

Application for Chemigation Permit

Please Type or Print Clearly

- To Be Completed by Applicant -

PERMIT NO. _____

NAME		PIVOT NAME	TELEPHONE
ADDRESS (STREET, RURAL ROUTE, OR BOX NO.)		CITY	STATE
			ZIP CODE
LEGAL DESCRIPTION OF INJECTION LOCATION:		COUNTY	LATITUDE/LONGITUDE:
1/4, Section _____, Township _____, Range _____			
TYPE OF PERMIT (Check One) MAKE CHECKS PAYABLE TO THE NRD		TYPE OF INJECTION UNIT (Check One)	
<input type="checkbox"/> New (\$30) <input type="checkbox"/> Renewal (\$10) <input type="checkbox"/> Emergency (\$100)		<input checked="" type="checkbox"/> Portable <input type="checkbox"/> Stationary	
NAME OF CERTIFIED CHEMIGATION APPLICATOR(S)		CERTIFICATION NUMBER	EXPIRATION DATE
			TELEPHONE/CELL NUMBER(S)
			/

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 (pounds)	Pesticide Name	Total Applied (pounds)

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

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PERMIT NUMBER

1	7	0	8	.			
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	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) _____

▶ **TWIN PLATTE NRD**