

**SCOPE & EFFECT
DRAINAGE SYSTEM WORKSHEET**

Applicant: _____

County: _____ Florida

Address: _____

FSA Tract No. _____

Field No. _____

Describe drainage or alteration affecting the wet area before 12/23/85.

Draw a sketch on the back of this form or attach a copy of drainage plans or drawings that show the extent of drainage constructed in the wetland. Sketch should show wet area and locations of existing tile lines, ditches, etc. (If available, use a copy of photograph and attach.)

Date of Original Drainage or Alteration: _____

Subsurface Drainage

Depth _____ feet Diam. _____ inches Spacing _____ feet

Number of Surface Inlets (Show location on sketch) _____

Extent of Drains (Show on sketch) _____

Describe Outlet _____

Describe Maintenance and Repairs Prior to December 23, 1985.

Describe Planned Drainage, Maintenance, Modification or Repair. (Show location on sketch).

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

You may proceed with planned drainage maintenance described above.

Do not proceed with maintenance. Planned drainage maintenance will cause violation of swampbuster provisions of FSA.

Comments: _____

NRCS Reviewer _____

Date _____

cc: