

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
APPLICATION FOR APPROVAL OF PLANS FOR DAMS

Subject to Safety of Dams & Reservoirs Act & Title 458 - Rules for Safety of Dams & Reservoirs

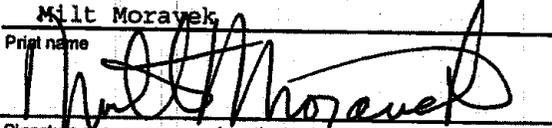
INSTRUCTIONS	For Departmental Use Only								
Complete items 1 through 9 by typing or printing in ink the requested information. An incomplete or defective application will be returned.	Filed in the office of the Department of Natural Resources at <u>11:45 a.m./p.m.</u> on <u>October 7</u> , 20 <u>11</u> .								
Submit this application, non-refundable fee payment, copy of deed(s) or easement(s), and the engineering drawings and specifications prepared in accordance with Department Rules Title 458 (http://www.dnr.ne.gov/floodplain/DamSafety/Title_458_0708.pdf) to the address shown at the bottom of this form.	<table border="1"> <tr><td>Water Division</td><td>I-A</td></tr> <tr><td>Plan No.</td><td>P-17968</td></tr> <tr><td>Receipt No.</td><td>A3349</td></tr> <tr><td>Amount \$</td><td>\$250.00</td></tr> </table>	Water Division	I-A	Plan No.	P-17968	Receipt No.	A3349	Amount \$	\$250.00
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See Storage Permit Determination Flow Chart at (http://dnr.ne.gov/dam/StoragePermit0506.pdf) to determine if a permit to impound water is also required.	Plan Approval Form.xls 7/1/2008								
Plan Review Fee: Height of Dam < 25'\$150 Height of Dam ≥ 25', but < 50'\$250 Height of Dam ≥ 50'\$350 Height of Dam is from the natural bed of the stream measured at the downstream toe of the dam, or from the lowest elevation of the outside limit of the dam if it is not across a stream, to the top of the dam.									

1. Name, address, and phone # of Dam Owner: Central Platte NRD 215 Kaufman Ave Grand Island, NE 68803 Phone # <u>308-385-6282</u> e-mail <u>moravek@cpnrd.org</u> <input type="checkbox"/> Required copy of Deed(s) or Easement(s) is/are enclosed.	2. Name and address of landowner(s) if different than Dam Owner: SAME
3. Responsible for operation and maintenance (check one) <input checked="" type="checkbox"/> Dam Owner(s) <input type="checkbox"/> Landowner(s) <input type="checkbox"/> Other (provide name, address & phone #) SAME Phone # _____ e-mail _____	
4. State the purpose for the water storage (i.e., flood and/or erosion control, livestock water, irrigation, livestock waste, etc.): Flood Control	
5. Source of water (name of stream): Dry Creek	6. Name of (proposed) existing (circle one) dam: DCUL6
7. Location of the proposed / existing dam: N <u>14</u> E <u>14</u> Section <u>27</u> Township <u>12</u> North, Range <u>12</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West County: <u>Hall</u>	
8. Approximate date construction work will be completed: Fall 2012	

9. 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 9-23-2011

Print name Milt Moravek

Signature of owner or owner's authorized agent 

Forward this application, the appropriate fees (payable to the Department of Natural Resources) and the engineering drawings and specifications to:

State of Nebraska
Department of Natural Resources
301 Centennial Mall South, P.O. Box 94676
Lincoln, Nebraska 68509-4676
(402) 471-2363

10272011-115065-922
Department of Natural Resources