

# STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES

## APPLICATION FOR A MUNICIPAL AND RURAL DOMESTIC GROUND WATER TRANSFERS PERMIT

### INSTRUCTIONS

### For Department Use Only

Complete items 1 through 10 by printing in ink or typing the appropriate information and by placing an (X) in the appropriate boxes.

The following information shall be provided on 8½ x 11 inch paper (or folded to such size). An answer is required for each item of A-H. Each answer must be clearly identified in the application. When using a ground water model, justify the applicability to the given geologic setting.

Application Number: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Amount: \_\_\_\_\_

- A. Discussion of impacts on surrounding ground water and surface water supplies. Include expected radius of cone of depression and how it was determined and location of any existing wells or water rights that may be impacted.
- B. Statement of impacts on any existing threatened or endangered species in project area.
- C. Pump test information, if available, including length of test, data from pump test, and location of observation wells.
- D. Information on geology and hydrology of area such as thickness of aquifer, depth to water, aerial extent, transmissivity and how it was determined, and whether aquifer is confined or unconfined.
- E. Description of type of well, including drawings.
- F. Planned operation schedule. (Describe hours per day the wells will likely be pumped, whether there will be seasonal changes to schedule, whether there will be a rotation of wells pumped, and whether certain wells are only for backup purposes.)
- G. Explanation of the basis for the amount of water requested. This should include current population and projected growth, daily per capita water use data, current industrial or other large uses and projected growth. The explanation should also include answers to the requirements for approval of the application stated in § 46-642, R.R.S., 1943, as amended, namely: whether request is reasonable, not contrary to the conservation and beneficial use of ground water, and not detrimental to the public welfare.
- H. Map showing location of proposed wells, pipelines (exclusive of distribution lines) and the area of proposed use. The map shall be legible and at a scale of not less than one inch to the mile.

A non-refundable filing fee (payable to the Department of Natural Resources) can be computed from the table below and must accompany this application.

| <u>QUANTITY OF WATER REQUESTED (daily average)</u>                  | <u>COST</u> |
|---|-------------|
| First 5,000,000 gallons per day                                     | \$50.00     |
| Each additional increment (or portion) of 5,000,000 gallons per day | \$20.00     |

1. Name, address and telephone number of Applicant:

Name, address and telephone number of person to contact concerning application:

2. Identify the city, village, rural area or other entity to be supplied water:

3. Maximum rate of withdrawal for which a permit is requested (complete both) \_\_\_\_\_ gallons per minute  
\_\_\_\_\_ gallons per day

Indicate whether the amount is for each well or a total rate for all wells.

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4. The daily AVERAGE amount of water requested: \_\_\_\_\_ Gallons per day

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5. Total quantity of water to be withdrawn annually (gallons). \_\_\_\_\_

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6. Number of wells proposed: \_\_\_\_\_ Number of existing wells: \_\_\_\_\_

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7. Location of the proposed ground water wells and existing wells:  
(Indicate 40-acre government subdivision, Section, Township, Range and County, and registration number(s) if applicable):

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8. Construction will start on or before \_\_\_\_\_, 20\_\_\_\_\_.

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9. Construction will be completed on or before \_\_\_\_\_, 20\_\_\_\_\_.

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10. If the permit is granted, does the applicant request imposition of statutory spacing protection for one year for test holes or wells to be constructed?  Yes  No

If yes, indicate below the name and address of the owners and occupiers of land affected by the granting of such spacing protection, and a description of the land they own or occupy.

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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.

\_\_\_\_\_  
Applicant (Signature and Title)

\_\_\_\_\_  
Date

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Forward application and fee to:

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