

Site ID :

Inventoried by :

Date:

St. Joseph Watershed Dam Inventory Data Form

Site Location Information:

GPS Waypoint __ Latitude: _____ Longitude: _____
 County: _____ T/R/Sec.: _____
 Access Road _____ Dam or Impoundment name (if any): _____
 Dam/Property Owner(s): Federal State Local Gov. Private Abandoned Unknown
 Stream Name: _____ Tributary to: _____
 Recent Precipitation (web source such as wunderground.com): Past 24 hours: _____ in Past Week: _____ in

Land Use Information

(Check any that apply)

Upstream:	Downstream:
<input type="checkbox"/> Forest	<input type="checkbox"/> Forest
<input type="checkbox"/> Wetland	<input type="checkbox"/> Wetland
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
<input type="checkbox"/> Urban	<input type="checkbox"/> Urban
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Park	<input type="checkbox"/> Park
<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Impoundment or Dam Use Information

(Check all that apply)

Recreation
 Wildlife pond
 Waterfront development
 Hydropower
 Water supply
 Flood control
 Other: _____

Structural Information (check all appropriate):

Barrier Type	Construction Materials	Other Site Features
<input type="checkbox"/> Earthen Berm	<input type="checkbox"/> Concrete	<input type="checkbox"/> Emergency Spillway
<input type="checkbox"/> Dam Wall(no overflow)	<input type="checkbox"/> Earth	<input type="checkbox"/> Stream Diversion or Canal
<input type="checkbox"/> Open Crest spanning stream	<input type="checkbox"/> Wood	<input type="checkbox"/> Retaining Walls
<input type="checkbox"/> Open crest channelizing flow	<input type="checkbox"/> Rock	<input type="checkbox"/> Low level outlet
<input type="checkbox"/> Debris Jam	<input type="checkbox"/> Metal	<input type="checkbox"/> Gates
<input type="checkbox"/> Stoplogs or Flashboards	<input type="checkbox"/> Screen	<input type="checkbox"/> Rip-Rap
<input type="checkbox"/> Beaver dam	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Fish passage Structure
<input type="checkbox"/> Undersized culvert		<input type="checkbox"/> Vehicle access
<input type="checkbox"/> Natural Falls		<input type="checkbox"/> Attached or Adjacent Buildings
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____

Upstream Conditions:

(Mark evident changes to the stream caused by the barrier)

Widening
 Deepening
 Loss of channel/Partially Lake
 Change to lake/pond
 Wetland/Flooding
 None

Is there evidence of erosion?

(Check all that apply)

Upstream:	At Structure:	Downstream:
<input type="checkbox"/> Overtopping	<input type="checkbox"/> Overflow/Breach	<input type="checkbox"/> Plunge Pool
<input type="checkbox"/> Gullies	<input type="checkbox"/> Access Paths/Trails	<input type="checkbox"/> Scour
<input type="checkbox"/> Bare Soil	<input type="checkbox"/> Gullies	<input type="checkbox"/> Gullies
<input type="checkbox"/> Bank Failure	<input type="checkbox"/> Bare Soil	<input type="checkbox"/> Bare Soil
<input type="checkbox"/> Undercut Banks	<input type="checkbox"/> Bank Failure	<input type="checkbox"/> Bank Failure
	<input type="checkbox"/> Undercut Banks	<input type="checkbox"/> Undercut Banks

Direct Stream Measurements:

Stream:	Spillway:	Vertical Characteristics:
Widest Impoundment Width: _____ ft	Width: _____ ft	Height of Head: _____ ft
Impoundment Length: _____ ft	Length: _____ ft	Freeboard Available _____ ft
Estimated Area of Impoundment:	Number of Interruptions or Steps:	
Width After Plunge Pool: _____ ft	Water Velocity:	

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Other Pertinent Information:

- Physical Condition Ranking: (Please Rank - 5 being best condition, 1 being worst): 5, 4, 3, 2, 1
Reasoning/Justification:
- Does the dam have the ability to regulate water level? Y N
- Is it being actively managed? Y N
- Based on MDNRE contamination flowchart (included in instructions), should sediments be tested?
- Is another barrier (dam or road crossing) visible up or downstream? Y N
- Are there any invasive species present? Y N If so, which? _____

Photo Documentation: Please number the photos in the order you take them.

Downstream Face: _____ Upstream Face: _____ Downstream View: _____ Upstream View: _____ Others: _____

Site Sketch (Please Mark Photo Numbers on Site Sketch)

Overhead view

Side view