

State of Nebraska
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 (\$30) <input type="checkbox"/> Emergency (\$250)		Type of Injection Unit (Check one) <input type="checkbox"/> Portable or <input type="checkbox"/> Stationary
Certified Chemigation Applicator(s):		Expiration Date(s)
Certification Number(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 as 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 non refundable. 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] - [26] - []

Location Operation Type

- | | | |
|-----------------------|--------------------------|--------------------------------|
| Mainline check valve: | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| Vaccum 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"/> _____ |

RECEIVED _____

INSPECTED _____

REINSPECTED _____

REINSPECTED _____

APPROVED _____

Interlock: Elec. or Mech.

Inspector Comments: _____

APPROVED BY (NRD Representative)

LOWER NIOBRARA NRD

S.P. Date Initially Approved _____