For NRD Use Only		
Application Number	V-	
Approval Date		
Approved Initials		



# **Application for a Variance to Expand Irrigated Acres**

Complete the information below. Items marked with an asterisk (\*) are required.

*A Contact I	nformation: Landowner ∐	Operator U	
Name:			
Address:			
City:	State: _	_Zip:	
Phone:	, 🔲 Home,	☐ Business, ☐ Mobile	
Fax:			
*B Existing	Well Location Information		
State Well Nun	nber:; Regist	ered to: 🗌 Landowner 🔲 (	Operator
Latitude:	; Longitude:	; Elevation:	
feet from	the $\square$ N $\square$ S Section Line $\_$	feet from the $\Box$ E $\Box$ \	N section line
Township			County
	of location information must be pro Legal Description with offset distan		Number, Latitude
*C New Well	Information (If Requesting	a Variance for a New We	II)
Latitude:	; Longitude:	; Elevation:	
feet fro	m the $\square$ N $\square$ S Section Line $_{\_}$	feet from the   E	☐ W section line
Township		□ E □ W,	County



## \*D Legal Description of Acres

Parcel Number: (From County Tax Assessor Records)				
1/4 of the	_ 1/4 of Section	, Township	, □ N □ S,	
Range	⊒ E □ W,	County, Acre	es in Parcel:	
(This section must in of acres in the parce		nber or legal description	and must include the total number	r
*E Number of	Irrigated Acres in tl	ne Parcel		
Acres Currently	Irrigated by Groundy	vater		
Acres Currently	Irrigated by Surface	Water		
Requested Num	ber of Irrigated Acre	S		
*F Type of Irri	gation (Check all th	at apply)		
Center Pivot □, I	_ow Pressure: Yes [	] No □, End Gun: Ye	es □ No □	
Chemigation Equ	ıipment ⊡, Travellinç	g Gun ⊡, Gated Pipe	/Furrow 🗌	
Drip □, Subsurfa	ce □, Other □		(Please	
Describe)				
(Please indicate the	type of irrigation equipme	ent used to irrigate the lis	ted acres)	
acknowledge that a shall serve as notif inconsistent with th information on this may use the inform	a copy of this form may ication to the Departmone information reflected form. For any registernation herein to proces	y be sent to the Depart ent that any recorded w I in this form should be red well that is identifie	It of Natural Resources form arment. I agree that this form vater well information that is revised in accordance with the don this form, the Department he registered well data base forthis form.	e t
*Landowner/Ope Signature	rator:		Date:	-
Papio NRD Appro	oval:		Date:	_



## **Instructions for Papio Form 17.21.B**

#### A. Contact Information

Provide the name, address and phone number of the contact person for the parcel and a fax number if available. Please indicate whether the contact is the landowner or the operator for the parcel and the type of phone number provided.

## B. Existing Well Location Information

Provide at least one of the following:

- Well registration number of the irrigation well as provided by the Nebraska Department of Natural Resources,
- The latitude and longitude of the irrigation well. Also provide the elevation of the irrigation well if available,
- The Subsection, Section, Township, Range and County of the irrigation well and the distance from the nearest section lines.

#### C. New Well Information

Provide the latitude and longitude or legal description of the location of the proposed well. Once completed, the well registration must be provided to the district.

## D. Legal Description of Acres

Provide the Parcel Number and legal description of the of the acres to be certified. Include the ¼, ¼ Section (if applicable), Section Number, Township Number, Range Number and the number of acres in the parcel.

### E. Number of Irrigated Acres in the Parcel

Provide a breakdown of the irrigated acres in the parcel and the number of acres currently in a federal set aside program by completing the provided table.

#### F. Type of Irrigation

Check all boxes that apply for the type of irrigation equipment used on the parcel.