PERMIT NO._

MARSHALL COUNTY DRAINAGE PERMIT APPLICATION

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

Application Fee: \$70 Paid: []Yes [] No Prompt payment can be made in my office or via mail. Make all checks payable to MC Drainage. A separate \$30 check is to be made out to Marshall County ROD for the recording fee. Failure to provide payment upon submitting this application could result in the permit not being filed in the ROD office. Payment is due within 10 days. If you have any questions concerning this invoice, contact my office. TO BE USED BY DRAINAGE ADMINISTRATOR AND DRAINAGE BOARD ONLY:

CONDITION'S TO THIS PERMITS APPROVAL:

[]Yes []No

Motion:

[] Other

After review and public hearing held on	, 20, this application to drain is hereby approved

Date:

ATTEST:

Chairman Marshall County Drainage Board

Marshall County Auditor

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:		