



**APPLICATION FOR SURFACE DRAIN**  
 NORTH DAKOTA DEPARTMENT OF WATER RESOURCES  
 REGULATORY DIVISION  
 SFN 2830 (4/2026)

No.   
 (DWR USE ONLY)

Submit To - [dwrregpermits@nd.gov](mailto:dwrregpermits@nd.gov)  
 Department of Water Resources  
 1200 Memorial Highway | Bismarck, ND 58504

DEPARTMENT OF  
 WATER RESOURCES  
 USE ONLY

This application must include a map from an aerial photograph showing the location as section-township-range format. Include a physical footprint of all proposed drain features, identify existing road culverts and any proposed crossing modifications, and indicate flow direction from drain outlet location.

Additional sheets may be attached if necessary.

Water Resource District In Which Majority Of Project Watershed Is Located

**SECTION A - LOCATION OF DRAIN CENTER LINE (use separate sheet(s) if necessary)**

1/4	Section	Township	Range	County
1/4	Section	Township	Range	County
1/4	Section	Township	Range	County

**SECTION B - LOCATION OF AND INFORMATION REGARDING OUTLET**

1/4	Section	Township	Range	County

Where Does The Drain Outlet Discharge?

Road Ditch                       Stream, River, Coulee, Etc.                       Assessment Drain  
 Private Drain                       Pond, Slough, Or Lake  
 Other \_\_\_\_\_

Name Of Drain Or Water Body Where Drain Outlets (if applicable)

\_\_\_\_\_

Purpose Of Drainage

Agricultural Drainage                       Other \_\_\_\_\_

If OTHER, Please Explain

\_\_\_\_\_

**SECTION B - LOCATION OF AND INFORMATION REGARDING OUTLET (continued)**

Feature To Be Drained (mark all that apply)	
<input type="checkbox"/> Pond, Slough, Lake, Or Any Series Thereof	<input type="checkbox"/> Sheetwater/Overland Flow
<input type="checkbox"/> Other _____	
If OTHER, Please Explain	
If Draining A Pond, Slough, Lake, Or Any Series Thereof, It Will Be Drained	
<input type="checkbox"/> Completely	<input type="checkbox"/> Partially
If Partially, Please Explain	

**SECTION C - DESIGN DATA**

Is The Drain A			
<input type="checkbox"/> New Drain Construction	<input type="checkbox"/> Modification Of Existing Drain		
Watershed Area Contributing To Drain (acres)			
Is This An Assessment Drain? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, Please List Name Of Drain			
Type Of Modification To Existing Drain (if applicable, mark all that apply)			
<input type="checkbox"/> Deepening	<input type="checkbox"/> Widening	<input type="checkbox"/> Extending	<input type="checkbox"/> Rerouting
<input type="checkbox"/> Other _____			
Who Designed The Drain?			
<input type="checkbox"/> Self	<input type="checkbox"/> Engineering Firm (list firm name) _____		
<input type="checkbox"/> Other _____			
Anticipated Construction Start Date	Anticipated Construction Completion Date		

**SECTION C - DESIGN DATA (continued)**

Additional Project Details, Design Information, And Comments

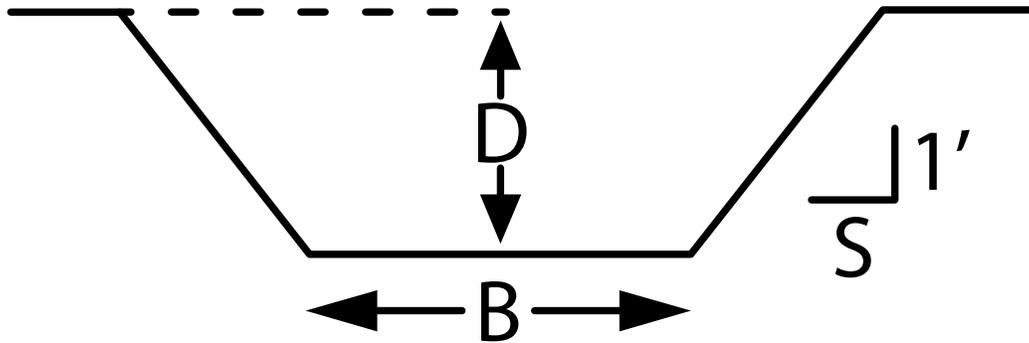
**SECTION D - DRAINAGE METHOD**

Type Of Drainage Method (mark all that apply)

- Gravity (See Subsection 1)
- Pumping (See Subsection 2)
- Placement Of Fill (See Subsection 3)

**SUBSECTION 1 - GRAVITY**

Gravity Type (please fill appropriate fields below)	
<input type="checkbox"/> Ditch	<input type="checkbox"/> Pipe
Length Of Drain (feet)	Maximum Cut (D) (feet)
Bottom Width (B) (feet)	Side Slopes (S:1 foot)
Pipe Diameter (feet)	Pipe Slope (feet per foot)



**SUBSECTION 2 - PUMPING**

Pumping Rate (gallons per minute)	Pumping Rate (cubic feet per second)
Pump Style	
<input type="checkbox"/> Movable	<input type="checkbox"/> Fixed Or Stationary
Pump Type	
<input type="checkbox"/> Submersible	<input type="checkbox"/> Other _____

**SUBSECTION 3 - PLACEMENT OF FILL**

Fill Volume (cubic yards)
Will The Drain Incorporate A Control Structure? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Please Explain

**APPLICANT'S CERTIFICATION**

I, the undersigned, am applying for a permit as required under N.D.C.C. § 61-32-03. I understand that I must comply with N.D.C.C. § 61-32-03, North Dakota Administrative Code art. 89-02, relevant Department of Water Resources policies, and any conditions required by the Water Resource District or Department of Water Resources as part of an approved permit for this application. Additionally, I acknowledge that my project is accurately described and depicted in this application and enclosed materials as I intend to construct it. My signature below acknowledges that I have read and agree to these statements.

Affiliation To Proposed Drain			
<input type="checkbox"/> Landowner	<input type="checkbox"/> Renter/Tenant	<input type="checkbox"/> Water Resource District/Agency	
<input type="checkbox"/> Other _____			
If OTHER, Please Explain			
Applicant Name (if not an individual, please list organization name)			
Address	City	State	ZIP Code
Telephone Number		Cell Phone Number	
Email Address			
Applicant Signature			Date
Landowner Name (print) (if not the applicant)			
Landowner Signature (if not the applicant)			Date