

# STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES

## APPLICATION FOR A PERMIT TO CONDUCT GROUNDWATER IN STREAM CHANNELS

**INSTRUCTIONS:** Complete Items 1 through 11

**FOR DEPARTMENT USE ONLY**

**1. Applicant Information**

Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Filed in the office of the Dept. of Natural Resources  
 at \_\_\_\_\_:\_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
 CGW- \_\_\_\_\_  
 RefID: \_\_\_\_\_  
 Map Number: \_\_\_\_\_  
 Water Division: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**2. If more than one well will supply groundwater then all must be registered in the same series and manifolded together.  
 List the well registration number(s) and maximum pumping capacity for each:** \_\_\_\_\_

**3. Identify the location of the groundwater well(s) listed in number 2.**

Legal Description: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ E W \_\_\_\_\_ County  
 State: \_\_\_\_\_ Natural Resources District: \_\_\_\_\_

**4. Identify the stream channel to be used for conducting groundwater:** \_\_\_\_\_

**5a. Identify the location where groundwater will enter the stream channel.**

Legal Description: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ E W \_\_\_\_\_ County  
 State: \_\_\_\_\_ Natural Resources District: \_\_\_\_\_

**5b. Proposed amount of groundwater to be released into the stream channel at this location.** \_\_\_\_\_ CFS GPM

**6a. Identify the location where groundwater will be removed from the stream channel.**

Legal Description: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ E W \_\_\_\_\_ County  
 State: \_\_\_\_\_ Natural Resources District: \_\_\_\_\_

**6b. Proposed amount of groundwater to be removed from the stream channel at this location.** \_\_\_\_\_ CFS GPM

**7. Identify the intended use of the groundwater that would be conducted:** \_\_\_\_\_

If the intended use is irrigation, will the water be used on lands with any existing surface water appropriation(s)?  Yes  No  
 If yes, list all surface water appropriations involved: \_\_\_\_\_

**8. Identify intended times of the year and frequency that groundwater would be conducted:** \_\_\_\_\_

**9. If for irrigation, identify the lands that would receive conducted groundwater.**

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																	
			<input type="checkbox"/> East <input type="checkbox"/> West																	
			<input type="checkbox"/> East <input type="checkbox"/> West																	
			<input type="checkbox"/> East <input type="checkbox"/> West																	
			<input type="checkbox"/> East <input type="checkbox"/> West																	
			<input type="checkbox"/> East <input type="checkbox"/> West																	

Total Acres:

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**10. Natural Resources District Signoff** (application will not be accepted if this section is not completed)

I certify that the use of the groundwater well(s) listed on this application for conducting groundwater meets all statutory, regulatory and rule requirements of the Natural Resources District where the groundwater well(s) are located.

\_\_\_\_\_  
Signature of Natural Resources District Official                      Print Name                      Date

Title of Signatory: \_\_\_\_\_ Natural Resources District: \_\_\_\_\_

Please attach any relevant Natural Resources District documents regarding the use of the listed groundwater wells for conducting water such as groundwater transfer permit, modification forms, etc.

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**11. Applicant Signature**

I certify that I am familiar with the information contained in the application, and to the best of my knowledge and belief such information is true, complete and accurate.

\_\_\_\_\_  
Signature of Applicant                      Print Name                      Date

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**Notes:**

The Department of Natural Resources staff reserve the right to assess conveyance losses.

A project map is required for this application.

The applicant may request that the Department of Natural Resources assist in producing a project map.

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**A non-refundable filing fee of \$10 payable to the Department of Natural Resources must accompany this form.  
Submit this form and filing fee to:**

State of Nebraska  
Department of Natural Resources  
245 Fallbrook Blvd., Suite 201  
Lincoln, Nebraska 68521-6769  
(402) 471-2363