

ALTERNATIVE TILE INTAKE PROGRAM

Enrollment Agreement Form



The Alternative Tile Intake Program's purpose is to encourage replacement of open tile intakes in agricultural fields with alternatives that maintain existing drainage while protecting water resources. This program offers cost-share of 75% of the total installation cost of replacement(s) for each replacement, to be determined on a case-by-case basis. The remainder of the cost is to be borne by the enrollee. Preference on enrollment is given to intakes that: 1) are easily viewable by the public (e.g. near roadways, parks, paths, etc.), 2) near waters (e.g. lakes, Clearwater River), and 3) have small drainage areas.

ENROLLEE INFORMATION

Last Name	First	Date
Street Address		
City	State	ZIP
Phone	E-mail Address	
Are you the owner of the field(s) where the proposed intakes are to be replaced?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If not, you must have the landowner sign below

Absentee Landowner Verification

I hereby certify that I am the landowner of the fields listed below, and I grant permission to the enrollee listed above to enrollee in this program and to complete all terms and actions required of me under this program on my behalf. I further certify that I will be held responsible for any breach of this agreement by the listed enrollee.

Date: _____

Print name: _____

Signature: _____

ENROLLED FIELD INFORMATION

Parcel #	Township	Section #	Nearest crossroad	# of intakes to be replaced

See requirements for aerial drawing of each field below. Additional space on back of page

DRAWING OF TILE DRAINAGE SYSTEM IN FIELD(S)	(OPTIONAL) PERMISSION TO WATER SAMPLE
Attach an aerial of the field(s) where open tile intakes are proposed to be replaced. Draw on the aerial the location of: <ul style="list-style-type: none"> All intakes (of all types) All laterals and main collection lines, along with depths All outlets All open intakes that are to be replaced <i>This information is needed to ensure replacements are properly designed.</i>	I hereby give permission to the CRWD and its partners to take water samples from the outlet of my tile drainage system in order to assist the CRWD with quantifying the effectiveness of my open tile intake replacements. Signature: _____ Date: _____

ADDITIONAL SPACE FOR ENROLLED FIELD INFORMATION

Parcel #	Township	Section #	Nearest crossroad	# of intakes to be replaced

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. By signing this form, I:

1. Agree to release this information to the CRWD and its partners for use in the scope of this program. I further agree that I intend to work with the CRWD and its partners to successfully replace the open tile intakes I have indicated I want to replace.
2. Agree that I am responsible for my share of the installation costs of the to-be-installed intake replacements, as noted above. I acknowledge the CRWD reserves the right to deny enrollment for any reason, and that preference is given to proposed replacements: 1) which the public can easily view (e.g. roadways, parks, paths, etc.), 2) near watercourses (e.g. lakes, Clearwater River, etc.) and 3) that drain small areas (less than 5 acres).
3. Agree to work with the CRWD and either the Meeker SWCD or Stearns SWCD on the design(s) of my replacement plan. I agree that I will contract with a competent contractor to complete the installation of the replacement(s) per design(s), and that I will ensure the contractor follows said design(s).
4. Agree to complete a post-installation questionnaire from the CRWD regarding my replacement(s).

Signature

Date

Send completed form to the CRWD using the information provided below:

Clearwater River Watershed District
75 Elm Street East | PO BOX 481
Annandale, MN 55302
Phone: 320-274-3935
Fax: 320-274-3975
E-mail: cole.loewen@crwd.org

