

STATE OF NEBRASKA

APPLICATION FOR CHEMIGATION PERMIT

Please Type or Print Clearly To Be Completed by Applicant

Name: _____ Field Name: _____ Telephone Number: _____
 Mailing Address: _____ Cell Phone Number: _____
 _____ Well Registration #(s): _____
 Legal Description of Injection Location:
 1/4 of _____ 1/4 of _____ SEC _____ TWN _____ RG _____ County: _____
 Type of Permit (Check One) _____ Make Check Payable to LRNRD _____ Type of Injection Unit (Check One)
 New (\$50) Renewal (\$15) Emergency (\$500) _____ Portable _____ Stationary
 Name(s) of Certified Chemigation Applicator(s) _____ Applicator Number _____ Expires _____

List the names and estimated amount of all chemicals that were used in the Chemigation system in the past year.
 (Note: This information is required on all renewal permit applications.)

Fertilizer Name or Formulation	Total Applied (Pounds)	Pesticide Name	Total Applied (pounds)

Total Number of Acres Treated at this Location: _____ Acres.
 Certified Applicator Sign Here: _____ Date: _____
 Permit Applicant Sign Here: _____ Date: _____

Notice of Permit Applicant: Submit completed application and fees to the Lower Republican Natural Resources District. Permit fees are nonrefundable. Permits are not transferable.
 The Natural Resources District and the Department of Environmental Quality shall have access to the Chemigation system at all reasonable time for inspection of the Chemigation system as set forth in the Nebraska Chemigation Act.

Nebraska Chemigation Permit

-To Be Completed by LRNRD-

Permit Number: **23 - -**

	Location	Operation	Type	
Mainline Check Valve:	<input type="checkbox"/>	<input type="checkbox"/>	_____	RECEIVED _____
Vacuum Relief valve:	<input type="checkbox"/>	<input type="checkbox"/>	_____	INSPECTED _____
Inspection Port:	<input type="checkbox"/>	<input type="checkbox"/>	_____	REINSPECTED _____
Low Pressure drain:	<input type="checkbox"/>	<input type="checkbox"/>	_____	REINSPECTED _____
Chemigation injection Check Valve:	<input type="checkbox"/>	<input type="checkbox"/>	_____	APPROVED _____
Interlock:	<input type="checkbox"/> Elec.	<input type="checkbox"/> Mesh.		

Inspector Comments _____ Approved by NRD Representative _____

S.P. Date Initially Approved: _____
 NRD: Once approved NRD will distribute a copy to above applicant.

Lower Republican NRD