

**Washington County Secondary Roads
Tile Crossing Permit**

Landowner Name _____ Date _____
Address _____ Phone _____
City, ST _____ Cell _____

Crossing Location

Road Name: _____ Tile type: _____ *(circle one below)*
Township _____ Sec _____ Qtr _____ Open (trench) Crossing Bored Crossing
Additional directions:

Map included? Flags provided?

Contractor Information

Name: _____ Phone: _____
 Insurance certificate on file?

NRCS Staff Review

Is the proposed tile crossing part of an overall drainage improvement project in which your office has been involved in the coordination and design?

Yes No What diameter pipe is recommended? _____ inch

By: _____ Title: _____
Date: _____

Signature of Landowner

The undersigned requests a permit for the tile crossing described above and agrees to comply with the requirements of the Washington County Tile Crossing Policy and terms of the permit.

Name: _____ Date: _____

County Approval

Name: _____ Date: _____