

COMPLETION REPORT

DAM PERMIT NO.: _____

DATE APPROVED: _____

I hereby certify that the following has been built and was completed in accordance with the approved plans and specifications:

APPLICANT: _____

NAME OF DAM: _____

NAME OF STREAM: _____

MUNICIPALITY: _____

COUNTY: _____

COMPLETION DATE: _____

Signature of Engineer & Embossed Seal

New Jersey License Number

Date

A complete set of as built plans and specifications must accompany this completion report.

Please complete and return to:

Mail Code 501-01A
NJDEP, Dam Safety Section
501 E. State Street
P.O. Box 420
Trenton, NJ 08625-0420

Dam Safety Section

Tel No: 609-984-0859

Fax No: 609-984-1908

E-mail: Damsafety@dep.state.nj.us

Web: www.state.nj.us/dep/damsafety/

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