



100547 Airport Road
P.O. Box 280
Scottsbluff, NE 69363-0280
(308) 632-2749
www.npnrd.org

Acknowledgement

Of Nonuse, No Meter or Inoperable Well

I (we), the undersigned, do hereby request an Allowance from Chapter 11 of the District Rules & Regulations, effective December 14, 2024, based on the fact that the well(s) indicated hereinbelow is(are) not used for irrigation, does(do) not have a flow meter, is(are) inoperable for the Water Year beginning October 1, 2025 and ending September 30, 2026. It is understood and agreed that:

1. If an Allowance is granted on the well(s) hereinbelow, the Allowance is only applicable for the current Water Year (October 1, 2025 – September 30, 2026). A new Acknowledgement of Nonuse, No Meter or Inoperable Well Form must be completed each year to receive an Allowance from Chapter 11 of the District Rules & Regulations.
2. This Acknowledgement Form is only applicable to the water samples required to be withdrawn from the individual well(s) hereinbelow. The acres attached to the well(s) may remain subject to soil sample requirements based on individual circumstances. Clarification can be provided by District staff upon request.
3. Sufficient information must be provided in the “Reason for Nonuse, No Meter or Inoperable” section for the District to determine applicability of this form.
4. If the well(s) listed hereinbelow are used, have a flow meter installed, or become operable at any point in time during the water year, the District must be notified immediately to ensure compliance with District Rules & Regulations. If the well(s) are used, have a flow meter installed, or become operable, they will be subject to water sampling requirements as outlined in Chapter 11.

GENERAL INFORMATION

Landowner

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Operator

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Well Information

DWEE Well Registration #	Location of Well	Reason for Request		
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse
	____ ¼, S ____, T ____, R ____, _____ County	☐ No Meter	☐ Inoperable	☐ Nonuse

REASON FOR NONUSE, NO METER OR INOPERABLE WELL

LANDOWNER / OPERATOR CERTIFICATION AND AGREEMENT

I hereby certify that all the information contained in this Acknowledgement is true and correct to the best of my knowledge. I understand if an Allowance is not granted by the District, I will be subject to all Rules & Regulations contained in Chapter 11 of the District Rules & Regulations. If any information herein is found to be inaccurate or fraudulent, or water is used from the above referenced well(s), I understand the Allowance may be revoked, which could lead to noncompliance with District Rules & Regulations and possible enforcement actions.

Landowner Signature Date

OR

Operator Signature Date

FOR STAFF USE ONLY

Application Received By:

Final Action: ☐ Approve ☐ Deny

Staff Signature

Date _____

Staff Signature

Date _____

Well Registration #

NPNRD Tract ID #

[illegible]