

Application for Chemigation Permit

Please Type or Print Clearly

—To Be Completed By Applicant—

NAME _____			TELEPHONE () _____
ADDRESS (STREET, RURAL ROUTE, OR BOX NO.) _____	CITY _____	STATE _____	ZIP CODE _____
LEGAL DESCRIPTION OF INJECTION LOCATION: _____ 1/4 of _____ 1/4, Section _____, Township _____, Range _____			COUNTY _____
TYPE OF PERMIT (Check one) <input type="checkbox"/> New (\$30) <input type="checkbox"/> Renewal (\$10) <input type="checkbox"/> Emergency (\$100)		MAKE FEE PAYABLE TO THE NRD	
		TYPE OF INJECTION UNIT (Check One) <input type="checkbox"/> Portable or <input type="checkbox"/> Stationary	
NAME(S) OF CERTIFIED CHEMIGATION APPLICATOR(S) _____	CERTIFICATION NUMBER(S) _____	EXPIRATION DATE(S) _____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

List the names and estimated amount of all chemicals that were used in the chemigation system in the past year.
(Note: This information is required on all renewal permit applications.)

Fertilizer Name or Formulation	Total Applied (pounds)	Pesticide Name	Total Applied (pounds)

Total Number of Acres Treated at This Location — _____ Acres.

Permit Applicant Sign Here _____ **Date** _____

PERMIT APPLICANT: SUBMIT ALL THREE SHEETS TO THE NRD.

NOTICE TO PERMIT APPLICANT: Submit completed application and fees to the appropriate Natural Resources District. Permit fees are nonrefundable. Permits are not transferable.

The Natural Resources District and the Nebraska Department of Environmental Quality shall have access to the Chemigation system at all reasonable times for inspection of the chemigation system as set forth in the Nebraska Chemigation Act.

Nebraska Chemigation Permit

— To Be Completed By NRD —

PERMIT NUMBER ▶ _____ - _____

	Location	Operation	Type
Mainline check valve:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vacuum relief valve:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inspection port:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Low pressure drain:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chem. inj. check valve:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interlock: <input type="checkbox"/> Elec. or <input type="checkbox"/> Mech.		<input type="checkbox"/>	

Inspector Comments: _____

RECEIVED _____
 INSPECTED _____
 REINSPECTED _____
 REINSPECTED _____
 APPROVED _____

▶ _____ APPROVED BY (NRD Representative)

S.P. Date Initially Approved _____

NRD