



**STREAM CROSSING DETERMINATION REQUEST**  
 NORTH DAKOTA DEPARTMENT OF WATER RESOURCES  
 REGULATORY DIVISION  
 SFN 61885 (2/2023)

Crossing Type					
<input type="checkbox"/> City / Municipal Road / Urban		<input type="checkbox"/> County Road / Off System		<input type="checkbox"/> County Road / Major Collector	
<input type="checkbox"/> Township Road		<input type="checkbox"/> State Highway			
Road Authority of Jurisdiction (e.g., Barnes County Highway Department, Dwight Township, etc.)					
Have you contacted the Road Authority regarding this request? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
Road Description (e.g., County Hwy No. 1, 110th Ave NE, etc.)					
Request Location					
Upstream	¼	¼	Section	Township	Range
Downstream	¼	¼	Section	Township	Range
<b>MUST ATTACH MAP TO HELP INDICATE LOCATION(S) REQUESTED.</b> <i>If multiple stream crossings are requested, please provide location details on a separate sheet(s).</i>					
Anticipated construction start date of stream crossing, if known?					
Requestor's Certification					
<i>I am requesting a stream crossing determination from the Department of Water Resources. I understand the requirements of North Dakota Century Code sections 24-03-06 and 24-03-08 and that upon receipt of the Department of Water Resources stream crossing determination, the stream crossing must be designed and installed, at minimum, according to the Department of Water Resources discharge (i.e., flow rate) provided the requirements in sections 24-03-06 and 24-03-08 and the requirements in North Dakota Administrative Code article 89-14. Additionally, I acknowledge that my request is accurately described and depicted as I intended. My signature below acknowledges that I have read and agree to these statements.</i>					
Requestor Affiliation					
<input type="checkbox"/> Petition by Majority of Landowners of the Area Affected		<input type="checkbox"/> Township Supervisors			
<input type="checkbox"/> Board of County Commissioners		<input type="checkbox"/> Water Resource District			
Requestor Name (Please list organization name; if petition, please provide separate sheets)					
Address			City	State	ZIP Code
Telephone Number			Email Address		
Requestor Signature					Date

*Additional Sheets May Be Attached If Necessary*

If you need any assistance, please contact the Regulatory Division at (701) 328-4956.

This request must be submitted to  
 North Dakota Department of Water Resources

**Mail** | 1200 Memorial Highway, Bismarck ND 58504-5262

**Email** | [dwrregpermits@nd.gov](mailto:dwrregpermits@nd.gov)

**Fax** | (701) 328-3696