#### STATE OF NEBRASKA

# **Application for Chemigation Permit**

| -TO BE COMPLETED BY APPLICANT- Please Type or Print Clearly   |                    |  |                                      |                       |  |
|---|--------------------|--|--------------------------------------|-----------------------|--|
| Name:   |                    | Company Nam                                    | ne:                                  |                       |  |
| Home or Office Phone:   | Cell Phone:        |  | Email:                               |                       |  |
| Address:  |                    | City:  | State:                               | Zip:                  |  |
| Permit Type: (Please make checks payable to central platte NRD)   |                    | Field Name:                                    | ne: County:                          |                       |  |
| ☐ New (\$60) ☐ Renewal (\$20) ☐ E   |                    |  |                                      |                       |  |
| Legal Description of Injection:   |                    | 1  | Drip System?                         | Type of Injection:    |  |
| 1/4 of1/4, Section  | , Township         | Range  | Y/N                                  | Portable / Stationary |  |
| Certified Chemigation Applicator Name(s):   | Certification      | Number(s):                                     | Expiration Date:                     | Cell Phone:           |  |
|   |                    |  |                                      |                       |  |
|   |                    |  |                                      |                       |  |
| By signing this application as the certified applicator, you acknowledge you are responsible for the proper equipment & application of chemicals at this site.  |                    |  |                                      |                       |  |
| Certified Applicator Signature Required:  |                    |  |                                      | Oate:                 |  |
| Certified Applicator Signature Required:  |                    |  | Date:                                |                       |  |
| Renewal Applicants ONLY: List the names and estimated amount of all chemicals that were used in the chemigation system in the past year.  |                    |  |                                      |                       |  |
| Fertilizer Name or Formulation Total Applied (Pounds)   |                    | Pesticide Name Total Applied (oz, lbs, or gal) |                                      |                       |  |
| (Pourids)   |                    | (02, IDS, Of Yai)                              |                                      |                       |  |
|   |                    |  |                                      |                       |  |
|   |                    |  |                                      |                       |  |
| Total Number of Acres Treated at this location:   |                    |  |                                      |                       |  |
|   |                    |  |                                      |                       |  |
| Permit Applicant Signature:   | Date:              |  |                                      |                       |  |
| NOTICE TO PERMIT APPLICANT:  Submit completed application and fees to Central Platte NRD. Permit fees are non-refundable. Permits are not transferable. A \$100 fee will be assessed for each inspection beginning with the third attempt.  The Natural Resources District and the Nebraska Department of Water, Energy, and Environment 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. |                    |  |                                      |                       |  |
| -TO BE COMPLETED BY NRD-  |                    |  |                                      |                       |  |
| Nebraska Chemiga  | tion Permit Number | <u> </u>                                       |                                      |                       |  |
| Location Operation  | n Type             | _  | FOR OFFICE                           | USE                   |  |
| Mainline Check Valve:  Vacuum Relief Valve  |                    | <b>-</b>                                       | eived Date:                          |                       |  |
| Inspection Port   |                    |  | Initial Inspection Date:             |                       |  |
| Low Pressure Drain  |                    |  | einspection Date: teinspection Date: |                       |  |
| Chemigation Inj. Check<br>Valve   |                    |  | oved Date:                           |                       |  |
| Interlock Electrical / Mechani  | cal                | -  <br>-                                       |                                      |                       |  |
| Inspector Comments:   | _                  | APROVED BY: (NRD REPRESENTATIVE)               |                                      |                       |  |

Inspector's Signature: -

Central Platte NRD

### 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 and press firmly.
- 2. Do NOT mark the lower half or permit portion of the form.
- 3. Submit the completed application form and fee to the appropriate Natural Resources District. Fees are nonrefundable.
- 4. The permit fee is \$60 for a new permit, \$20 for a renewal permit, and \$500 for an emergency permit. Application for a renewal permit must be received by the 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 ACCIDENTS

Any actual or suspected accident related to the use of a chemigation system must be reported to the appropriate Natural Resources District and the Nebraska Department of Water, Energy and Environment (DWEE) within 24 hours of its discovery. DWEE may be reached at (402) 471-2186 during normal 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. DWEE may request additional information when required and will develop a plan for cleanup and recovery of contamination. The permit holder 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 II misdemeanor        |
| Tampering or damaging equipment              | Up to \$1,000 civil penalty or Class I 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          |