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EXPANSION OF GROUND WATER IRRIGATED ACRES IN THE HYDROLOGICALLY CONNECTED AREA (HCA)

Landowner Name: _____

Business Name: _____

Address: _____

Street

City

State

ZIP

Phone: Home: (____)_____ Business: (____)_____ Cell: (____)_____

Email: _____

Tenant/Other Contact: _____

Address: _____

Street

City

State

ZIP

Phone: Home: (____)_____ Business: (____)_____ Cell: (____)_____

Email: _____

INSTRUCTIONS: Please fill out the information on the reverse side of this form indicating the acres to which you wish to expand ground water irrigation. You may fill out one form for all of your expanded acres if they are reasonably close together, or feel free to use additional forms or photocopy the reverse side for acres you wish to certify on separate farms or tracts. Please include the following with your application:

- An aerial photo indicating:
 - the number of acres in each field or tract to be expanded;
 - whether these acres are irrigated by ground water, surface water, or both;
 - the method used to irrigate (furrow, pivot, etc.); and
 - the location of the well(s) which will be used to irrigate the indicated fields or tracts. If current registered well location is incorrect, a DNR modification form will be required.
- **Location Needs Corrected.**
- Documentation showing that the number of irrigated acres to be expanded corresponds or will correspond with County Assessor's records. Acres to be certified must be taxed as irrigated acres.
- NOTE: Much of the above information is often contained on Form 578 from the Farm Services Agency (FSA). Although this form is not required, it is suggested that you attach a copy of it if available.

EXPANDED GROUND WATER IRRIGATED ACRES INFORMATION (fill out additional sheets if necessary):

Legal Description of Acres to Which Irrigation is to be Expanded:

_____ 1/4 of _____ 1/4, Section(s) _____,
Township _____ North, Range _____ East
County: _____

Assessor's Parcel ID (if known): _____

Number of Ground Water Irrigated Acres to be Expanded: _____

Well Registration Number(s; if applicable): _____

Irrigation Method (check all that apply):

Furrow/Surface _____ Center Pivot _____ Tow Line _____
Volume Gun _____ Other (List) _____

Checklist of Attachments:

Aerial Photo (required)	Y	N (May be copied to DNR)
Assessor's Record (required before certification)	Y	N (May be copied to DNR)
FSA Form 578 or other FSA information (optional)	Y	N

Comments: _____

Landowner Signature: _____ Date: _____

I recognize that this form also serves as a Nebraska Department of Natural Resources form and acknowledge that a copy of this form may be sent to the Department. For any registered well that is identified on this form, the Department may use the information herein to process a change of well ownership, location of water use or a change in number of acres irrigated by the well. The Department shall not collect a fee for the filing of this form.

LPSNRD Use Only:

LPSNRD Approval: _____ Date: _____

The Lower Platte South Natural Resources District hereby approves and certifies _____
acres as Expanded Ground Water Irrigated Acres in the Hydrologically Connected Area (HCA).