

REQUEST FOR VARIANCE/TRANSFERS LOCATION OF USE

of the Rules and Regulations of the Central Platte Natural Resources District for Closing the Management Area to the Issuance of New Well Permits and for Preventing Expansion of Irrigated Acres

NRD USE ONLY	
Request #:	_____
Date received:	_____
Xfer Permit #:	_____
Field ID #:	_____
Well Permit #:	_____

1. NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

2. REASON FOR REQUESTING VARIANCE _____

3. INDICATE THE USE (circle one) Domestic Livestock Irrigation Other (specify) _____

4. IDENTIFY LOCATION OF LAND WATER WILL BE TRANSFERRED TO

County: _____

1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ Township _____ north Range _____ west

Field ID #: _____

If not crop land, indicate present use: _____

Number of proposed new acres to be irrigated: _____

*Indicate the land that will be irrigated at new location on attached aerial photo of the section.
 Also indicate with an "X" the location of any existing and proposed (new) well(s) on attached aerial photo.
 -This permit does not allow applicant to violate statutory spacing-*

NRD Use % of depletion _____

5. IDENTIFY LOCATION OF LAND WATER WILL BE TRANSFERRED FROM (OFFSET)

County: _____

1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ Township _____ north Range _____ west

(If more than one location, use Attachment A on Page 3 to list those acres and list by priority.)

Number of irrigated acres used for offset: _____

Field ID #: _____ (if applicable)

Crop Type: _____

NRD Use % of depletion _____

6. AGREEMENT

If this variance is approved, I agree to abide by the following conditions:

- If it is later determined that offsets have to be made up because of any depletion to the river, the landowner will be required to make up the past impacts when called upon.
- Land traded and returned to dryland acres will be spot-checked to verify that it remains dryland.
- Penalties: If it is determined by the NRD that any of the acres that were agreed upon to remain dryland are irrigated, a Cease & Desist Order (SS46-707) may be issued. Penalties could include up to \$1,000-\$5,000 per day (SS46-745) fine.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate.

Signature of Transferee	Signature of Transferor <i>(signature must be notarized below)</i>	Date
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NOTARIZATION

State of Nebraska: On this _____ day of _____, 20____, before me a Notary Public in and for said state, personally came the above named _____ who is personally known to me to be the identical person whose name is affixed to the above instrument, and acknowledged the instrument to be his voluntary act and deed. Witness my hand and Notary Seal the day and year last written.

Notary Public

My commission expires the _____ day of _____, 20_____.

7. DECISION OF THE CENTRAL PLATTE NATURAL RESOURCES DISTRICT

Not all variances require a hearing. If a hearing is required, the variance will be acted upon after the hearing by the Board of Directors. Because the process involves a legal notice for the hearing, your request will be acted upon at the earliest possible date after the legal requirements have been met. You or your representative should be present at that hearing.

Hearing Date (if required): _____ NRD Representative: _____

APPROVED Approved with offsets: _____ **Map Enclosed**

Conditions of approval: _____

DENIED Not Approved: _____

Reason denied: _____

ATTACHMENT A

PRIORITY 1

IDENTIFY LOCATION OF LAND WATER WILL BE TRANSFERRED FROM (OFFSET)

County: _____

1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ Township _____ north Range _____ west

Number of acres irrigated used for offset: _____

Field ID #: _____ (if applicable)

Transferor name: _____

Crop Type: _____

PRIORITY 2

IDENTIFY LOCATION OF LAND WATER WILL BE TRANSFERRED FROM (OFFSET)

County: _____

1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ Township _____ north Range _____ west

Number of acres irrigated used for offset: _____

Field ID #: _____ (if applicable)

Transferor name: _____

Crop Type: _____

PRIORITY 3

IDENTIFY LOCATION OF LAND WATER WILL BE TRANSFERRED FROM (OFFSET)

County: _____

1/4 of the _____ 1/4 of the _____ 1/4 of Section _____ Township _____ north Range _____ west

Number of acres irrigated used for offset: _____

Field ID #: _____ (if applicable)

Transferor name: _____

Crop Type: _____

Required Information for Variance Request

Within the Central Platte Natural Resources District's Suspension of Well Drilling Areas

In order to consider your variance request, you must provide the following:



Farms Services Agency (FSA) crop certification aerial photo showing the acres of irrigated and/or non-irrigated cropland, and the crop grown or records showing irrigated land (or) County Tax records if you are not in the Farm Program.

