

ANNUAL SPILLWAY GATE OPERATION CERTIFICATE

FERC Project No. _____ Project Name _____

Dam Name _____

Licensee or Exemptee _____

Gate Category (1 or 2) ^{1/}	Date of Most Recent Detailed Inspection ^{2/}	Gate No.	Motor No.	Date of Opening		Purpose of Gate Discharge ^{4/}	Height of Opening (ft)	Line-to-Line Voltage ^{5/, 6/}	Phase Current ^{5/, 6/}		Rated Horsepower ^{5/}
				Current Year's Annual Test	Last Full Opening ^{3/}				Startup	Running	

- ^{1/} Category 1 – Failure has significant dam safety or operational consequences.
Category 2 – Failure has minimal or no consequences.
- ^{2/} A close-up detailed inspection is required for all Category 1 Tainter gates every ten years.
- ^{3/} A full open gate test must be performed at least once every five years for Category 1 gates and at least once every ten years for Category 2 gates. If the current opening was a full opening, this column should include the date of the current opening rather than the date of the previous full opening.
- ^{4/} Examples are annual tests, full open tests, flood passage, and maintenance.
- ^{5/} The item is required for Tainter gates only.
- ^{6/} The voltage and current must be the values measured while the gate motors are under load and operating the gates rather than the rated values.

Problems noted or maintenance required: _____

The above gate(s) was (were) operated as indicated by: _____
 (Signature of operator)

 (Printed name of operator)

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LOAD TESTING OF STANDBY POWER

Type of Emergency Operations

_____ Manual

_____ Standby power source – Describe _____

Date of last test: _____

Gate operated: _____

Problems noted/ Maintenance required: _____

The standby power source was load-tested as indicated by: _____
(Signature of operator)

(Printed name of operator)

Verification

State of _____,

County of _____, ss:

The undersigned, being first duly sworn, states that he/she has read the above document and knows the contents of it, and that all of the statements contained in that document are true and correct, to the best of his/her knowledge and belief.

(Signature of appropriate company official)

(Printed name of appropriate company official)

Sworn to me and subscribed before me this _____ of _____, 20____
Day Month

[SEAL]

(Signature of Notary Public or other state or local official authorized by law to notarize documents)