STATE OF NEBRASKA DEPARTMENT OF WATER, ENERGY, AND ENVIRONMENT

APPLICATION FOR A PERMIT TO CONDUCT SURFACE WATER IN STREAM CHANNELS

INSTRUCTIONS: Complete Items 1 through 10	FOR DEPARTMENT USE ONLY	
1. Applicant Information Name:	Filed in the office of the Department of Water, Energy, and Environment	
Address:	at:on20	
Address 2:	CSW	
City & State: Zip Code:	RefID:	
Phone Number: Cell Phone:	Map Number:	
E-Mail Address:	Water Division:	
2. Identify the original source of the surface water (river, creek, reservoir, etc.):		
3. Identify the surface water permit(s) diverting from source listed in number 2:		
4. Identify the diversion location for surface water permit(s) listed in number 3.		
Legal Description: Section: Township: Range:	E WCounty	
State: Headgate of:		
5. Identify the stream channel to be used for conducting surface water:		
5a. Identify the location where surface water will enter the stream channel.		
Legal Description: Section: Township: Range:	E WCounty	
State:		
5b.Proposed amount of surface water to be released into the stream channel at this local	ation CFS GPM	
6a. Identify the location where surface water will be removed from the stream channel.		
Legal Description: Section: Township: Range:	E WCounty	
State:		
6b.Proposed amount of surface water to be removed from the stream channel at this loc	cation CFS GPM	
7. Identify the intended use of the surface water that would be conducted:		
NOTE: If the intended use is irrigation, the water must be used on lands permitted to recepermits listed in number 3.		
8. Identify intended times of the year and frequency that surface water would be condu	ucted:	
- Tuesting interacte times of the year and frequency time surface water would be condi-		
9. If for irrigation, identify the lands that would receive conducted surface water.		
	N¼ SE¼ Total	
Section Township Range Direction NW% NE% SW% SE% NW% NE% SW% SE% NW% NE%	SW¼ SE¼ NW¼ NE¼ SW¼ SE¼ Acres	
□ East □ □ East		
West		
☐ East ☐ West ☐		
East West		
☐ East ☐ West		
□ East □ West		
	Total Acres:	

10.Applicant Signature		
I certify that I am familiar with the information containformation is true, complete and accurate.	ned in the application, and to the best of my knowledge	and belief such
Signature of Applicant	Print Name	Date

Notes:

- The Department of Water, Energy, and Environment staff reserve the right to assess conveyance losses.
- A project map is required for this application.
- The applicant may request that the Department assist in producing a project map.
- 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 time period shall cause dismissal of the application and consequent loss of priority.

Submit this form to:

Nebraska Department of Water, Energy, and Environment 245 Fallbrook Blvd., Suite 100 Lincoln, Nebraska 68521-67629

Phone: (402) 471-2186