

# Application for Chemigation Permit

Please Type or Print Clearly

—To Be Completed By Applicant—

|  |                         |   |
|--|-------------------------|---|
| NAME   | SITE NAME               | <b>CELL NUMBER</b>  |
| ADDRESS (STREET, RURAL ROUTE, OR BOX NO.)  | CITY                    | STATE ZIP CODE  |
| LEGAL DESCRIPTION OF INJECTION LOCATION:<br>_____ 1/4 of _____ 1/4, Section _____, Township _____, Range _____   |                         | COUNTY  |
| <b>TYPE OF PERMIT (Check one)</b> <b>Make Fee Payable to: Lower Niobrara NRD</b>   |                         | TYPE OF INJECTION UNIT (Check One)  |
| <input checked="" type="checkbox"/> <b>New (\$40)</b> <input checked="" type="checkbox"/> <b>Renewal (\$20)</b> <input checked="" type="checkbox"/> <b>Emergency (\$100)</b> |                         | <input type="checkbox"/> Portable      or <input type="checkbox"/> Stationary |
| CERTIFIED CHEMIGATION APPLICATOR(S)  | CERTIFICATION NUMBER(S) | EXPIRATION DATE(S)  |

**Signature of Certified Applicator required HERE if not the applicant.**

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 | Pesticide Name | Total Applied |
|--------------------------------|---------------|----------------|---------------|
|                                |               |                |               |
|                                |               |                |               |
|                                |               |                |               |

**Total Number of Acres Treated at This Location** — \_\_\_\_\_ **Acres**       Check here if you need a copy of permit for your records.

**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] – [17] – [\_\_\_\_\_]

|                         |  |                          |       |
|-------------------------|--|--------------------------|-------|
|                         | 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: \_\_\_\_\_

|             |       |
|-------------|-------|
| RECEIVED    | _____ |
| INSPECTED   | _____ |
| REINSPECTED | _____ |
| REINSPECTED | _____ |
| APPROVED    | _____ |

APPROVED BY (NRD Representative)  
**LOWER NIOBRARA NRD**

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