



STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
Division of Water Resources-Safe Dams Program  
Jackson Environmental Field Office  
1625 Hollywood Drive  
Jackson Tennessee 38305-4316  
PHONE 731-512-1300 STATEWIDE 1-888-891-8332 FAX 731-661-6283

July 8, 2024

Dr. Thomas E. Townsend, President  
Middle Fork Obion Watershed District  
7115 Highway 54  
Paris, TN 38242

RE: Safety Inspection  
Middle Fork Obion #1 & #2  
I.D.# 40-7003 & 40-7007  
Henry County

Dear Dr. Townsend:

The Certificate of Approval for the above listed dams expire in August 2024. Pursuant to the reissuance of the Certificate, a safety inspection will be scheduled in the near future. Enclosed please find a renewal application for a Certificate of Approval. **The Application should be returned to the address shown on the application within thirty (30) days of receiving this application.**

It is important that the entire dam, spillways, and overflows etc. be adequately maintained and clearly visible in order to properly perform the inspection and locate any potential problems with the structure. If excess vegetation is present, we cannot adequately perform the work. **Please contact me by phone or e-mail if you have questions, or if the dam will require additional mowing/clearing before the safety inspection can be completed. We will work with you to reschedule our visit accordingly. Your cooperation and communication in having the dam prepared for the safety inspection is essential and greatly appreciated.**

Dr. Townsend

July 8, 2024

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You, or your representative, are welcome to participate in the inspection. If you desire to participate or be present, please contact me by e-mail or telephone at (731) 202-6948 or Stephen Miller at (731) 487-0470 no later than August 1, 2024, so that a date may be arranged. If you do not contact us, the inspection will be scheduled at our convenience. Your cooperation with the Safe Dams Program is appreciated.

Sincerely,

A handwritten signature in blue ink that reads "Will Little". The signature is written in a cursive style with a loop at the end of the last name.

Will Little  
Safe Dams Program  
Division of Water Resources  
Will.N.Little@tn.gov

Enclosure

C: Ron Harrison, Henry County NRCS



ATTN: Terrell Hendren  
 TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
 Division of Water Resources  
 Knoxville Environmental Field Office  
 3711 Middlebrook Pike  
 Knoxville, TN 37921-6538

**RENEWAL APPLICATION**  
 FOR CERTIFICATE OF APPROVAL AND SAFETY  
 SAFE DAMS ACT OF 1973  
 T.C.A. 69-11-101 et seq.

In accordance with the Safe Dams Act of 1973, Chapter 1200-5-7-.04. An application for a Certificate of Approval and Safety for operation of an existing dam shall be made on forms available from the Commissioner within 30 days of being notified of the need to apply for an Operating Certificate.

Application is hereby made to operate \_\_\_\_\_ Middle Fork Obion #2 \_\_\_\_\_ Dam  
 (Name of Dam)

in \_\_\_\_\_ Henry \_\_\_\_\_ County, Tennessee. I.D. No. \_\_\_\_\_ 40-7003

Name of All Owner(s) \_\_\_\_\_ Dr. Thomas E. Townsend, President \_\_\_\_\_  
 (Individual, City, Corporation, or Other)

NOTE: Additional owners (any individual, firm, association, agency, etc. who owns an interest in, controls, or operates a dam) must be listed and attached to this application.

Address of Owner(s) \_\_\_\_\_ Middle Fork Obion Watershed District \_\_\_\_\_  
 \_\_\_\_\_ 7115 Highway 54 \_\_\_\_\_  
 \_\_\_\_\_ Paris, Tennessee 38242 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 (if different) \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Owner or Official Directly Responsible

\_\_\_\_\_  
 Type or Print Signature

\_\_\_\_\_  
 Type or Print Title

**\*\*\* OFFICE USE ONLY \*\*\***

Application: Date Received \_\_\_\_\_ Number \_\_\_\_\_

Fee: Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_



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Application is hereby made to operate \_\_\_\_\_ Middle Fork Obion #1 \_\_\_\_\_ Dam  
 (Name of Dam)

in \_\_\_\_\_ Henry \_\_\_\_\_ County, Tennessee. I.D. No. \_\_\_\_\_ 40-7007

Name of All Owner(s) \_\_\_\_\_ Dr. Thomas E. Townsend, President \_\_\_\_\_  
 (Individual, City, Corporation, or Other)

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 \_\_\_\_\_ 7115 Highway 54 \_\_\_\_\_  
 \_\_\_\_\_ Paris, Tennessee 38242 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 (if different) \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Owner or Official Directly Responsible

\_\_\_\_\_  
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