

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:

Zip code _____ Telephone No. (_____) _____

Filed in the office of the Department of Natural Resources at _____ a.m./p.m. on _____, 20____. Docket No. _____ Map No. _____ Water Division _____ Receipt No. _____ Amount _____

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

Zip code _____ Telephone No. (_____) _____

3. The claim is to:

 Use natural flow Use impounded water
 Impound water

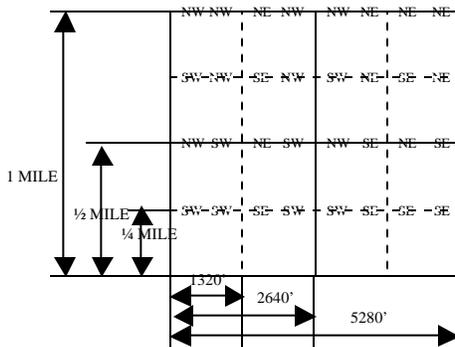
The water has been used for:

 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
					TOTAL ACRES				

7. State the approximate quantity of water claimed:

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

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

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

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