



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

AGRICULTURAL SERVICES DIVISION

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.4432 Fax: 605.773.3481

sdda.sd.gov

REQUEST FOR WATER DRAINAGE MEDIATION

Send this form and a \$200 filing fee to the address above.

Date: _____

Requesting Party: _____ Contact: _____

Email: _____

Mailing Address: _____ City/State/Zip: _____

Primary Phone: _____ Alternate Phone: _____

The requesting party is the: real property owner real property administrator

*If additional room is needed, please use the next page.

The above named party requests mediation with the following:

Non-Requesting Party: _____ Contact: _____

Email: _____

Mailing Address: _____ City/State/Zip: _____

Primary Phone: _____ Alternate Phone: _____

*If additional room is needed, please use the next page.

Real property location where drainage is occurring:

County: _____ Legal Description: _____

Driving Directions:

The nature of the surface or subsurface drainage dispute; please explain in detail (attach additional pages if needed):

Third party information (if any interest in the property is held by a third party or directly affects a third party, please fill out the information below):

Non-Requesting Party: _____ Contact: _____

Email: _____

Mailing Address: _____ City/State/Zip: _____

Primary Phone: _____ Alternate Phone: _____

Explain the shared interest and how affected:

What is the name of the official newspaper for the county/counties where the dispute is located: _____

Do you anticipate any requests for intervention? Yes No

Signature of requesting party: _____ Title: _____

OFFICE USE ONLY

Revised 5/19

Case #: _____ Check #: _____ Date Received: _____



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Listing of additional parties affected by the drainage dispute (please check appropriate box to identify party).

Use additional pages if needed.

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name: _____	Contact: _____	
Email: _____		
Mailing Address: _____	City/State/Zip: _____	
Primary Phone: _____	Alternate Phone: _____	