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CERTIFICATION OF IRRIGATED ACRES

Landowner Name: _____
(As listed on Deed)

Yes No Is Landowner the owner of the well?

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 that you wish to certify as irrigated. You may fill out one form for all of your 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 certified;
 - 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) and/or surface water diversion point(s) 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 certified corresponds 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.

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

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

Assessor's Parcel ID (if known): _____

Number of Irrigated Acres (must correspond with Assessor's record): _____

Number of Acres Irrigated by: Ground Water Only: _____

Surface Water Only: _____

Combination of Ground & Surface Water: _____

Well Registration Number(s; if applicable): _____

Does Irrigation Well Have a Water Meter Installed? _____ Yes _____ No

Surface Water Appropriation 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) 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 certifies _____ acres as Ground Water Irrigated Acres, and _____ acres as Surface Water Irrigated Acres.