

LOWER PLATTE NORTH NATURAL RESOURCES DISTRICT

Application for Chemigation Permit

Please Type or Print Clearly

-To Be Completed By Applicant-

Needs Inspection: ☐ Last Inspected:

NAME		HOME PHONE	MOBILE PHONE
ADDRESS (STREET, RURAL ROUTE, OR BOX NO.)	CITY	STATE, ZIP CODE	WELL REGISTRATION NUMBER
LEGAL DESCRIPTION OF INJECTION LOCATION: _____ of _____, Section _____, Township _____, Range _____		FIELD FRIENDLY NAME	COUNTY
TYPE OF PERMIT (Check one) <input type="checkbox"/> New (\$90) <input type="checkbox"/> Renewal (\$30) <input type="checkbox"/> Emergency (\$300)		TYPE OF INJECTION UNIT (Check one) <input type="checkbox"/> Portable or <input type="checkbox"/> Stationary	
NAME(S) OF CERTIFIED CHEMIGATION APPLICATOR(S)	CERTIFICATION NUMBER(S)	EXPIRATION DATE(S)	CELL PHONE NUMBER(S)
NAME(S) OF NRD CERTIFIED OPERATOR(S) (NITROGEN)	CERTIFICATION NUMBER(S)	EXPIRATION DATE(S)	CELL PHONE 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 THE PERMIT APPLICANT: Submit completed application and fees to the Lower Platte North Natural Resources District. Permit fees are nonrefundable. Permits are not transferable.

The Lower Platte North 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 ⇒ **19-25**

	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.		<input type="checkbox"/>	
Inspector Comments:			
<input type="checkbox"/> S.P. Date Initially Approved			

RECEIVED _____
 INSPECTED _____
 REINSPECTED _____
 REINSPECTED _____
 APPROVED _____

APPROVED BY (NRD Representative)

Lower Platte North NRD