



2620 Airport Drive
 Ord, Nebraska
 68862-1002
 (308) 728-3221
 (308) 728-5669 FAX
 llnrd.org

CERTIFICATION OF IRRIGATED ACRES

Landowner

Name: _____ Phone: _____

Address: _____ Email: _____

New: _____ Revision: _____	Do you own all wells listed on this form? _____ Yes _____ NO	If NO, please list well owner/(s): _____ _____
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Contact Person

Name: _____ Phone: _____

Address: _____ Email: _____

Field Information

Legal Description of Field: _____
 _____ of Section(s) _____, Township _____ North, Range _____ East/West, _____ County

Number of Irrigated Acres in the Field:

- Number of Acres Irrigated by Ground Water Only: _____
- Number of Acres in this Field Irrigated by Surface Water Only: _____
- Number of Acres in the Field Irrigated by Combination of Ground & Surface Water: _____

Well Registration or Surface Water Appropriation Numbers (list below):

Type of Water Delivery System: _____
 (Examples: gravity, center pivot, sub-surface drip, towline, volume gun, etc. - indicate if systems are combined)

Special Comments: _____

Landowner Signature: _____ Date: _____

NRD Approval by: _____ Date: _____

For NRD Use Only:

IrrigatedAcresID : _____ <small>(Use surface water appropriation number as field number where applicable)</small> FieldID: _____	Raised Seal/Assessor's Document: _____ Flow meter: YES NO Inspected by: _____	Posted: _____ CustomerID #: _____
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I recognize that this form also serves as a Nebraska Department of Natural Resources form and acknowledge that a copy may be sent to the Department. I agree that this form shall serve as notification to the Department that any recorded water well information that is inconsistent with the information reflected in the form should be revised in accordance with the information on this form. For any registered well that is identified on this form, the Department may use the information herein to process a change of well ownership, a change in pump capacity, a change in use, a change in location of the well, or any other change relative to the registered well data base for that well. The Department shall not collect a fee for the filing of this form.