



**WATER RESOURCES PROGRAM
DAM SAFETY OFFICE**

**OPERATION AND MAINTENANCE PLAN
FORM**

1. PROJECT DATA:

Dam Name: _____

Reservoir Name: _____

Owner's Name: _____

Creek/River: _____

Location: Section _____ Township _____ Range _____

Dam Type: _____

Dam Height: _____ Crest Length: _____ Crest Width: _____

2. INDIVIDUALS WHO ARE RESPONSIBLE FOR:

Name	Title	Telephone #
Operation: _____		
Maintenance: _____		
Inspections: _____		
Monitoring of Instrumentation: _____		

**3. LISTING OF HYDRAULIC ELEMENTS FOR CONTROLLING INFLOW TO OR
OUTFLOW FROM RESERVOIR: (Include gates, valves, spillways, stoplogs, structures, etc. location and
dimensions of structures)**

If you need this document in an alternate format, please call the Water Resources Program at (360) 407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