You must show proof that your land was irrigated at least 2 out of the last 10 years as explained below:

Land in the Original State Stay- You must prove that the land was irrigated at least 2 out of the 10 years prior to the State stay on new irrigated lands as of July 2004.

Land Outside Original State Stay- You must prove that land was irrigated at least 2 of the 10 years prior to the NRD stay on new irrigated lands as of January 2006.



In addition to showing area of irrigated (proposed new acres) on map, you must also show the acres taken out of irrigation production (2 of the last 10 years). Maps are available at the Natural Resources Conservation Service. You must make an appointment with your local NRCS office to receive the required information.

If proof of prior irrigation (2 of the last 10 years) is not submitted with your variance request, it will be returned to you and it will not be acted upon until you resubmit it with the required information.



Other Information that may be requested by the NRD.

Disclaimer: *The Central Platte Natural Resources District is responsible for the final acres shown on the Request For Variance. Although the Natural Resources Conservation Service (NRCS) may help obtain information, the Central Platte NRD is responsible for any final determination.*

ORDER TO OBTAIN REQUIRED INFORMATION FOR VARIANCE REQUEST

1. Obtain Variance Request Form by contacting the Central Platte NRD. The Variance Request Form is also available on the website at: www.cpnrd.org. The NRD must receive the Variance Request Form at least 14 days prior to the Board of Directors monthly meeting in order to publish a public hearing notice.
2. **Send in your Variance Request to the NRD with the required information.** You must contact your local Natural Resources Conservation Service (NRCS) to obtain information on trading irrigated and dryland acres. You must make an appointment with the NRCS office to obtain this information. *SEE NRCS LISTING BELOW*
3. A representative of the Central Platte NRD will contact you to let you know if your request must be presented to the Board of Directors.
4. If your request must be presented to the Board of Directors, the NRD will hold a Variance Public Hearing in which your request is presented to the Variance Committee. The Variance Committee will give a recommendation to the full Board.
5. A representative of the Central Platte NRD will contact you regarding the Board of Directors decision.
6. NRCS offices in Lexington, Kearney, Grand Island and Central City will provide this technical assistance for the entire CPNRD as outlined in the following table:

NRCS Technical Assistance Office				
Land	Lexington	Kearney	Grand Island	Central City
Farm Service Agency	<i>Dawson</i>	<i>Buffalo</i>	<i>Hall</i>	<i>Merrick</i>
Administrative County	<i>Custer</i>		<i>Howard</i>	<i>Polk</i>
	<i>Frontier</i>		<i>Hamilton</i>	<i>Nance</i>
				<i>Platte</i>

CONTACT INFORMATION:

Central Platte Natural Resources District 215 N Kaufman Ave Grand Island NE 68803
Tel: 308-385-6282 Fax: 308-385-6285 www.cpnrd.org

Grand Island NRCS Office 2550 N Diers, Suite L Grand Island NE 68803-1214
Tel: 308-395-8586 ext 3 Fax: 308-382-3688

Kearney NRCS Office 4009 6th Avenue, Suite 4 Kearney NE 68845-3393
Tel: 308-273-3118 ext 3 Fax: 308-236-6290

Lexington NRCS Office PO Box 591 721 E Pacific, Suite 2 Lexington NE 68850
Tel: 308-324-6314 Fax: 308-324-7232

Central City NRCS Office 1708 31st Street, Suite 2 Central City NE 68826-2720
Tel: 308-946-2251 Fax: 308-946-3520

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

**Return to: Central Platte NRD
215 North Kaufman Avenue
Grand Island, NE 68803**

