

**INSTRUCTIONS FOR FILING
APPLICATION TO CROSS A REGULATED DRAIN
MADISON COUNTY DRAINAGE BOARD**

1. Request shall be made to the Madison County Drainage Board.
2. Request shall be made on standard form only, completely filled out with:
 - A. Name of Regulated Drain
 - B. Parcel number of tract as shown in the Madison County Auditor's Office.
 - C. Name and contact information of Property Owner and Contractor.
 - D. A site map showing the parcel and location of the regulated drain.
 - E. A plan and/or profile view of proposed crossing which includes:
 1. Elevations
 2. Material of crossing
 3. Diameter of crossing
 4. Length of crossing
 5. Slopes of all fills within the regulated drain
 6. Amount of cover over crossing
 7. Type of cover over crossing
 - F. Specifications as to the method and material of backfill, and erosion control measures.
 - G. If applicable, diameter(s) of nearest crossing(s) or culvert(s), both upstream and downstream, for the drain, with a map or description of their location.
 - H. Picture(s) showing the condition of the ditch on both sides of proposed crossing. If applicable, picture(s) showing the condition of the ditch by nearest crossing(s) or culvert(s).
 - I. Form must be signed by the applicant or an agent of the applicant.
 - J. A **NON-REFUNDABLE** check or money order payable to the Madison County Treasurer needs to accompany completed application.



MADISON COUNTY DRAINAGE BOARD

16 E 9th Street Anderson, IN 46016

PHONE: 765-641-9687

EMAIL: drainageboard@madisoncounty.in.gov

PERMIT# _____

RECEIPT # _____

APPLICATION / PERMIT TO CROSS REGULATED DRAIN

NAME OF DRAIN: _____

PARCEL NUMBER: _____

APPLICANT NAME: _____

PROPERTY OWNER: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

CONTRACTOR/INSTALLER: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PURPOSE OF CROSSING: _____

LOCATION OF CROSSING: _____

TYPE OF CROSSING: _____

TILE/STRUCTURE: _____

OPEN CUT: _____

BORE: _____

I hereby request permission to cross the above mentioned regulated drain. The crossing shall conform to the standards of the Madison County Drainage Board. I have included a plan showing the location and specifications of the crossing.

This request is made per I.C. 36-9-27-72(c).

APPLICANT SIGNATURE: _____ DATE: _____

BY SIGNING ABOVE APPLICANT AGREES TO:

- The Madison County Surveyor must be contacted one (1) week before any construction begins on the approved crossing. The Surveyor shall make final approval of any crossing designs and elevations at which it will be installed. Applicant/Owner agrees to restore the land, drainage ditches, and other surfaces to as good a condition as they were. This includes the backfilling of any trenches opened, and maintaining the surface which has been distributed by the changes for a period of six (6) months after completion of said work. Applicant/Owner further agree to conform, at their own expense, with any future improvements of existing or proposed regulated drains upon proper request by the Madison County Drainage Board. And further, the Applicant/Owner shall and will, indemnify and save the County harmless from and against any and all damages, injuries, losses, claims, demands or costs proximately caused by the fault, culpability or negligence of the Applicant/Owner by any work instigated by said Applicant/Owner
- The granting of this permit by the Madison County Drainage Board, it does not, in any way whatsoever, relieve the applicant of the necessity of securing easements or other property rights, permits, and approvals from affected property owners and other local, state, and federal agencies.-
- the above signed Applicant/Owner affirms that the information, data, and copies herewith transmitted, are true and accurate to the best of their knowledge and belief.

After completion of crossing, a Non-Enforcement of Drainage Easement for Private Crossing is required to be filed.

FOR OFFICE USE ONLY

MADISON COUNTY DRAINAGE BOARD

Date Approved _____