

# Application for Chemigation Permit

Please Type or Print Clearly

- To Be Completed by Applicant -

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

\_\_\_\_ To Be Completed By NRD \_\_\_\_

PERMIT NUMBER ▶

1 7 1 2

	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**