

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES & ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER

REMEDIAL INFORMATION
FOR
STREAM / FLOODPLAIN VIOLATION

Any construction activity or placement of fill material in or along a stream that could, in any way, obstruct flood flows without a construction permit from the Division of Water is a violation of Chapter 151 of the KENTUCKY REVISED STATUTES

1. OWNER: _____
Give name of person(s), company, government agency, or other owner of project.

MAILING ADDRESS: _____

TELEPHONE: _____

2. AGENT: _____
Give name of person(s) submitting information, if other than owner.

ADDRESS: _____

TELEPHONE: _____

3. ENGINEER: _____ P.E. NUMBER: _____
Contact Division of Water if waiver can be granted.

TELEPHONE: _____

4. DESCRIPTION OF CONSTRUCTION: _____
Describe both what construction has been completed and what work remains.

5. LOCATION OF CONSTRUCTION: _____
Give county name, direction from nearest town, stream name and mile, latitude & longitude

6. DATE CONSTRUCTION STARTED: _____

7. DATE CONSTRUCTION COMPLETED OR STOPPED: _____

8. PUBLIC NOTICE: _____
(Contact Division of Water for Public Notice requirements)

9. LIST OF ATTACHMENTS: _____

List plans, profiles or other drawings and data provided. A map should always be submitted. Also provide a description of any attached photographs [What is shown, direction photo was taken (upstream or downstream or N , E, W, S)]

10. I, _____(Initials) CERTIFY THAT THE "OWNER", AS SHOWN IN ITEM # 1 ABOVE, HAS EASEMENT RIGHTS ON ALL PROPERTY ON WHICH THIS PROJECT IS LOCATED OR ON WHICH RELATED CONSTRUCTION WILL BE LOCATED OR ON WHICH RELATED CONSTRUCTION WILL OCCUR (in the case of dams, the area that would be impounded during the design flood) .

11. REMARKS: _____

This information is provided to allow the Division of Water to determine what remedial requirements are necessary to bring the existing construction into compliance with current regulations. Any additional information which is necessary will be provided upon request. I certify that , to the best of my knowledge, all the information is true and correct.

Signature: _____
Owner or Agent sign here. (If signed by Agent, a Power of Attorney should be attached)

Date: _____

SUBMIT INFORMATION AND ATTACHMENTS TO:

Division of Water
Water Resources Branch
14 Reilly Road
Frankfort, Kentucky 40601

Phone: (502) 564-3410