cies
		If so, which one? 424-3020 or deep.si				eneration)	Please	contact us at 860	-
	econd, which will te Agencies tion_26-141b-6/). ed by StreamState								
	7.	If you will be require	_						
		Height of Dam:	feet (Measured from		•	•			
		Height of Spillway o		Dam:				bottom of spillway)	
		Elevation of Spillway	•	foot	Normal Pool			eet	
		Elevation(s) of relea	` '	feet	Range of Po	oi Elevatio	ns.	feet	
		Size and flow capac	-	` '	vaa datarmina	٨			
		Attach calculations t	.o snow now the nov	v сарасну v	vas determine	u.			
Pá	art II	I: Owner/Agent I	nformation						
	1.	Dam Owner Name:							
		Mailing Address:							
		City/Town:			Sta	te:	Zip Cod	de:	
		Business Phone:			ext.	:			
		E-mail:							
		Check here if ac	Iditional names of o	wners need	to be include	d, and labe	el and atta	ch them to this	
	2.	sheet. Agent Name (option							
		(An agent could be a co	onsultant, dam operator	, or owner rep	oresentative)				
		Mailing Address:			0.		7: 0		
		City/Town:			Sta		Zip Cod	de:	
		Business Phone: E-mail:			ext.	:			
		E-IIIaII.							
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		Stream Flow Release							
		eam Flow Release re							
Ш	Stre	eam Flow Release re	quired to begin by _						
Р		and have	T:41 -			-	Noto:		
Reviewed by:									
Approved by:		Title:				Date:			

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