



Basic Data Form for Dams



1. Name of dam: _____

2. Location of dam:

a) Place Name: _____

b) CMA/LPMA/Other Topographic Series Map Series Name: _____

Number: _____

c1) Geographic Co-ordinates: Latitude: _____ Longitude: _____



c2) **[OR]** Projected Co-ordinates: Grid: MGA AMG Other (please tick)

Zone (if known): 54 55 56 Other (please tick)

Easting _____ m Northing _____ m

(Note: DSC prefers Geographic data in decimal degrees)

d) Please attach a copy of the appropriate Topographic Map showing the outline of the area covered by full supply level (indicating Reduced Level) of the dam and any further augmentation.

e) Approximate Elevation (mAHD): _____ Crest FSL

3. River/Stream: _____

4. Owner: _____ Phone No.: _____

Address: _____

Owner's Representative: _____ Phone No.: _____

Address: _____

5. Catchment Area: _____ km²

6. Dam Height: _____ m

7. Storage Volume: _____ ML

a) Material stored (attach details): _____

8. Purpose of Dam: _____

9. Type of Dam (i.e. concrete gravity, zoned earthfill, etc.): _____

10. Design Flood Assessment

Inflow Flood Peak: _____ m³/s Annual Exceedance Probability _____

Method: _____ Date: _____

a) Spillway Type: _____

11a. Sunny Day Consequence Category: (please tick the appropriate box – see DSC3A)

Extreme High A High B High C Significant Low Very Low

Reasons for assessment (including PLL or PAR): _____

11b. Flood Consequence Category: (please tick the appropriate box – see DSC 3A)

Extreme High A High B High C Significant Low Very Low

Reasons for assessment (including PLL or PAR): _____

12. Names of and River Distances to Downstream Dams: _____

The following data is required for existing dams only

13. Engineered by: _____

14. Constructed by: _____

15. Year of completion: _____

16. Frequency of Surveillance Inspections: _____

17. Date of last Inspection: _____

18. Was a Surveillance Report prepared? _____

Name

Signature & Date

Designation (Owner,
Manager, Consultant etc.)