

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
APPLICATION FOR AN EXPEDITED CHANGE OF APPROPRIATION

INSTRUCTIONS: See NeDNR Form 962-5

FOR DEPARTMENT USE ONLY

1. Appropriator of Record Information

Name: _____
Address : _____
Address 2: _____
City & State: _____ Zip Code: _____
Phone Number: () _____ - _____ Cell Phone: () _____ - _____
E-Mail Address: _____

Filed in the office of the Dept. of Natural Resources
at _____ : _____ on _____ 20____
Modification EXT- _____
SW Permit: _____
RightID: _____
Map Number: _____
Water Division: _____

2. Mortgage Holder or Deed of Trust Holder for land now under permit. (If more than one, use NeDNR Form 962-4)

Name: _____
Address 1: _____
Address 2: _____
City & State: _____
Zip Code: _____ Phone Number: () _____ - _____
E-Mail Address: _____ Cell Phone: () _____ - _____

3. Use NeDNR form 962-7 to list any other person or entity that should receive legal notices or Orders concerning this permit, if this application is approved.

4. List the surface water permit that this application proposes to modify: _____

5a. Identify the present point of diversion. (select only one)

Pump Headgate of: _____ Surface Water Source: _____
Legal Description: _____ Section: _____ Township: _____ Range: _____ E W _____ County

5b. Will this transfer result in a change in the point of diversion? Yes No (If yes complete information below.)

5c. Identify the proposed new location or additional point of diversion.

(select only one and contact DNR regarding restrictions in § 46-291(1)(e) before submitting)

Pump Headgate of: _____ Surface Water Source: _____
Legal Description: _____ Section: _____ Township: _____ Range: _____ E W _____ County

6. Amount of surface water requested to be transferred: Rate: _____ CFS Total Annual Volume: _____ AF

7. Are there other sources of water available at the original location of use? Yes No

If Yes, describe and state whether any provisions have been made to prevent the use of a new source or increased use from an existing source.

8. This application requests a: (select only one)

Permanent change Temporary change If temporary, indicate proposed duration of transfer _____ years.

9. Will this proposed transfer increase the quantity of water available for use to another surface water permit?

Yes No If yes, surface water permit that will receive additional water _____

10. Current permitted use (select only one)

Irrigation Irrigation and Incidental Other _____

11. Legal description of land currently under permit. (Use form NeDNR 962-13 if additional space is needed.)

| Section | Township | Range | Direction | NW¼ | | | | NE¼ | | | | SW¼ | | | | SE¼ | | | | Total Acres |
|--------------|----------|-------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|
| | | | | NW¼ | NE¼ | SW¼ | SE¼ | NW¼ | NE¼ | SW¼ | SE¼ | NW¼ | NE¼ | SW¼ | SE¼ | NW¼ | NE¼ | SW¼ | SE¼ | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| Total Acres: | | | | | | | | | | | | | | | | | | | | |

12. Legal description of land where water will be used after proposed transfer. (Use form NeDNR 962-13 if additional space is needed.)

| Section | Township | Range | Direction | NW¼ | | | | NE¼ | | | | SW¼ | | | | SE¼ | | | | Total Acres |
|--------------|----------|-------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|
| | | | | NW¼ | NE¼ | SW¼ | SE¼ | NW¼ | NE¼ | SW¼ | SE¼ | NW¼ | NE¼ | SW¼ | SE¼ | NW¼ | NE¼ | SW¼ | SE¼ | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> East <input type="checkbox"/> West | | | | | | | | | | | | | | | | | |
| Total Acres: | | | | | | | | | | | | | | | | | | | | |

13. All lands listed in numbers 11 and 12 are under the same ownership or within the same irrigation district, reclamation district, public power and irrigation district, mutual irrigation or canal company? Yes No

14. Describe the historical use of this surface water permit for each of the last five (5) years.

If lands have been in a government program complete water use information and provide documentation of government program(s).

| Year | Months when Diversion Occurred | Acres Irrigated (if applicable) | Maximum Diversion Rate (cubic feet per second) | Annual Volume (acre-feet) |
|------|--------------------------------|---------------------------------|--|---------------------------|
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15. All current and proposed facilities are owned or operated by the applicant.

Yes No If no, provide documentation that the owner or operator of the facilities agrees to the transfer.

16. For lands listed in number 12, check all that apply.

- All lands have been cultivated Some of the lands have been cultivated
 The lands contain no native grass None of the lands have been cultivated

17. I certify that I am familiar with the information contained in this application as well as any addendums and attachments that, to the best of my knowledge and belief, provide information that is true, complete, and accurate.

Signature of Appropriator of Record Print Name Date

Submit this form with any addendums and/or attachments to:

Nebraska Department of Natural Resources
 245 Fallbrook Blvd., Suite 201
 Lincoln, Nebraska 68521-6729
 Phone: (402) 471-2363