



LOWER REPUBLICAN NATURAL RESOURCES DISTRICT
POOLING AGREEMENTS OR ARRANGEMENTS
OF GROUND WATER IN THE
GROUND WATER MANAGEMENT AREA

For District use only

Date received: _____

Pooling #: _____

Contact#: _____

Approved or Denied (circle one)

Date _____ Initial _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

I hereby request to pool the use of ground water from:

Table with 7 columns: Field ID, Effective Acres, Well Registration No., Section, Township, Range, County. The table contains multiple rows of blank lines for data entry.

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

**Effective acres are subject to change yearly due to acres enrolled in a Program, Land Transfers, or Exemptions.

"A decision on the amount of groundwater to be used on Effective Certified Irrigated Acres under a pooling arrangement or pooling agreement is solely the responsibility of the landowner(s) or operator(s) and not the responsibility of LRNRD."

I hereby request to pool the use of ground water from:

<i>Field ID</i>	<i>Effective Acres</i>	<i>Well Registration No.</i>	<i>Section</i>	<i>Township</i>	<i>Range</i>	<i>County</i>

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

****Effective acres are subject to change yearly due to acres enrolled in a Program, Land Transfers, or Exemptions.**

“A decision on the amount of groundwater to be used on Effective Certified Irrigated Acres under a pooling arrangement or pooling agreement is solely the responsibility of the landowner(s) or operator(s) and not the responsibility of LRNRD.”

Print Name _____ Signature (or representative) _____ Date _____
If signed by a representative, please attach a power of attorney

STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name _____ Signature (or representative) _____ Date _____
If signed by a representative, please attach a power of attorney

STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name _____ Signature (or representative) _____ Date _____
If signed by a representative, please attach a power of attorney

STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name _____ Signature (or representative) _____ Date _____
If signed by a representative, please attach a power of attorney

STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name **Signature (or representative)** **Date**

If signed by a representative, please attach a power of attorney
 STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name **Signature (or representative)** **Date**

If signed by a representative, please attach a power of attorney
 STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name **Signature (or representative)** **Date**

If signed by a representative, please attach a power of attorney
 STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public

Print Name **Signature (or representative)** **Date**

If signed by a representative, please attach a power of attorney
 STATE OF _____)
) SS
 COUNTY OF _____)

The foregoing, instrument was acknowledged before me on _____, by _____ (print name).

(SEAL)

Notary Public