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| For NRD Use Only | |
| Application Number | C- |
| Approval Date | |
| Approved Initials | |
| | |



Application for Certification of Irrigated Acres

Complete the information below for each parcel owned as listed with the local tax assessor's office. Items marked with an asterisk (*) are required.

***A Contact Information: Landowner Operator**

Name: _____
 Address: _____
 Address: _____
 City: _____ State: __ Zip: _____
 Phone: _____, Home, Business, Mobile
 Fax: _____

***B Existing Well Location Information**

State Well Number: _____; Registered to: Landowner Operator
 Latitude: _____; Longitude: _____; Elevation: _____
 _____ feet from the N S Section Line _____ feet from the E W section line
 Township _____ N S, Range _____ E W, _____ County

(At least one form of location information must be provided: State Well Registration Number, Latitude and Longitude, or Legal Description with offset distances)

***C Surface Water Appropriation (if applicable)**

Appropriation Number: _____, Date: _____
 Registered to: Landowner Operator

***D Legal Description of Acres**

Parcel Number: _____ (From Tax Assessor Records)
 _____ 1/4 of the _____ 1/4 of Section _____, Township _____, N S,
 Range _____ E W, _____ County, Acres in Parcel: _____

(This section must include either a parcel number or legal description and must include the total number of acres in the parcel)

***E Type of Irrigation (Check all that apply)**

Center Pivot , Low Pressure: Yes No , End Gun: Yes No
 Chemigation Equipment , Travelling Gun , Gated Pipe/Furrow
 Drip , Subsurface , Other _____ (Please Describe)

(Please indicate the type of irrigation equipment used to irrigate the listed acres)

***F Number of Irrigated Acres in the Parcel**

| | |
|---|--|
| Acres Currently Irrigated by Groundwater | |
| Acres Currently Irrigated by Surface Water | |
| Acres Currently in a Federal Set Aside Program (e.g. CRP) | |

***G Years Irrigated (Check at least two)**

2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009

***H Documentation to Support Years of Irrigation**

- Copies of FSA-578 Report of Commodities Farm Summary and Associated Maps
- FSA Certification of Identity Form (Check FSA-578 and CRP Contract boxes)
- Copy of Tax Assessor Records
- Signed Copy of Federal Set Aside Contract Documents (e.g. CRP)
- Other: _____

(At least one form of documentation for irrigation of at least two of the last ten years must be provided or proof of parcel participation in a federal set aside program.)

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. 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 this 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 relative to the registered well data base for that well. The Department shall not collect a fee for the filing of this form.

*Landowner/Operator: _____ Date: _____
 Signature

Papio NRD Approval: _____ Date: _____
 Signature

Instructions for Papio Form 17.21.A

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:

- 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 ground level elevation at 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. Surface Water Appropriation

Provide the surface water appropriation number, the date the appropriation was granted and check the holder of the appropriation if a surface water diversion is used to irrigate acres in the parcel.

D. Legal Description of Acres

Provide the Parcel Number and legal description of the acres to be certified. Include the $\frac{1}{4}$, $\frac{1}{4}$ 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 or 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.

G. Years Irrigated

Check all years that the acres listed were irrigated.

H. Documentation to Support Years of Irrigation

Check the appropriate boxes for the type(s) of documentation included with this application. If you are completing an FSA Certification of Identity Form, the original signed copy must be submitted to the District. Photocopies and faxed copies will not be accepted by the FSA.