

# APPLICATION FOR CHEMIGATION PERMIT

## STATE OF NEBRASKA

Please Type or Print Clearly - To Be Completed by Applicant

Applications Due upon Receipt, No later than June 1<sup>st</sup>

Name:	Field Name:	Telephone Number:
Address:		Cell Phone Number:
		Meter Serial Numbers #(s):
Legal Description of Injection Location: ¼ of ¼ of SEC TWN RG		County:
Type of Permit (Check One) New (\$75) <input type="checkbox"/>	Make Check Payable to LRNRD Emergency (\$500) <input type="checkbox"/>	Type of Injection Unit (Check One) Stationary
Renewal (\$25)	Portable	Expires January 1 <sup>st</sup> of:
Name(s) of Certified Chemigation Applicator(s)	Applicator Number	

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)
<i>Fill in your 2023 Fertilizer/Pesticide application amounts below (Example 32-0-0 100#'s for chemical)</i>			

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 and Energy (NDEE) shall have access to the Chemigation system at all reasonable times 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 - 2 4 -

	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	_____			

S.P. Date Initially Approved: \_\_\_\_\_

Approved by NRD Representative

**Lower Republican NRD**