



# South Dakota Mediation

## REQUEST FOR WATER DRAINAGE MEDIATION

For Office Use Only

Case Number: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_

SEND THIS FORM AND A \$200.00 FILING FEE TO:

SD DEPARTMENT OF AGRICULTURE  
DIRECTOR - AG MEDIATION PROGRAM  
523 E CAPITOL AVE, FOSS BLDG  
PIERRE, SD 57501-3182

Date: \_\_\_\_\_

\*Requesting Party: \_\_\_\_\_ Contact: \_\_\_\_\_

E mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

E mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

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

**Real property location where drainage is occurring** - Include County, Legal Description, Directions from nearest town:

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 in the information below:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Explain the shared interest and how affected: \_\_\_\_\_

**OTHERS AFFECTED** (On the following page, list the names of real property owners, counties, municipalities, townships, and agencies of the state of federal government reasonably determined by the requesting party to be affected by the drainage activity (use additional pages if needed).

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:** \_\_\_\_\_

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## Listing of Additional Parties Affected by the Drainage Dispute (please check appropriate box to identify party):

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional Requesting Party       Additional Non-requesting Party       Other Party Affected

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E Mail: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_