

# STATE OF NEBRASKA

## DEPARTMENT OF NATURAL RESOURCES

### CLAIM FOR THE WATERS OF THE STATE OF NEBRASKA

Complete items 1 through 9 by printing in ink or typing the appropriate information and by placing an (X) in the appropriate box.

#### For Department Use Only

1. Name and address of applicant:

Filed in the office of the Department of Natural Resources at \_\_\_\_\_ a.m./p.m.

Zip code \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

on \_\_\_\_\_, 20\_\_\_\_.

Docket No. \_\_\_\_\_

2. Name and address of owner if different than applicant:

Map No. \_\_\_\_\_

Zip code \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Water Division \_\_\_\_\_

Receipt No. \_\_\_\_\_ Amount \_\_\_\_\_

3. The claim is to:

- Use natural flow                       Use impounded water  
 Impound water

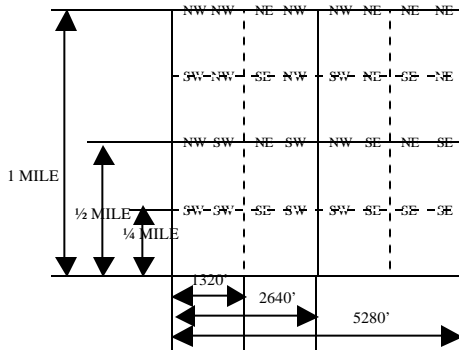
The water has been used for:

- Domestic                                       Manufacturing  
 Irrigation                                       Other (Explain)

4. Identify the source of water (Name of stream or reservoir):

If applicable, identify the facility name for transporting water from the source: (name of canal, pipeline or pump)

5. Identify the location of the  Headgate       Pump       Other type of facility  
 Section \_\_\_\_\_, Township \_\_\_\_\_ North, Range \_\_\_\_\_ E W County \_\_\_\_\_



The box at left represents one square mile (section). Place an (x) within each appropriate 40-acre tract to indicate the location(s) of each headgate, pump site, or other type of facility.

If applicable, indicate below the height (in feet) of any diversion or check dams.

6. If applicable, identify the location of lands that have been irrigated below:

LEGAL SUBDIVISIONS	Sec.	Twp.	Rge.	No. of Acres	LEGAL SUBDIVISIONS	Sec.	Twp.	Rge.	No. of Acres
					<b>TOTAL ACRES</b>				

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7. State the approximate quantity of water claimed:

- Gallons per minute  
 Cubic feet per second  
 Acre-feet (impounded water)

\_\_\_\_\_

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8. State the earliest date water was used for beneficial purposes:

\_\_\_\_\_

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of owner or owner's authorized agent

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A final project map may accompany this claim or filed within six months following departmental approval of this claim, drawn in accordance with Department Rules, Title 457, Chapter 10.

This form must be completed in full. An incomplete or defective claim will be returned.

A non-refundable filing fee of \$10.00 (payable to the Department of Natural Resources) must accompany this claim. Forward this claim and fee to:

**State of Nebraska**  
**Department of Natural Resources**  
**301 Centennial Mall South**  
**P.O. Box 94676**  
**Lincoln, Nebraska 68509-4676**  
**(402) 471-2363**