STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES

APPLICATION FOR A PERMIT TO TRANSFER GROUND WATER TO ADJOINING STATE

INSTRUCTIONS	For Department Use Only	
This form must be completed in full. An incomplete or defective form will be returned. Failure to resubmit a corrected application within the time limit specified will cause dismissal of the application. Complete items 1-8 by printing in ink or typing the appropriate information. The following information is also required (see Department Rules, Title 456, Chapter 6 for additional information): 1. A map submitted on 8½" x 11" paper or paper folded to such a size showing the location of the well(s); the pipeline(s) or other means of transporting water; the location of use. 2. Information on the possible negative effects of the proposed withdrawal on ground water and surface water supplies in the area. 3. Other information the applicant deems relevant to the Department's consideration of the provisions of Neb. Rev. Stat. §46-613.01. Additional information may be attached to the application. Forward this application and map to: Nebraska Department of Natural Resources 245 Fallbrook Blvd., Suite 201 Lincoln, Nebraska 68521-6729 The telephone number is (402) 471-2363	Filed ata.m./p.m. on, 20 Application No. TA Natural Resources District	
I. Name of applicant:	elephone Number ()	
Address CityState	_Zip Code+	
2. If applicable: Well Registration Number(s)		
Management or Control Area Permit/Number(s)		
3. Identify the location and capacity of well(s):		
	County,gpm	
	County,gpm	
	County,gpm	
14 of the14 of Section, Township North, Range E W ,	County,gpm	
1/4 of the1/4 of Section, Township North, Range E W ,	County,gpm	
1. Identify the location of use:		
5. Maximum annual quantity of ground water requested for use in adjoining state:	acre-feetper annum	

7.	Ground water is proposed to be used for:	☐ Irrigation ☐ Domestic	☐ Public Water Supply ☐ Livestock	☐ Commercial/Industrial		
	□ Other (explain)					
8.	Projected date water will first be pumped or date water was first pumped					
	State all alternative sources of water that are available and why applicant chooses not to use them:					
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.						
	Signature of Applicant		Date			