

APPLICATION FOR A PERMIT TO CONSTRUCT A WELL IN THE LOWER REPUBLICAN NATURAL RESOURCES DISTRICT

1. NAME: Webster County Development LLC

DNR & NRD USE ONLY

ADDRESS: P O Box 385

PERMIT NO.: LR 08 200

Red Cloud, Ne 68970

REGISTRATION NO.: _____

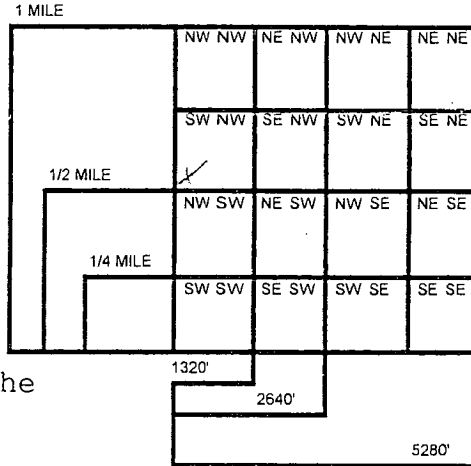
PHONE: 402.74602251

2. PURPOSE OF WELL (Indicate One):
- Irrigation Livestock (>50 gpm) Public Water Supply Other
- Industrial Dewatering (over 90 days) Aquaculture

3. IDENTIFY THE LOCATION OF THE PROPOSED WELL:

Webster County, Township 2 North,
Range, 10 West, Section 17

The box at the right represents one square mile, (section).
Indicate with an "X" the proposed location of the well.
Outline the proposed water use area, if water is to be used
outside the above written legal description, give legal
description of water use area.



Township 1 North, Range 10 West, Section NW 5

The well will be located 200' from the
North/South Section Line, & will be 2740' from the
East/West Section Line

4. NEW IRRIGATION WELLS:

How many acres will be irrigated? n/a

Flow meter will be used on proposed well.

Type of irrigation system: Center Pivot Gravity Other (specify) _____

Will system be Electric Fuel Powered?

Will the Well be used in a system with other wells? YES NO If yes, how many? _____

Will fertilizer, chemicals or animal waste be applied through the system? YES NO

5. REPLACEMENT AND ABANDONMENT WELL INFORMATION:

How many acres will be irrigated? _____

A. Is this a replacement well? YES NO

B. Registration number of well to be replaced: _____

C. Well to be replaced was last operated _____, 20 _____

D. Replacement well is _____ feet from original well. (can not exceed 1,320 feet)

E. Completion of original well decommissioning on _____, 20 _____

F. New well will provide water only to land historically irrigated by the well being replaced, and shall not be used to irrigate any additional acres.

6. SPECIFICATIONS OF INTENDED WELL AND PUMP:

Approximate date when construction will begin: _____, 20 _____

Pump column diameter: _____ inches. Estimated total well depth _____ feet.

Estimated pumping capacity: _____ gallons per minute. Well casing diameter: _____ inches.

Please attach test hole log, if available.

Name of Well Driller: _____

7. I certify that I am familiar with the information contained in the application and its' restrictions, rules and regulations, and that to the best of my knowledge and belief such information is true, complete and accurate.

*RD/CR # ?
KC*

This form must be completed in full and be accompanied by a non-refundable \$50.00 fee
(payable to the Lower Republican Natural Resources District, PO Box 618, Alma, NE 68920)

Date: 2-19-08

Signature: Heery Meyer, Mg Member

Date Approved: 2-22-08

NRD Representative: Michael Clements

SEE OTHER SIDE FOR IMPORTANT PERMIT RESTRICTIONS, RULES AND REGULATIONS