



Lower Niobrara Natural Resources District

PO BOX 350, Butte, NE 68722 (402) 775-2343 Fax (402) 775-2334
Protecting Lives - Protecting Property - Protecting the Future

(for office use only)

LNNRD Field#:

Historical Irrigated Acre Certification

THIS FORM IS FOR ACRES
IRRIGATED PRIOR TO 2004.

**IF YOU ARE CERTIFYING IRRIGATED ACRES THAT HAVE ONLY
BEEN IRRIGATED PRIOR TO 2004.
PLEASE VISIT THE NRD OFFICE.**

1. INFORMATION

LANDOWNER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CELL # _____

E-MAIL _____

If landowner is unsure of the number of acres that are irrigated, he may forward to his contact person (tenant, land manager, etc.) to fill out, but landowner needs to sign after completed.

TENANT/OPERATOR NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CELL # _____

LEGAL REPRESENTATIVE NAME (If applicable) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CELL # _____

2. FIELD INFORMATION (General legal description includes: quarter, township, range, section.)

Legal Description: _____ Quarter _____ Section _____ Township _____ Range _____

COUNTY _____

3. HOW IS THIS TRACT IRRIGATED?

To be considered irrigated, land must meet criteria as outlined in attached letter.

Groundwater Only Surface Water Only Both Not Irrigated

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4. GROUNDWATER FIELD INFORMATION:

Please list the well registration number(s) that had irrigated this field.

Active Well (Still in use.)	Flowmeter	Year installed	Serial#	Meter Reading	Number of metered acres
<input type="checkbox"/> Well registration #:G-_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	_____
<input type="checkbox"/> Well registration #:G-_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	_____
<input type="checkbox"/> Well registration #:G-_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	_____
<input type="checkbox"/> Well registration #:G-_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	_____
<input type="checkbox"/> Well registration #:G-_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	_____

If more than 5 wells are used to irrigate this field, please contact the NRD.

Type of water delivery system: Center Pivot Volume Gun Towline Furrow Other -----

Flowmeter: No Yes, year installed _____

Serial Number _____ Meter Reading _____ Number of Metered Acres _____

Acres that have been Groundwater Irrigated on this field at least two (2) times

Between 2004-Present: _____ acres.

5. HISTORICAL INFORMATION:

Historical Acres that have been irrigated on this field prior to 2004: _____ acres.

Acre Data Source provided FSA Document(578 form) County Assessor Other _____

***Please attach map to back of form**

Well Locations If current registered location is *incorrect* at <http://dnrdata.dnr.ne.gov/wellssql/>,

please mark on the map the correct location of each well and mark connecting systems.

DISCLAIMER: With this form, the NRD is certifying irrigated acres only. It is your responsibility to verify well registrations for irrigated acres.

Additional Comments, Conditions, or Explanations of Requested Acres:

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I agree with the total number of groundwater irrigated acres for this field is correct.

I recognize that this form also serves as a Nebraska Department of Natural Resources (DNR) form and acknowledge that a copy of this form may be sent to the Department (DNR). I agree that this form shall serve as notification to the Department (DNR) that any recorded water well information that is inconsistent with the information reflected in this form should be revised in accordance with the information on this form. For any registered well that is identified on this form, the Department (DNR) may use the information herein to process a change of well ownership, a change in use, a change in the location of the well or of the use of the water from the well, a change in number of acres irrigated by the well, or any other change relative to the registered well data base for that well. The Department (DNR) shall not collect a fee for the filing of this form.

Any falsification of reported acres, will cause these acres to be revoked.

Landowner Signature/Power of Attorney

Date

LNNRD Representative

Date

Board Approved On

Board Denied On

(for office use only)

Acres verified prior to 2004 (Historical) _____

95% Certification of historical acres _____

