

# CERTIFICATION OF IRRIGATED ACRES



526 E. First Street  
Valentine, Nebraska 69201  
Phone: (402) 376-3241 Fax: (402) 376-1040  
www.mnrd.org

## Landowner

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Contact Person

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Use Information

Legal Description of Field: \_\_\_\_\_

County: \_\_\_\_\_

County Parcel #: \_\_\_\_\_

Number of Irrigated Acres: \_\_\_\_\_

Are these acres in CRP: yes / no Date of Expiration: \_\_\_\_\_

Number of Acres Irrigated by Ground Water Only: \_\_\_\_\_

Number of Acres Irrigated by Surface Water Only: \_\_\_\_\_

Number of Acres Irrigated by Combination of surface and Ground Water: \_\_\_\_\_

Type of Irrigation: \_\_\_\_\_

(Examples: gravity, center pivot, sideroll, flood, etc. – indicate if multiple systems are used)

Flow Meter: yes / no

Current estimated use: \_\_\_\_\_

(Example: Inches per year, gallons per hour per acre, etc.)

Well Registration or Surface Water Right Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 of well ownership, a change of pump capacity, a change in use, a change in location of the well or any other change relative to the registered well data base for that well. The Department shall not collect a fee for the filing of this form.

For NRD Use Only Field ID Number: _____ Customer ID Number: _____	Required Documentation  FSA Aerial Photo with Field Delineated: _____
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Final Assessed Irrigated Acres: \_\_\_\_\_

County Assessor Seal:

County Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MNNRD Representative: \_\_\_\_\_ Date: \_\_\_\_\_