



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

Acknowledgement

Of Participation

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 acres indicated hereinbelow are currently enrolled in a local, state or federal retirement program restricting the use of water on the acres. It is understood and agreed that:

1. If an Allowance is granted on these acres hereinbelow, the Allowance is only applicable for the term of the local, state or federal retirement program. If the contract/agreement ends in the middle of a Water Year, the subject acres will be required to comply with Chapter 11 of the District Rules & Regulations unless a new contract/agreement is entered into and a new Acknowledgement of Participation Form is provided and Allowance granted by the District.
2. This Acknowledgement Form is applicable to the soil and water samples required for the acres and water sources hereinbelow.
3. A fully executed copy (containing landowner, irrigation district, NRD and State of Nebraska signatures) of the contract/agreement for the local, state or federal retirement program must be attached to this Acknowledgement form when returned to the District, or an Allowance will not be granted. Any maps pertaining to the contract/agreement must also be included with the submittal.
4. An Allowance will not be granted by the District until this Acknowledgement form and the required information and documents are provided to the District.

GENERAL INFORMATION

Landowner

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

Operator

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

Contact

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

Field Information

_____, 1/4, Section _____, Township _____, Range _____ County: _____
_____, 1/4, Section _____, Township _____, Range _____ County: _____
_____, 1/4, Section _____, Township _____, Range _____ County: _____

NPNRD Tract ID #s: _____

Water Source: ☐ Ground ☐ Surface ☐ Commingled

RETIREMENT PROGRAM & CONTRACT INFORMATION

Government Entity: _____
Retirement Program: _____

Effective Date: _____
AND
Termination Date: _____
OR
Contract Period: _____

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, 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

Acknowledgement & Documents Received By: Acknowledgement & Documents Reviewed By:

Staff Signature _____ Date _____

Staff Signature _____ Date _____

- ☐ Fully Executed Contract Attached
- ☐ Map for Contract Attached

Final Action: ☐ Approve ☐ Deny

Staff Signature _____ Date _____

[illegible]