

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:		County:
¼ of ¼ of SEC TWN RG		
Type of Permit (Check One)	Make Check Payable to LRNRD	Type of Injection Unit (Check One)
<input type="checkbox"/> New (\$50) <input type="checkbox"/> Renewal (\$15) <input type="checkbox"/> Emergency (\$500)		Portable Stationary
<small>Name(s) of Certified Chemigation Applicator(s)</small>	<small>Applicator Number</small>	<small>Expires</small>

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: **2 3 - -**

	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

Lower Republican NRD

S.P. Date Initially Approved: _____

NRD: Once approved NRD will distribute a copy to above applicant.