



FEBRUARY 2014

PENNSYLVANIA SUPPLEMENT
TO
DAM REHABILITATION APPLICATION
FOR
WATERSHED PROTECTION AND FLOOD PREVENTION (PL-566)
OR
RESOURCE CONSERVATION & DEVELOPMENT (RC&D)
PROJECTS

Project Name: _____

NRCS Dam Number: _____ Year dam was constructed: _____

Project authority (check one) PL-566 _____ RC&D _____

Dam Location: _____ County

Dam Street Address: _____

Sponsor's Name: _____

Sponsor's Mailing Address: _____

Contact: _____ Phone No. _____

Fax: _____ E-Mail: _____





Description of existing condition and known rehabilitation needs of the dam:

[Empty text box for description of existing condition and known rehabilitation needs of the dam]

Description of the current benefits provided by the dam:

[Empty text box for description of the current benefits provided by the dam]

All operation and maintenance requirements are current Yes _____ No _____

Provide Dam Safety Agency information, permit needs, comments, and recommendations on rehabilitation needs for the specific dam. If the State Dam Safety Agency ordered any action on the dam, attach a copy of the order.

ATTACHED _____ NONE _____





Sponsor will:

- Assist in leading locally led planning effort Yes ____ No ____
- Obtain needed land rights including the use of power of eminent domain, if necessary Yes ____ No ____
- Provide local cost-share funds and/or in-kind services to provide the required 35 percent of total project costs Yes ____ No ____
- Enter into a new Operation & Maintenance Agreement with Natural Resources Conservation Service (NRCS) Yes ____ No ____
- Provide funds for continuing Operation & Maintenance actions Yes ____ No ____
- Obtain required permits and approvals at their cost Yes ____ No ____
- Provide leadership to help to ensure adequate land treatment measures are maintained on at least 50 percent of the watershed area above the dam Yes ____ No ____
- Before being credited with the value of any in-kind contribution for any in-kind services and/or acquire land rights, Sponsor will sign a Memorandum of Understanding (MOU) with NRCS Yes ____ No ____

Authorized Representative of Sponsor with Operation and Maintenance Responsibility

Name (printed)

Signature

Date





Additional Information/Attachments:

