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:
  o the number of acres in each field or tract to be certified;
  o whether these acres are irrigated by ground water, surface water, or both;
  o the method used to irrigate (furrow, pivot, etc.); and
  o 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: _______ ¼ of _______ ¼, 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.