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

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)
   Alternate Dam or Pond Name: ___________________________
   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)
   □ 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.
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: __________

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