

Application for Chemigation Permit

Please Type or Print Clearly

—To Be Completed By Applicant—

NAME		Site Name:	CELL NUMBER
ADDRESS (STREET, RURAL ROUTE, OR BOX NO.)		CITY	STATE
			ZIP CODE
LEGAL DESCRIPTION OF INJECTION LOCATION: _____ 1/4, Section _____, Township _____, Range _____			COUNTY
TYPE OF PERMIT (Check one) <input type="checkbox"/> New (\$100) <input type="checkbox"/> Renewal (\$20) <input type="checkbox"/> Emergency (\$200)		MAKE FEE PAYABLE TO: Lower Niobrara NRD TYPE OF INJECTION UNIT (Check One) <input type="checkbox"/> Portable or <input type="checkbox"/> Stationary	
CERTIFIED CHEMIGATION APPLICATOR(S)		CERTIFICATION NUMBER(S)	EXPIRATION DATE(S)

SIGNATURE OF CERTIFIED APPLICATOR(S) REQUIRED HERE IF NOT THE APPLICANT.
SIGNATURE IS REQUIRED PRIOR TO APPROVAL.

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.) **(Please indicate whether total is pounds or gallons.)**

Fertilizer Name or Formulation	Total Applied	Pesticide Name	Total Applied

Total Number of Acres Treated at This Location — _____ Acres

Permit Applicant Sign Here

Date

NOTICE TO PERMIT APPLICANT: Submit completed application and fees to the appropriate Natural Resources District. Permit fees are nonrefundable. Permits are not transferable.
 The Natural Resources District and the Nebraska Department of Environmental Quality 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 NRD —

PERMIT NUMBER **[14]** – **[20]** – [_____]

	Location	Operation Type
Mainline check valve:	<input type="checkbox"/>	<input type="checkbox"/> _____
Vacuum relief valve:	<input type="checkbox"/>	<input type="checkbox"/> _____
Inspection port:	<input type="checkbox"/>	<input type="checkbox"/> _____
Low pressure drain:	<input type="checkbox"/>	<input type="checkbox"/> _____
Chem. inj. check valve:	<input type="checkbox"/>	<input type="checkbox"/> _____
Interlock: <input type="checkbox"/> Elec. or <input type="checkbox"/> Mech.		

Inspector Comments: _____

S.P. Date Initially Approved _____

RECEIVED _____
 INSPECTED _____
 REINSPECTED _____
 REINSPECTED _____
 APPROVED _____

APPROVED BY (NRD Representative)
LOWER NIOBRARA NRD