

DRAINAGE REQUEST FORM - SWIFT COUNTY, MINNESOTA

Request # _____ Request Type personal
 telephone _____ Date _____ Time _____ a.m./p.m.
 mail _____

Request of _____ Telephone # (_____) _____

Address _____ Landowner Renter Other

Landowner _____

Ditch System _____ Branch/ Location _____

Sec. # _____ Twp. _____ Range _____ Twp. Name _____

OPEN DITCH REPAIR

_____ Clean out _____ lineal feet from station _____ to station _____

_____ Outlet _____

_____ Washout of side inlet size _____ r.c.p./c.m.p.

_____ Crossing size r.c.p./c.m.p. _____

_____ Dam Beaver / Debris _____

TILE REPAIR

_____ Blowout Tile size _____ concrete/plastic

_____ Replacement _____ lineal feet from station _____ to station _____

_____ Tile outlet _____ size

_____ Intake _____ size

_____ inspection _____

WCA REVIEW

_____ Wetland present _____ yes _____ no

_____ Joint notification needed _____ yes _____ no

Comments _____

Signature _____ Date _____

Received by _____ Date _____