

# MARSHALL COUNTY DRAINAGE PERMIT APPLICATION

APPLICANT	DRAINAGE REQUIREMENTS
Name:	Certified Wetland Determination attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (see below) Explain: _____
Address(Mailing):	
City:                      State:                      Zip:	
Phone:	Engineer's plans attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (see below) Explain: _____
<b>LOCATION OF LAND TO BE DRAINED</b>	
Legal Owner:	<b>NOTE: A map showing the location of the proposed drain MUST accompany this application.</b>
Legal Description:	
<b>Description</b>	
Section:                      Township:                      Range:	1. Proposed drainage ditch: a. Length of drain: _____ feet b. Drain Design:            1) Bottom width: _____ feet 2) Side Slope: _____ percent 3) Maximum cut: _____ feet c. Proposed drainage flow: _____ cu. Ft./sec.
<b>LOCATION OF OUTLET END OF PROPOSED DRAIN</b>	
Legal Description:	
Section:                      Township:                      Range:	2. Proposed drainage tile (underground drain pipe): a. Length of drain: _____ feet b. Drain Diameter: _____ inches c. Approx. area contributing runoff to the drain where tile is located: _____ acres.
<b>LOCATION OF MAJOR EARTH CHANGE WORK OR UNDERGROUND DRAIN INSTALLATION</b>	
Legal Description:	
Section:                      Township:                      Range:	<b>Engineer</b>
<b>LOCATION OF COUNTY HWY R.O.W./DITCH INTO WHICH WATER WILL BE DRAINED</b>	
Legal Description/Rd:	Name:
	Address:
Section:                      Township:                      Range:	Phone:
<b>PLEASE FILL IN:</b> I _____, propose to start construction of the drain on or before _____, 20____, and will be completed on or before _____, 20____.	
The proposed drainage is a result of a township, county or other water management plan: <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, describe such plan: _____	

**SIGNATURES**

The owner of this proposed drain & the undersigned agree to conform to all applicable laws.

Owner's Signature

Date

Applicant's Signature

Date

Drainage Administrator Signature

Date

**TO BE USED BY DRAINAGE ADMINISTRATOR AND DRAINAGE BOARD ONLY:**

**PERSUANT TO THE MARSHALL COUNTY, SD DRAINAGE PERMIT ORDINANCE PURPOSE AND SCOPE:**

**1. Notice of hearing for the proposed drainage has been published in the newspaper 5-15 days before hearing:**

Yes     No     Other

**Date Published:**

If other was chosen, please explain:

**2. Notice of hearing for the proposed drainage has been sent to all those directly affected by the project not less than 10 days before hearing:**

Yes     No     Other

**Date sent:**

If other was chosen, please explain:

**3. The application was sent to the Drainage Board for review prior to the scheduled hearing:**

Yes     No     Other

**Date sent:**

If other was chosen, please explain:

**4. All criteria to determine whether drainage will adversely affect public R.O.W's or utilities has been considered:**

Uncontrolled drainage within the limits of any county R.O.W. which do not have sufficient capacity to handle the additional flow and quantity of water.

Explain:

Whether the uncontrolled drainage will expose, weaken communication transmission line, pipelines, distribution lines or road structures or surfacing

Explain:

Whether drainage is accomplished by reasonable improving and aiding the normal and natural system of drainage according to its reasonable carrying capacity or in the artificial drain system is adopted

Explain:

The amount or flow of water proposed to be drained, the design and other physical aspects of the drain and the impact of sustained flows

Explain:

# DRAINAGE PERMIT FOR:

LEGAL DESCRIPTION OF PROPERTY TO BE DRAINED:

## 5. Conditions to this permit's approval:

Yes     No     Other

If yes or other was chosen, please explain:

After review and public hearing held on \_\_\_\_\_, 20\_\_\_\_, this application to drain is hereby:

Approved:

Disapproved:

Date: \_\_\_\_\_

\_\_\_\_\_  
Chairman

Marshall County Drainage Board

ATTEST:

\_\_\_\_\_  
Marshall County Auditor