



# Emergency

**APPLICATION FOR SURFACE DRAIN**  
**OFFICE OF THE STATE ENGINEER**  
 Water Development Division  
 SFN 2830 (8/11)

DATE RECEIVED  
 BY OFFICE OF  
 THE STATE ENGINEER

I, the undersigned, am applying for a permit under NDCC Section 61-32-03, to drain a pond, slough, lake, or sheetwater, or any series thereof, which has a watershed area comprising 80 acres or more.

No. \_\_\_\_\_  
 (OSE USE ONLY)

**This application must be accompanied by FSA aerial photos or equivalent showing the location of the proposed drain(s).**

(1) WATER RESOURCE DISTRICT IN WHICH PROJECT IS LOCATED:						
(2) LEGAL DESCRIPTION - DRAIN CENTERLINE: [use separate sheet(s) if necessary]	1/4	SECTION	TOWNSHIP	RANGE		
	1/4	SECTION	TOWNSHIP	RANGE		
	1/4	SECTION	TOWNSHIP	RANGE		
(3) LEGAL DESCRIPTION - DRAIN OUTLET:	1/4	1/4	SECTION	TOWNSHIP	RANGE	
(4) PURPOSE:						
(5) Drain Method: <input type="checkbox"/> Pumping <input type="checkbox"/> Filling <input type="checkbox"/> Gravity						
(6) DESCRIPTION OF AREA TO BE DRAINED:						
TOTAL Drainage Area	Acres	Project Drainage Area	Acres			
Water Area	Acres	Average Depth of Water	Feet			
(7) DESCRIPTION OF DRAIN:						
Pumping Rate (if applicable)	gpm	cfs	Fill Volume (if applicable)	cubic yards	Bottom Width (B)	Feet
TOTAL Length of Drain	Feet	Length of Drain Project	Feet	Side Slopes (S)	:1 Foot	
(8) Anticipated completion date:			(9) Assessment drain?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Maximum Cut (D)	Feet
(10) Do you own the land to be drained in fee? <input type="checkbox"/> YES <input type="checkbox"/> NO    If NO, give the name and address of the legal landowner(s):						

**The filing of this application and its approval does not relieve the applicant and/or landowner(s) from any responsibility or liability for damages resulting from the construction, operation or failure of this drain.**

**APPLICANT'S CERTIFICATION**

I understand that I must undertake and agree to pay the expense incurred in making an investigation. If the investigation discloses that the quantity of water to be drained will flood or adversely affect downstream lands, I will be required to obtain flowage easements and must file the easements in the office of the county recorder before a permit may be issued. My signature below acknowledges that I have read and agree to these statements, and will adhere to the conditions given on the back of this application.

NAME (PRINT OR TYPE):	DATE SUBMITTED:
ADDRESS:	PHONE NO:
CITY, STATE, ZIP CODE:	
SIGNATURE (Owner of the land on which the project is located or legal entity sponsoring project):	