

STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES

APPLICATION FOR A PERMIT TO CONDUCT GROUNDWATER IN STREAM CHANNELS

INSTRUCTIONS: Complete Items 1 through 11

FOR DEPARTMENT USE ONLY

1. Applicant 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____
 CGW- _____
 RefID: _____
 Map Number: _____
 Water Division: _____

**2. If more than one well will supply groundwater then all must be registered in the same series and manifolded together.
 List the well registration number(s) and maximum pumping capacity for each:** _____

3. Identify the location of the groundwater well(s) listed in number 2.

Legal Description: _____ Section: _____ Township: _____ Range: _____ E W _____ County
 State: _____ Natural Resources District: _____

4. Identify the stream channel to be used for conducting groundwater: _____

5a. Identify the location where groundwater will enter the stream channel.

Legal Description: _____ Section: _____ Township: _____ Range: _____ E W _____ County
 State: _____ Natural Resources District: _____

5b. Proposed amount of groundwater to be released into the stream channel at this location. _____ CFS GPM

6a. Identify the location where groundwater will be removed from the stream channel.

Legal Description: _____ Section: _____ Township: _____ Range: _____ E W _____ County
 State: _____ Natural Resources District: _____

6b. Proposed amount of groundwater to be removed from the stream channel at this location. _____ CFS GPM

7. Identify the intended use of the groundwater that would be conducted: _____

If the intended use is irrigation, will the water be used on lands with any existing surface water appropriation(s)? Yes No
 If yes, list all surface water appropriations involved: _____

8. Identify intended times of the year and frequency that groundwater would be conducted: _____

9. If for irrigation, identify the lands that would receive conducted groundwater.

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																	

Total Acres:

10. Natural Resources District Signoff (application will not be accepted if this section is not completed)

I certify that the use of the groundwater well(s) listed on this application for conducting groundwater meets all statutory, regulatory and rule requirements of the Natural Resources District where the groundwater well(s) are located.

Signature of Natural Resources District Official Print Name Date

Title of Signatory: _____ Natural Resources District: _____

Please attach any relevant Natural Resources District documents regarding the use of the listed groundwater wells for conducting water such as groundwater transfer permit, modification forms, etc.

11. Applicant Signature

I certify that I am familiar with the information contained in the application, and to the best of my knowledge and belief such information is true, complete and accurate.

Signature of Applicant Print Name Date

Notes:

- The Department of Natural Resources staff reserve the right to assess conveyance losses.
- A project map is required for this application.
- The applicant may request that the Department of Natural Resources assist in producing a project map.
- **This form must be completed in full. An incomplete or defective application will be returned with 90 days being allowed for resubmission. Failure to resubmit a corrected application within this time period shall cause dismissal of the application and consequent loss of priority.**

Submit this form :

**Nebraska Department of Natural Resources
245 Fallbrook Blvd., Suite 201
Lincoln, Nebraska 68521-6769**

Phone: (402) 471-2363