



Lincoln SWCD

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“Helping bring YOU clean water”

WETLAND CONSERVATION ACT
LANDOWNER/OPERATOR REQUEST FORM
LINCOLN SWCD
(January 2009)

LANDOWNER OR OPERATOR
NAME: _____

PLEASE CHECK ONE OF THE FOLLOWING LANDOWNER OPERATOR

ADDRESS: _____

TELEPHONE NUMBER: _____

DESCRIBE TYPE OF DRAINAGE PROJECT (For example: excavating, filling, new tile, tile maintenance, etc.)

EXISTING CROP ___yes ___no Type of Crop Standing_____

LOCATION OF PROJECT: _____
Township Name, Section Number and ¼ section

A MAP MUST BE ATTACHED SHOWING THE LOCATION OF THE PROPOSED PROJECT

I am requesting to conduct the work described on this form. To the best of my knowledge all information is true, correct and complete.

Landowner or Operator Signature

Date

For Office Use Only		
Approved ___Yes ___No		
Comments_____		

Signature_____	Date	Ref. Number_____