

**STATE OF NEBRASKA  
DEPARTMENT OF NATURAL RESOURCES  
APPLICATION FOR A MAP TRANSFER**

**INSTRUCTIONS**

**For Department Use Only**

The following must accompany this application:

- A. Legal description listing of each 40-acre government subdivision from which the appropriation is proposed to be transferred, including the number of acres transferred.
- B. Legal description listing of each 40-acre government subdivision to which the water will be transferred, including the number of acres transferred.
- C. Aerial photographs for all lands included in the application marked to show the location and number of acres in each 40-acre subdivision for lands that have been irrigated within the last ten years that are proposed to receive water appropriation under this transfer.
- D. Written consent of landowners from which the water appropriation will be transferred. Such consent must include a description of the land owned.
- E. If water appropriations are being transferred that are in the name of the Bureau of Reclamation, a written agreement to the transfer signed by Reclamation staff.
- F. Map showing lands that have been irrigated within the last ten years that will be under water appropriations at the completion of the transfer. Map must be drawn according to Department rule 457 N.A.C. 10.

Filed in the office of the Department of Natural Resources at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, 20\_\_.

Map Transfer No. \_\_\_\_\_

Map No. \_\_\_\_\_

Water Division \_\_\_\_\_

Receipt No: \_\_\_\_\_ Amount: \_\_\_\_\_

1. Name and address of applicant:

Zip Code \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

2. List water appropriation(s) to be transferred: \_\_\_\_\_

3. List the quantity of water in cubic feet per second or acre-feet proposed for transfer for each water appropriation.

4. List the normal operating capacity of the canal. \_\_\_\_\_ cfs

5. I certify that public notice and individual notice was given as required by Neb. Rev. Stat. § 46-2,120 and § 46-2,124 (Reissue 2004). I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

This form must be completed in full. An incomplete or defective application will be returned with 90 days being allowed for resubmission. Failure to resubmit a corrected application within this period shall cause dismissal of the application.

A non-refundable filing fee of \$10.00 (payable to the Department of Natural Resources) must accompany this application. Forward this application and fee to:

**State of Nebraska  
Department of Natural Resources  
301 Centennial Mall South  
P.O. Box 94676  
Lincoln, Nebraska 68509  
(402) 471-2363**