

**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

Wetland Present YES NO

Joint Notification Needed YES NO

Agency Approval (NRCS/Swampbuster)

Permit Issued 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 / /