

**SOUTH PLATTE NATURAL RESOURCES DISTRICT
Ground Water Pooling Arrangement Application**

I (We) hereby request that a pooling arrangement for the following tracts of irrigated acres be approved pursuant to Rule #6.9 of the South Platte NRD's Districtwide Ground Water Management Area Rules and Regulations. We acknowledge that this Application is also subject to any applicable rule, regulation or control of the District in effect on the date of this Application or adopted at a later date.

POOLING
Date received: _____
Pooling #: _____ <small>For District Use Only</small>

Allocation period: _____ to _____.

Date of Modified Pooling Arrangement: 1) _____, 2) _____

Owner/Operator	Meter Serial #	# of Cert. Irr. Acres	Cert. Irr. Tract # (Legal Desc.)	Subarea	County	% Used

Information on additional tracts can be listed on an additional sheet if needed.

Signatures (A signature from every person that has an interest in such arrangement is required):

Owner/Power of Attorney	Date	Operator	Date
Owner/Power of Attorney	Date	Operator	Date
Owner/Power of Attorney	Date	Operator	Date

NOTE: A copy of the South Platte Natural Resources District's Districtwide Ground Water Management Area Rule #6.9 - Pooling Procedure for Allocations and Certified Irrigated Acres is attached to this Pooling Arrangement Application. If Application is by Power of Attorney, please attach a copy of the Power of Attorney.

Additional Restrictions/Conditions for Approval: _____

This Pooling Arrangement Application is hereby approved pursuant to Rule #6.9 of the District Wide Ground Water Management Area Rules and Regulations, and is subject to any additional restrictions/conditions listed above.

Signature of Authorized District Representative
For District use only

Date Approved

This Pooling Arrangement Application is hereby denied.

Signature of Authorized District Representative
For District use only

Date Denied