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:

Field ID	*Effective Acres*	*Well Registration No.*	*Section*	*Township*	*Range*	*County*

Period of Pooling Agreement: **Allocation Period (2018-2022) 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 understand by requesting the right to pool the use of the ground water that I am expected to comply with the Districts rules, regulations or controls in effect or properly adopted at a later date. Documentation must be provided to the District showing common management between the parties of the wells listed above (example: FSA documentation showing owner/tenant relationship or a copy of the land lease) AND all owners must sign this agreement and their signature must be notarized to be considered for approval by the District. If these requirements are not met, this requested agreement will be denied until the appropriate documents and/or signatures are received. You will be notified via U.S. Mail as to whether your application has been approved or denied. If you need additional space for wells or signatures, please contact our office at 800-353-1297 or 308-928-2182.

____________________________ ____________________________ ____________________

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

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

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

Field ID	*Effective Acres*	*Well Registration No.*	*Section*	*Township*	*Range*	*County*

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