**TODD COUNTY**

**DRAINAGE SYSTEM REPAIR REQUEST FORM**

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

**APPLICANT INFORMATION**

Name of Applicant

Status: ⁪Landowner Renter ⁪Other

Landowner Name (If not same as applicant)

Applicant/Landowner Address

City/State/Zip

Applicant Phone #

Landowner Address (if not same as applicant)

City/State/Zip

Landowner Phone #

**PROJECT LOCATION**

Ditch System # Location

Section Township Name & # Range

**DESCRIPTION OF REQUEST**

Ditch Maintenance  Maintenance – Length in lineal feet

 Beaver Dam(s) – Quantity

 Beaver Removal

 Outlet

 Washout of Side Inlet – Size (RCP or CMP)

Tile Repair  Blowout: Tile Size ( Concrete or  Plastic)

 Replacement – Length in lineal feet

 Tile Outlet – Size

 Intake – Size

 Inspection

**SIGNATURES**

By signing below I understand that I am initiating the above request for drainage system repairs.

Signature of Applicant Signature of Landowner(s)

Received by County Ditch Inspector

**FOR OFFICE USE**

**WCA REVIEW** Agency Approval (NRCS/Swampbuster)

Wetland Present  YES  NO Permit Issued  YES  NO

Joint Notification Needed  YES  NO Date Permit Issued / /

**FOLLOW-UP AND INSPECTION**

Date of Project Inspection / / Work Completed  YES  NO

Inspection Comments/Corrective Action Needed

Additional Inspection Needed  YES  NO Date of Final Inspection / /

Updated 1/27/2012