Keokuk County Highway Department
Tile Crossing Permit

Permit # _____

Fee: _____

Applicant/Landowner Information

Name: _____

Address: _____

City/State/Zip Code: _____

Phone #: _____

Cell #: _____

Work Location

E911 Address: _____

Township Name: _____ Section: _____ Township: _____ Range: _____

☐ Open (trench) crossing ☐ Bored crossing

☐ Location map with sufficient detail attached?

Additional directions: _____

_____

_____

Description of Proposed Work: _____

_____

_____

_____

_____

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: _____

Contractor Information

Name: _____

Phone #: _____

Signature

The undersigned requests a permit for the work described above and agrees to comply with the requirements of the Keokuk County Work in County Right of Way Policy and terms of the permit.

By: _____ Date: _____

Office Use

Permit paid (date): _____ Check #: _____ Cash: _____

☐ Pink Flags provided

☐ Contractor Insurance certificate on file