STATE OF NEBRASKA DEPARTMENT OF WATER, ENERGY, AND ENVIRONMENT

NOTIFICATION OF REASSIGNMENT OF SURFACE WATER APPROPRIATION(S)

WHEN APPROPRIATION(S) ARE HELD BY AN IRRIGATION DISTRICT, RECLAMATION DISTRICT, PUBLIC POWER AND IRRIGATION DISTRICT, MUTUAL IRRIGATION COMPANY, CANAL COMPANY OR THE U.S. BUREAU OF RECLAMATION AND HAVE BEEN PROVISIONALLY RELINOUISHED

1.	1. Name of Organization holding the surface water appropriation(s) to be reassigned:															FOR DEPARTMENT USE ONLY Filed in the office of the						
2.	2. List the surface water appropriation(s) to be reassigned:														_	Department of Water, Energy, and Environment						
															-	at						
	If mo acres	re than or otherwise	ne approj e separat	priation is e forms m	ilisted t ust be u	hen all a sed.	appropri	ations n	nust cov	er the s	ame land	is for th	e same i	number		on:, 20						
3.	Iden	tify the	point o	of divers	sion: I	leadga	te of _							_ Cana	al	Reassignment Number: REA-						
	Legal description:1/4 of SectionTownshipRange $\Box E \Box W$													v	Appropriation(s):							
	Cou	nty:													-	RightID(s):						
															-	Water Division:						
 Identify the legal description of the land and the number of acres where water will be used after the reassignment. (If additional space is needed please use DWEE Form 962-19B) 																						
					NW¼				NE¼				SW¼			-		SE¼			Total	
S	ection	Township	Range	Direction	NW¼	NE¼	SW¼	SE¼	NW¼	NE¼	SW¼	SE¼	NW¼	NE¼	SW1⁄2	SE¼	NW¼	NE¼	SW¼	SE¼	Acres	
_				West																		
				West East																		
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	D.	(D							•									•			_	
				ent:																		
 6. Select all that apply: Clearly marked aerial photographs showing lands to which surface water appropriation(s) will be reassigned are attached. All lands to which surface water appropriation(s) will be reassigned are listed on this form. Additional pages of land listings to which surface water appropriations will be reassigned are attached. (DWEE Form 962-19B) Other attachment(s) are included. Please describe																						
7.	Organization Acknowledgement of Reassignment																					
	I certify that the information included on this form and any addendums and/or attachments, to the best of my knowledge and belief, is true and accurate.																					
	I hav	ve initia	led and	l dated a	all add	endum	is and/	or atta	chmen	its to t	his reli	nquisł	iment.									
	Sign	Signature:													Date:							
	Prin	rinted Name: Title:																				
	Submit this form and any attachments to:																					
						Ν	lebras	ka Dep			Vater, H ok Blvd			Cnviron	men	t						

Lincoln, Nebraska 68521-6729

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