

**APPLICATION FOR THE CONSTRUCTION OF  
HAZARDOUS LIQUID PIPELINE ON, OVER, ACROSS,  
OR BENEATH DRAINAGE DISTRICT INFRASTRUCTURE  
IN OSCEOLA COUNTY**

**APPLICANT:**

\_\_\_\_\_  
Name of Individual or Company

\_\_\_\_\_  
Street Address or P. O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**TO:**

Osceola County Board of Supervisors  
300 7th St.  
Sibley, IA 51249

**BOARD MEMBERS:**

Pursuant to Section 468.186, CODE OF IOWA, approval is hereby requested for the right, privilege and authority to construct, operate, and maintain a hazardous liquid pipeline, pipeline, electric transmission line, communication line, underground service line, or other similar installation and associated facilities on, over, or beneath drainage district infrastructure in the district as follows:

Drainage District: \_\_\_\_\_

Description of Work:

A plat of the proposed construction, fully described above, showing location construction detail and all other relevant information is hereto attached and incorporated into this Application by this reference thereto.

Osceola County has adopted a RESOLUTION BY THE OSCEOLA COUNTY BOARD OF SUPERVISORS ON THE CONSTRUCTION OF HAZARDOUS LIQUID PIPELINE ON, OVER, ACROSS, OR BENEATH DRAINAGE DISTRICT INFRASTRUCTURE. Applicant acknowledges receipt of these requirements. Applicant hereby AGREES, upon the issuance of a permit to construct, operate and maintain the above-described facility in compliance with all requirements contained in said Resolution.

Applicant AGREES failure to comply with said requirements shall be grounds for revocation of the permit by the Osceola County Board of Supervisors.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone**

Drainage District No. \_\_\_\_\_

Open Ditch - Bottom Width: \_\_\_\_\_ Design Grade: \_\_\_\_\_

Tile Size: \_\_\_\_\_ Tile Grade: \_\_\_\_\_

Recommended for Approval

\_\_\_\_\_  
Drainage District Engineer

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

APPLICATION APPROVAL BY THE  
OSCEOLA COUNTY BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Chairman

**PERMIT NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_