

For District use only

## LOWER REPUBLICAN NATURAL RESOURCES DISTRICT

## POOLING AGREEMENTS OR ARRANGEMENTS OF GROUND WATER IN THE GROUND WATER MANAGEMENT AREA

Date rece	eived:		N	lame			
	#:						
<b>I</b>	:		1		)		
	proved or Denie						
1	Initial		ı				
•	request to pool the t <i>Effective Acres</i>	use of ground wate  Well Registratio		Section	Township	Range	County
	Lijective Acres	wen Regisirano	<i>n</i> 110	Section	10wnsnip	Kunge	County

Period of Pooling Agreement: Allocation Period (2023-2027) or upon written cancelation of this agreement

<sup>\*\*</sup>Effective acres are subject to change yearly due to acres enrolled in a Program, Land Transfers, or Exemptions.

regulations or controls in effect or properly adopt management between the parties of the wells list copy of the land lease) <u>AND</u> all owners must sign by the District. If these requirements are not me	ght to pool the use of the ground water that I am expected to comply with the Districts rulerly adopted at a later date. Documentation must be provided to the District showing comme wells listed above (example: FSA documentation showing owner/tenant relationship of must sign this agreement and their signature must be notarized to be considered for appropriate not met, this requested agreement will be denied until the appropriate documents and additional space for wells or signatures, please contact our office at 308-928-2182.	
Print Name If signed by a representative, please attach a power of	Signature (or representative) f attorney	Date

STATE OF	)			
COUNTY OF	) SS 			
The foregoing, instrument was	acknowledged before me on	, by		(print name)
(SEAL)				
Not	ary Public			
<b>Print Name</b> f signed by a representative, p	Signature (or replease attach a power of attorney	presentative)	Date	
TATE OF	) CC			
COUNTY OF	_ )			
The foregoing, instrument was	acknowledged before me on	, by		(print name)
(SEAL)				
Not	ary Public			
<b>Print Name</b> f signed by a representative, p	Signature (or replease attach a power of attorney	oresentative)	Date	
STATE OF	) ) SS			
COUNTY OF	_ )			
he foregoing, instrument was	acknowledged before me on	, by		(print name)
(SEAL)				

This agreement will be voided upon written notification from a signatory.

		use of ground water from:				
Field ID	Effective Acres	Well Registration No.	Section	Township	Range	County
		<del></del>				
	-					
	-					
		<del></del>				
		<del></del>				
		<del></del>				

Period of Pooling Agreement: **Expiration upon written cancelation of this agreement** 

<sup>\*\*</sup>Effective acres are subject to change yearly due to acres enrolled in a Program, Land Transfers, or Exemptions.

<b>Print Name</b> If signed by a representative, pl	Signature (or re ease attach a power of attorney	presentative)	Date
STATE OF	) ) SS		
	acknowledged before me on	, by	(print name).
(SEAL)			
Nota	ry Public		
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COUNTY OF	) SS )		
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STATE OF	) ) SS		
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(SEAL)			
Nota	ry Public		

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COUNTY OF			
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(SEAL)			
Nota	ry Public		