

STATE OF NEBRASKA

DEPARTMENT OF NATURAL RESOURCES

NOTIFICATION FOR 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 RELINQUISHED

1. Name of Organization holding the surface water appropriation(s) to be reassigned: _____

2. List the surface water appropriation(s) to be reassigned: _____

If more than one appropriation is listed then **all** appropriations must cover the same lands for the same number of acres otherwise separate forms must be used.

3. Identify the point of diversion: Headgate of _____ Canal

Legal description: _____ 1/4 _____ 1/4 of Section _____ Township _____ Range _____ E W

County: _____

Name of Source: _____

FOR DEPARTMENT USE ONLY

Filed in the office of the
 Department of Natural Resources

at _____ a.m. / p.m.

on: _____, 20_____

Reassignment Number: REA - _____

Appropriation(s): _____

RightID(s): _____

Water Division: _____

Receipt Number: _____ Amount: \$ _____

4. 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 DNR Form SW 962-19-B)

Section	Township	Range	Direction	NW¼				NE¼				SW¼				SE¼				Total Acres
				NW¼	NE¼	SW¼	SE¼	NW¼	NE¼	SW¼	SE¼	NW¼	NE¼	SW¼	SE¼	NW¼	NE¼	SW¼	SE¼	
			<input type="checkbox"/> East <input type="checkbox"/> West																	
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Total Acres																				

5. Date of Reassignment: _____

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. (DNR Form SW 962-19-B)
- 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 have initialed and dated all addendums and/or attachments to this relinquishment.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Submit this form and any addendums and/or attachments and a \$10 filing fee to:

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