

**APPLICATION FOR PERMIT: YELLOW MEDICINE RIVER WATERSHED
122 NORTH JEFFERSON, P.O. BOX 267, MINNEOTA, MN 56264**

TO THE BOARD OF MANAGERS:

NAME OF APPLICANT _____ APPLICANTS PHONE NUMBER _____

PRINT

ADDRESS OF APPLICANT _____ CELL PHONE NUMBER _____

TOWN _____ STATE _____ ZIP _____

NAME OF LAND OWNER-(if other than applicant) _____

PRINT

ADDRESS OF OWNER _____ OWNERS PHONE NUMBER _____

TOWN _____ STATE _____ ZIP _____

PROJECT LOCATION:

(COUNTY) (TOWNSHIP) (SECTION) (LEGAL DESCRIPTION)

PERMIT REQUESTED FOR:

SEEPAGE LINE _____ MAIN TILE _____ NEW WATERWAY _____ RESTORE/CLEAN OUT WATERWAY _____

CLEAN DITCH _____ PUT IN CULVERT _____ REPLACE CULVERT _____ OTHER _____

PROCEDURE TO CONTROL EROSION AND SEDIMENTATION OF WATERWAYS AND DITCHES- _____

PROPOSED DRAINAGE OUTLETS INTO _____

IS PROPOSED DRAINAGE AREA INVOLVED IN FARM PROGRAMS? YES _____ NO _____

DO YOU HAVE THE NECESSARY PERMITS FROM NRCS _____ FSA _____ SWCD _____ DNR _____ OR ANY OTHERS _____

OTHER SPECIFICATIONS

WILL INSTALLATION REQUIRE CROSSING A ROADWAY (county, state, or township)? YES _____ NO _____

(Signatures of County or Township official required before work can proceed)

COUNTY ENGINEER/TOWNSHIP OFFICIAL _____ DATE _____

SIGNED

HAVE YOU TALKED TO ALL NEIGHBORS WHO MIGHT BE AFFECTED BY THIS WATER PROJECT? YES _____ NO _____

NOTE: Watershed rules are not designed to resolve local issues between neighbors. Therefore, it remains your responsibility to try and resolve, ANY ISSUES, with your neighbors that may result from any work which you perform with this permit. **** HAVE OWNER OF AFFECTED LAND SIGN HERE IF THEY ARE OKAY/AGREE WITH THIS PROJECT'S WATER CROSSING THEIR LAND.**

EASEMENTS NEEDED: YES _____ NO _____ **

SIGNATURE OF AFFECTED LANDOWNER(S)

ATTACH ALL MAPS, DRAWINGS, PHOTOS, OR OTHER DATA TO PERMIT APPLICATION.

I HEREBY MAKE APPLICATION FOR A PERMIT TO PROCEED WITH THE PROPOSAL DESCRIBED ABOVE AND HAVE ATTACHED ALL SUPPORTING MAPS, PLANS, AND OTHER INFORMATION SUBMITTED WITH THIS APPLICATION. THE INFORMATION SUBMITTED AND STATEMENTS MADE CONCERNING THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(Signature of owner or authorized agent)

(Date)

For office use only:

INSPECTED BY _____

White: Watershed Office Yellow: Board of Managers Pink: Applicant NOTE: On reverse side of Pink – other permits that may be required.

(Permit Number)

(Date of Approval)

“THERE IS A FINE OF \$250.00 FOR NON-PERMITTED DRAINAGE IN THE YELLOW MEDICINE RIVER WATERSHED”