

STATE OF MICHIGAN



JOHN ENGLER, Governor

DEPARTMENT OF NATURAL RESOURCES

Stevens T. Mason Building, P.O. Box 30028, Lansing, MI 48909

ROLAND HARMES, Director

NATURAL RESOURCES
COMMISSIONLARRY DEVUYST
PAUL EGGLE
GORDON E. GUYER
JAMES P. HILL
DAVID HOLLU
D. STEWART MYERS
JOEY M. SPANO

February 3, 1993

City of Corunna
402 N. Shiawassee St.
Corunna, Michigan 48817

Dear Dam Owner:

Michigan's Dam Safety Act, Act 300, Public Acts of 1989, which took effect June 1, 1990, requires owners of certain dams to periodically submit dam safety inspection reports to the Department of Natural Resources (DNR).

Our records indicate you are the owner of the Corunna Dam, Dam ID No. 00379, in Shiawassee County. This dam meets the size criteria of Act 300 and is classified as having a significant hazard potential. The Act specifies that owners of a significant hazard potential dams are required to submit dam safety inspection reports to the DNR once every 4 years.

An inspection report for your dam is required to be submitted to this office by December 31, 1993. This requirement is pursuant to an inspection schedule established by the DNR as required by Act 300. You will be notified when future inspection reports are due.

Inspection reports must be prepared by a Licensed Professional Engineer and must include:

- a. An evaluation of the dam's condition, spillway capacity, operational adequacy, and structural integrity.
- b. A determination of whether deficiencies exist that could lead to the failure of the dam.
- c. Recommendations for maintenance, repair, and alterations of a dam as are necessary to eliminate any deficiencies.

Please have the engineer you engage to prepare the inspection report contact this office for the design flood flow to be used to evaluate spillway capacity for your dam.

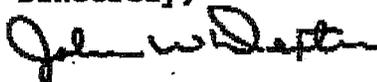
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Instead of engaging a licensed professional engineer, local units of government may request the DNR to inspect their dams, and prepare a report as outlined above. Should you decide to have the Department inspect your dam, please notify this office in writing by March 31, 1993.

The Act also requires you to prepare and keep current an Emergency Action Plan (EAP) for your dam. The EAP must be reviewed by the county or local emergency management coordinator for consistency with the local emergency operations plan. Following that review, the EAP must be submitted to the DNR. Presently there are no requirements for when to submit the EAP. However, we recommend the EAP be either submitted with the inspection report in 1993, or within one year of your first dam safety inspection report. The engineer you engage to prepare the inspection report, along with the local emergency management coordinator, can assist you in preparation of the EAP.

If you are not the owner of this dam, or you think that your dam may not meet the size criteria for regulation by the Dam Safety Act, or you have any questions in this regard, please contact the Dam Safety Unit, DNR, at 517-373-0208.

Sincerely,



John W. Dexter, P.E., Chief
Dam Safety Unit
Land and Water Management Division

JWD:JTP:cg

NATURAL RESOURCES COMMISSION
 LARRY DEVIYST
 PAUL GISELE
 GORDON E. GUYER
 JAMES P. HILL
 DAVID HOLLI
 O. STEWART MYERS
 JOEY M. SPANO

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: **00 379**

City of Corunna
 402 N Shiawassee St
 Corunna, Michigan 48817

4. Article Number
P 419 695 439

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address
 X

6. Signature - Agent
[Signature]

7. Date of Delivery
2-16-93

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-866 **DOMESTIC RETURN RECEIPT**

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 Corunna, Michigan 48817

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