

G-xxxxxx

STATE OF NEBRASKA
- To Be Completed by Applicant -

2026

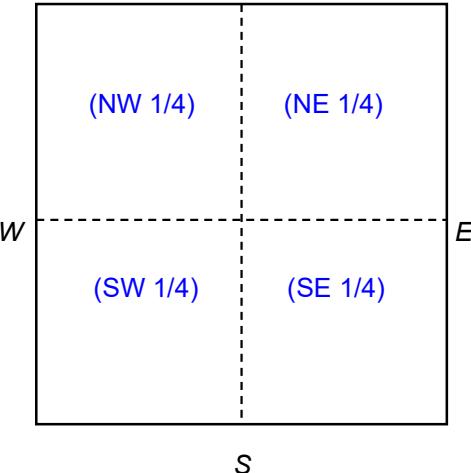
NAME	FIELD NAME	TELEPHONE																																																								
ADDRESS	CELL PHONE																																																									
LEGAL DESCRIPTION OF INJECTION LOCATION - <i>Please make sketch of location on reverse side of this form.</i> 1/4 of 1/4, Section Township Range		COUNTY																																																								
TYPE OF PERMIT <input type="checkbox"/> New (\$50) <input type="checkbox"/> Special (\$50) <input type="checkbox"/> Renewal (\$20) <input type="checkbox"/> Emergency (\$250)		TYPE OF INJECTION UNIT (Check One) <input type="checkbox"/> Portable <input type="checkbox"/> Stationary																																																								
NAMES OF CERTIFIED CHEMIGATION APPLICATOR(S)		EXPIRATION DATE																																																								
CERTIFICATION NUMBER		TELEPHONE																																																								
<p>List the names and estimated amount of all chemicals that were used in the chemigation system during 2025. Note: This information is required on all renewal permit applications.</p> <table border="1"> <tr> <td>Fertilizer Name or Formulation</td> <td>Total Applied</td> <td>Pesticide Name</td> <td>Total Applied</td> </tr> <tr> <td>*</td> <td>*</td> <td>*</td> <td>*</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Fertilizer Name or Formulation	Total Applied	Pesticide Name	Total Applied	*	*	*	*																																																
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*	*	*	*																																																							
Total Number of Acres Treated at This Location - * _____ Acres.																																																										
Permit Applicant Signature * _____ Date: * _____																																																										
Certified Applicator Signature * _____ Date * _____ <i>(If different from Permit Applicant)</i>																																																										
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 Water, Energy, and Environment (DWEE) 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																																																										
<p style="text-align: center;">Nebraska Chemigation Permit - To Be Completed by Lower Elkhorn NRD -</p> <table border="1"> <tr> <td colspan="3" style="text-align: center;">PERMIT NUMBER</td> <td style="text-align: center;">04 - 26</td> </tr> <tr> <td>Location</td> <td>Operation</td> <td>Type</td> <td>RECEIVED _____</td> </tr> <tr> <td>Mainline check valve:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Vacuum relief valve:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Inspection port:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Low pressure drain:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Chem. Inj. Check valve</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Interlock: <input type="checkbox"/> Elec. or <input type="checkbox"/> Mech.</td> <td><input type="checkbox"/></td> <td></td> <td>_____</td> </tr> <tr> <td colspan="3">Inspectors Comments: _____</td> <td>INSPECTED _____</td> </tr> <tr> <td colspan="3"></td> <td>REINSPECTED _____</td> </tr> <tr> <td colspan="3"></td> <td>REINSPECTED _____</td> </tr> <tr> <td colspan="3"></td> <td>APPROVED _____</td> </tr> <tr> <td colspan="3"></td> <td>Approved by NRD Representative</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> S.P.</td> <td colspan="2">Date Initially Approved</td> </tr> </table> <p style="text-align: center;">LOWER ELKHORN NRD</p>			PERMIT NUMBER			04 - 26	Location	Operation	Type	RECEIVED _____	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"/>		_____	Inspectors Comments: _____			INSPECTED _____				REINSPECTED _____				REINSPECTED _____				APPROVED _____				Approved by NRD Representative	<input type="checkbox"/> S.P.		Date Initially Approved	
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On the Section diagram to the right:

Please indicate well location with a “●”.

Please indicate access road with “-----”.

Vehicle Access Must Be Provided



INSTRUCTIONS TO APPLICANTS

1. Fill in the information on the top half or application portion of this form. Type or print using a ball point pen.
2. Do NOT mark the lower half or permit portion of the form.
3. Submit the completed application form and fee to the Lower Elkhorn NRD. Fees are nonrefundable.
4. The permit fee is \$50 for a new permit, \$50 for a special permit, \$20 for a renewal permit, and \$250 for an emergency permit. Application for a renewal permit must be received by the Lower Elkhorn NRD on or before June 1 of the year following the year in which the permit was issued.

NOTICE: New and renewal permits are annual and expire on June 1 of the year following the year in which the permit was issued. An emergency permit expires 45 days after it is issued.

REPORTING OF ACCIDENTS

Any actual or suspected accident related to the use of a chemigation system must be reported to the **Lower Elkhorn NRD** and the Nebraska Department of Water, Energy, and Environment (NDWEE) within 24 hours of its discovery. The Lower Elkhorn NRD may be reached at **(402) 371-7313** and the NDWEE may be reached at (402) 471-2186 or (877) 253-2603 during working hours. After normal working hours contact the Nebraska State Patrol at (402) 471-4545.

When reporting an accident include all known information, such as time of occurrence, quantity and type of chemical, location and any corrective or cleanup action presently being taken. NDWEE may request additional information and when required, will develop a plan for cleanup and recovery of contaminant. The permitholder is responsible for the actual cleanup.

Violation	Penalty
Emergency permit violation	Permit revocation without hearing and Class II misdemeanor
Operating without required equipment	Class IV misdemeanor
Operating without a permit	Up to \$1,000 civil penalty or Class II misdemeanor
Operating with a suspended or revoked permit	Up to \$1,000 civil penalty or Class I misdemeanor
Tampering or damaging equipment	Up to \$1,000 civil penalty or Class III misdemeanor
Failure to report accident	Up to \$500 civil penalty or Class III misdemeanor
Any other violation	Up to \$500 civil penalty or Class IV misdemeanor