May 2018

## POOLING AGREEMENT of Ground Water in the Middle Republican Natural Resources District GROUND WATER MANAGEMENT AREA

Date Received:	ict use only														
Pooling #:  Approved or Denied (circle one)  Date Initial			NameAddressCity, State, Zip												
								Datc IIII	ua1		- Lip				
								I hereby reque	est to pool the i	use of ground	water from:				
Well registration #	_	Range		County	Cert. Acres	Field									
			<del></del>	<del></del>	<del></del>										

(This Agreement is limited to an entire allocation period)

I understand by requesting the right to pool the use of the ground water that I am expected to comply with the Districts rules, regulations or controls in effect or properly adopted at a later date. Documentation must be provided to the District showing common management between the parties of the wells listed above (example: FSA documentation showing owner/tenant relationship or a copy of the land lease) <u>AND</u> all owners must sign this agreement and their signature must be notarized to be considered for approval by the District. If these requirements are not met, this requested agreement will be denied until the appropriate documents and/or signatures are received. You will be notified via U.S. Mail as to whether your application has been approved or denied. If you need additional space for wells or signatures, please contact our office at 308-367-4281.

<b>Print Name</b> If signed by a representative, pleas	Signature (or representative) se attach a power of attorney		Date	
STATE OF	)			
COUNTY OF	) SS )			
The foregoing, instrument was acknowledged before me on				(print name).
(SEAL)				
Notary	Public			
<b>Print Name</b> If signed by a representative, pleas	Signature (or representative) se attach a power of attorney		Date	
STATE OF	)			
COUNTY OF	) SS )			
The foregoing, instrument was ack	nowledged before me on	, by		(print name).
(SEAL)				
Notary	Public			
<b>Print Name</b> If signed by a representative, pleas	Signature (or representative) se attach a power of attorney		Date	
STATE OF	)			
COUNTY OF	) SS )			
The foregoing, instrument was acknowledged before me on		, by		(print name).

This agreement will be voided upon written notification from either signatory and/or the end of the allocation period identified above.