

S D DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES

**WATER RESOURCE ENHANCEMENT OR RESTORATION
PROJECT APPLICATION FORM
(ARSD 74:51:01:60)**

Name: _____

Address: _____

Project goals and purpose:

Project description:

Legal location of project:

Section _____ **T** _____ **R** _____ **County** _____

Bodies of water affected:

Estimated date and duration of project:

Methods implemented to minimize pollution:

Other alternatives available and reasons for rejection:

Toxic pollutant/surfactants to be used (Please attach labels):

Application rate / Method of application: