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Bazile Groundwater Management Area (BGMA) Chemigation Cost-Share Program

LIMITS: 1st Time Chemigator/Pivot

CONTRACT: 1 year term

ELIGIBLE: Existing cropland within BGMA

PAYMENT: \$4.00/ Pivot irrigated acre

SIGNUP: April 1st

FORM: LCNRD 100

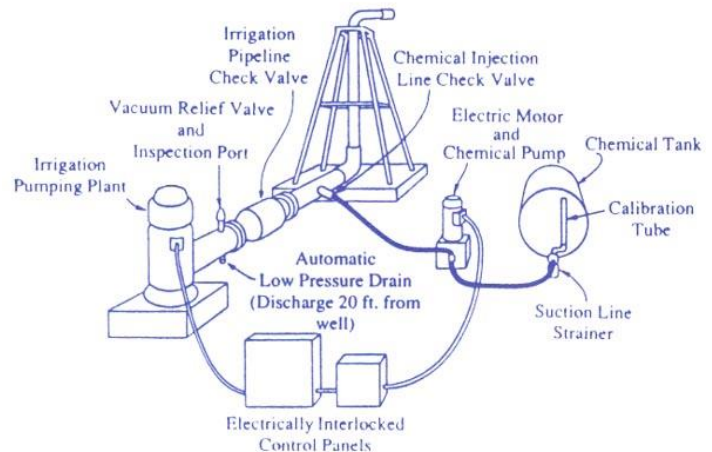
PURPOSE:

The purpose of the program is to encourage split applications of nitrogen fertilizer utilizing Chemigation equipment and approved nutrient management plan. Cooperators are asked to become certified as chemigation applicators, obtain the necessary equipment and permits. Following Deep Soil Testing, crop consultants will make recommendations on a nutrient management plan to guide the cooperators on necessary requirements to determine compliance. Approval must be made prior to May 31 to qualify.

VERIFICATION:

Equipment, permits and inspections by LCNRD. (Chemigation Applicator Certification UNL Cooperative Extension and NDEQ). Nutrient management plan compliance determined by NRD. Payment to be made in fall following concurrence by both parties.

ANTI-POLLUTION PROTECTION



STATE OF NEBRASKA
Application for Chemigation Permit
 —To Be Completed By Applicant—

Please Type or Print Clearly

NAME _____ TELEPHONE (____) _____

ADDRESS (STREET, RURAL, ROUTE, OR BOX NO.) _____ CITY _____ STATE _____ ZIP CODE _____

LEGAL DESCRIPTION OF INJECTION LOCATION _____ Township _____ Range _____ County _____

1/4 of _____ 1/4, Section _____

TYPE OF PERMIT (Check one) MAKE FEE PAYABLE TO THE NRD TYPE OF INJECTION UNIT (Check One)

New (\$30) Renewal (\$10) Emergency (\$100) Portable or Stationary

NAME(S) OF CERTIFIED CHEMIGATION APPLICATOR(S) _____ CERTIFICATION NUMBER(S) _____ EXPIRATION DATE(S) _____

List the names and estimated amount of all chemicals that were used in the chemigation system in the past year. (Note: This information is required on all renewal permit applications.)

Fertilizer Name or Formulation	Total Applied (pounds)	Pesticide Name	Total Applied (pounds)

Total Number of Acres Treated at This Location — _____ Acres.

Permit Applicant Sign Here _____ Date _____

PERMIT APPLICANT: SUBMIT ALL THREE SHEETS TO THE NRD.

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 Environmental Quality 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.

Nebraska Chemigation Permit
 — To Be Completed By NRD —

PERMIT NUMBER ▶ _____

<table style="width: 100%;"> <tr> <td style="width: 20%;">Mainline check valve:</td> <td style="width: 10%;">Location</td> <td style="width: 10%;">Operation</td> <td style="width: 10%;">Type</td> <td style="width: 50%;"></td> </tr> <tr> <td>Vacuum relief valve:</td> <td><input type="checkbox"/></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><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Low pressure drain:</td> <td><input type="checkbox"/></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><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Interlock: <input type="checkbox"/> Elec. or <input type="checkbox"/> Mech.</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table> <p>Inspector Comments: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> S.P. Date Initially Approved _____</p>	Mainline check valve:	Location	Operation	Type		Vacuum relief valve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Inspection port:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Low pressure drain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chem. inj. check valve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Interlock: <input type="checkbox"/> Elec. or <input type="checkbox"/> Mech.		<input type="checkbox"/>	<input type="checkbox"/>	_____	<table style="width: 100%;"> <tr><td>RECEIVED</td><td>_____</td></tr> <tr><td>INSPECTED</td><td>_____</td></tr> <tr><td>REINSPECTED</td><td>_____</td></tr> <tr><td>REINSPECTED</td><td>_____</td></tr> <tr><td>APPROVED</td><td>_____</td></tr> </table> <p style="text-align: center;">APPROVED BY (NRD Representative) _____</p> <p style="text-align: right;">NRD 12/96</p>	RECEIVED	_____	INSPECTED	_____	REINSPECTED	_____	REINSPECTED	_____	APPROVED	_____
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