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	APPLICANT		DRAINAGE REQUIREMENTS		
Name:			Certified Wetland Determination attached?		
Address(Mailing): City: State: Zip:			[]YES []NO []NA (see below)		
			Explain:		
Phone:			Engineer's plans attached?		
	CATION OF LAND TO	BE DRAINED	[]YES []NO []NA (see below) Explain:		
Legal Owner:	:				
Legal Description:			MUST accompany this application. Description		
LOCATIO	N OF OUTLET END OF	PROPOSED DRAIN	a. Length of drain: feet		
Legal Description:			b. Drain Design: 1) Bottom width: feet		
GPS Coordina	ates:		2) Side Slope: percent		
Section:	Townshi		3) Maximum cut: feet		
LOCATI	ON OF MAJOR EARTH	I CHANGE WORK	c. Proposed drainage flow:cu. Ft./sec.		
OR UI	NDERGROUND DRAIN	INSTALLATION	2. Proposed drainage tile (underground drain pipe):		
Legal Descrip	otion:		a. Length of drain: feet		
			b. Drain Diameter: inches		
Section:	Township:	Range:	c. Approx. area contributing runoff to the drain where tile		
LOCAT	ION OF COUNTY HW	Y R.O.W./DITCH	is located:acres.		
INTO	O WHICH WATER WIL	L BE DRAINED	Engineer		
Legal Description/Rd:			Name:		
			Address:		
Section:	Township:	Range:	Phone:		
PLEASE FILL I	N: I	, propose to	o start construction of the drain on or before		
	, 20, and will	be completed on or	before, 20		
The propose	d drainage is a result	of a township, county	y or other water management plan:		
[] YES	[]No []Ido	n't know			
If yes, describ	pe such plan:				

SIGNATURES				
The owner of this proposed drain & the u	ndersigned 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: 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: **Date Published:** [] Yes [] No [] Other 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:

THIS DOCUMENT PREPARED BY:
MARSHALL COUNTY DRAINAGE DIRECTOR
911 Vander Horck
P.O. Box 9
Britton, SD 57430

Phone: (605) 448-7540

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Please direct all questions in regards to the recording of this document to the Register of Deeds Office.

DIA	DRAINGE PERMIT FOR:				
LEGAL DESCRIPTION OF PROPERTY TO BE DRAINED: (As seen on permit application)					
GPS Coordinat	tes:				
5. Conditions	to this permit's approval:				
[] Yes	[] No [] Other				
Motion:					
After review	and public hearing held on	, 20, this application to drain is hereby:			
Approved:					
Disapproved:					
2.00.00.00.00.00.00.00.00.00.00.00.00.00	Date	ATTEST:			
	Date:	ATTEST.			
1					
	Chairman	Marshall County Auditor			