

APPLICATION FOR A VARIANCE TO EXPAND IRRIGATED ACRES

A.	Contact Information	□ Landowner	□ Operator	
Or	ganization:			
Co	ntact Person:			
Ad	dress:			
Cit	y/State/Zip:			
Ph	one:			ome 🗆 Business 🗆 Mobile
E-r	nail Address:			
B.	Existing Well Locati	on Information		
Sta	ate Well Number:		; Registered to:	□ Landowner □ Operator
La	itude:	; Longitude:	; Ele	vation:;
	1/4 of the	1/4 of Section:	, Township:	, □ N,
Ra	nge:	🗆 E,	0	County
	least one form of location ir I legal description with offse		ded: State Well Registratio	on Number, Latitude and Longitude,
C.	New Well Informatio	n (if requesting a v	variance for a new w	ell)
La	itude:	; Longitude:	; Ele	vation:;
	1/4 of the	1/4 of Section:	, Township:	, 🗆 N,
Ra	nge:	🗆 E,	(County
D.	Legal Description of	Acres		
Pa	rcel Number (from Cou	unty Assessor):		
Re	gistered to:			,

	1/4 of the	1/4 of Section:	, Township:	, 🗆 N,
Range:		□ E,	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. Number of Irrigated Acres in the Parcel

Acres Currently Irrigated by Groundwater	
Acres Currently Irrigated by Surface Water	
Requested Number of Certified Irrigated Acres	

F. Type of Irrigation (Check all that apply)

\Box Center Pivot, Low Pressure: \Box Yes \Box No,	End Gun: 🗌 Yes 🗌 No
\Box Chemigation Equipment, \Box Travelling Gun,	□ Gated Pipe/Furrow,
\Box Drip, \Box Subsurface, \Box Other	(Please describe)

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

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 Name (Printed):	PAPIO NRD OFFICE USE ONLY		
		Application Number	V-
Signature:	Date	Approval Date	
		Approved Initials	
Papio NRD Approval (Printed):			

Signature: Date



Instructions for Papio NRD Form 17.21-2.

A. Contact Information

Provide the name, address and phone number of the contact person for the parcel and an email address 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. 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 acres to be certified. Include the ¹/₄, 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 by type and the requested new total of certified acres.

F. Type of Irrigation

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