

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



Department of
Environmental
Conservation

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): 2023

Dam Name: _____

NYS Dam ID: _____

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

Dam Location: County: _____ Town/City: _____

Location (deg/min/sec): Latitude: _____ Longitude: _____

Street Address of Dam (or Nearest Street): _____

Owner Contact Information

Name: _____

Email: _____

Phone (24-hr): _____

Address (Primary): _____

Secondary Address: _____

I&M Plan Compliance

Provide the date of your written and implemented Inspection and Maintenance Plan (I&M Plan), in conformance with Part 673.6, that reflects current conditions.	Date: ____/____/____
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EAP Compliance

Do you have a complete Emergency Action Plan (EAP) in compliance with Part 673.7 and TOGS 3.1.3 and that includes a Promulgation and Concurrence Form (P&C Form)?	Circle one: Yes No
Identify the date you completed your annual EAP review ¹ for the reporting year.	Date: ___/___/___
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 needed" (initial here)	Circle one: Yes No Date: ___/___/___ Initial here if the EAP remains complete and accurate and no changes are needed: _____
If changes or updates were needed, and updates are not attached to this AC, identify the date the updates <u>have been or will be</u> submitted to DEC and other EAP plan holders.	Date: ___/___/___

¹ An EAP review, should at a minimum, consist of "Annual Test" as identified in TOGS 3.1.3.

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 their own behalf or by a principal executive officer, 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; Email: DamSafetySubmittals@dec.ny.gov

Note: The dam safety regulations in [6 NYCRR Part 673](#) may require the Dam Owner to satisfy additional reporting requirements 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.