DW19E



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| **PROGRAMME / PROGRESS REPORT FOR THE IMPLEMENTATION OF THE RECOMMENDATIONS OF A DAM SAFETY EVALUATION / INSPECTION REPORT** |

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| --- | --- |
| NAME OF DAM |  |

|  |  |
| --- | --- |
| DWS REF No | 12/2/ |

|  |  |
| --- | --- |
| NAME OF OWNER |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel/Cel |  | E-Mail |  |

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| --- | --- | --- | --- | --- |
| **No.** | **Description of Activity flowing from recommendations** | **APP****(Y/N)1** | **Planned or Actual Start Date** | **Actual Completion Date (only if completed)** |
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1.Please indicate whether the work must be done under supervision of an approved professional person (APP) (“YES” OR “NO”)

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Signature of owner OR person in control of the dam Date