Program enrollment boundary map on next page

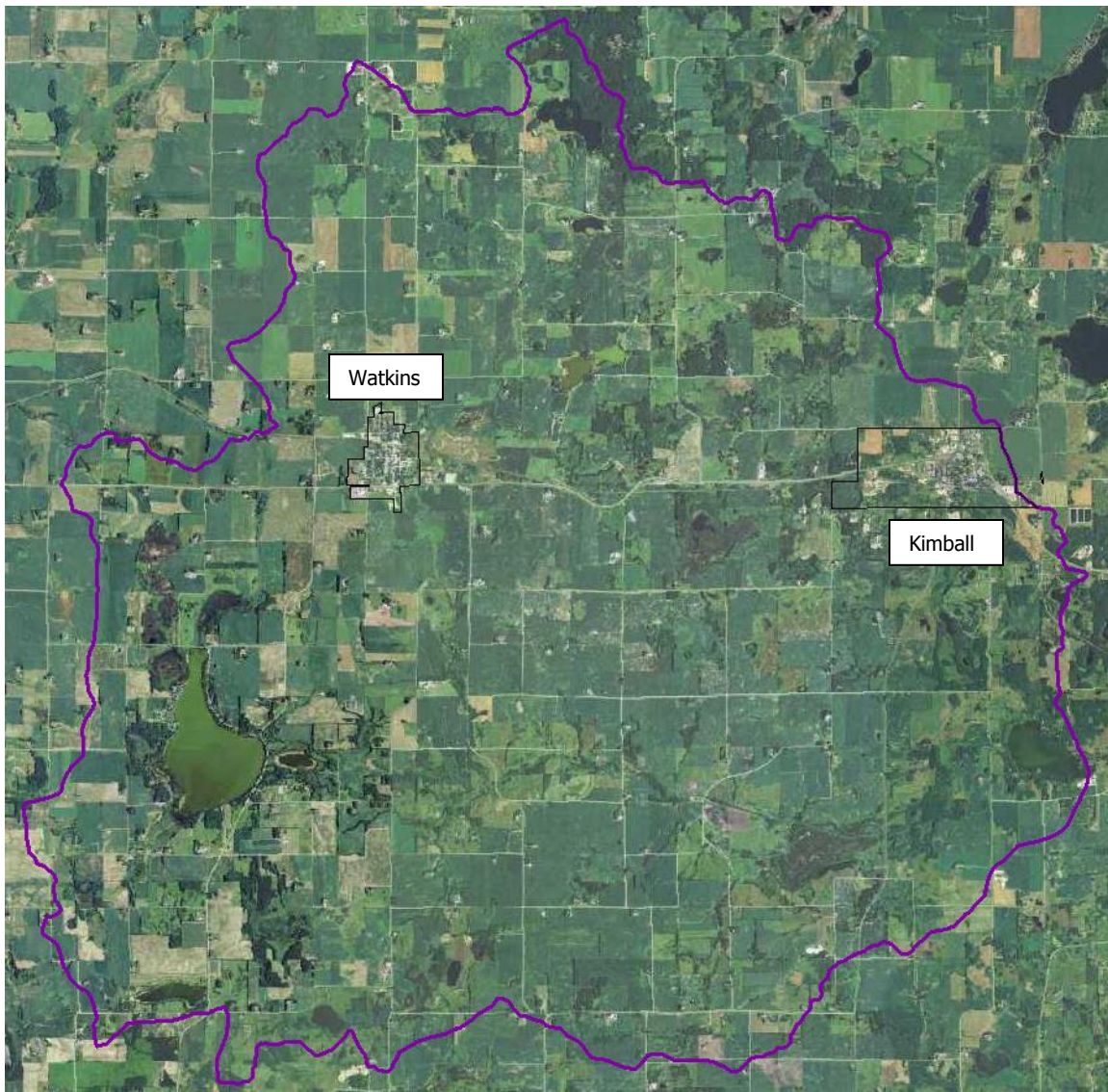


Figure 1: Enrollment Boundary for Alternative Tile Intake Program

CRWD OFFICE USE ONLY			
Are all areas of the enrollment form filled out?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, circle the areas missing information and send back to enrollee	
Does each field have a corresponding aerial drawing of its drainage system?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, circle the fields missing aerial drawings and send back to enrollee	
Are all fields within the program area?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, list fields that cannot be enrolled below and send back to enrollee	
Parcel #	Township	Section #	Nearest crossroad