

Application for VARIANCE REQUEST within the
MIDDLE REPUBLICAN NATURAL RESOURCES DISTRICT

APPROVED

NRD USE ONLY:

Date received: 6/16/25

Variance #: VA25-18

Approved or Denied?

Connie

Stacie

Chris

1. NAME AND ADDRESS OF APPLICANT:

Name: Jon Potthoff

Address: 355 47 Rd 716

City: Stratton State: NE Zip: 69145

Phone #: () Cell #: ()

(Additional property owner names & addresses may be attached)

All requests for a Variance shall include a nonrefundable filing fee of \$20.00.

APPLICANT MUST PROVIDE MAPS CLEARLY SHOWING THE SOURCE AND DESTINATION OF ACRES BEING REASSIGNED AND ANY OTHER CERTIFIED ACRES, OPERATED BY THE PRINCIPALS, IN THE IMMEDIATE AREA.

2. IDENTIFY THE SOURCE OF THE WELL AND/OR CERTIFIED ACRES:

Section 1 Township 2 North, Range 34 West

County Hitchcock County Parcel #: 440034736

(Additional Parcel #s may be attached)

Well Reg #: G-134820 Will operation of this well be discontinued? YES NO

Number of Acres to be Moved: 78 Fid#: 3177
to be combined in a series
w/ well permit me251024

HISTORY OF USE:

Number of Acres Irrigated: 78 2024, 78 2023, 78 2022, 78 2021, 78 2020

Inches Used: 2024, 3.3 2023, 3.14 2022, 4.91 2021, 10.91 2020

NRD USE ONLY:

Legal Owner(s) of Parcel(s)
indicated:

* Is there a SURFACE WATER CONTRACT on this parcel? YES NO

Is water delivered to this parcel? YES NO

If yes, history of delivery: (acre inches) 2024, 2023, 2022, 2021, 2020

* Is there a renter or tenant on this property? YES NO

If yes, has this person been notified of your intent to reassign certified irrigated acres? YES NO

* Is the destination of the well and/or acres being moved still located on a parcel you own? YES NO

If no, the owner of the parcel must provide a written statement acknowledging that occupation tax will be charged on their parcel and an agreement needs to be provided to the MRNRD showing the terms of who will retain the rights of such certified acres.

* Is/are there (a) mortgage(s), deed(s) of trust, or other consensual lien(s) filed of record on this parcel? YES NO

If yes, identify the name(s) and address(es) of all lien holder(s) of record:

Has/have the lien holder(s) been notified of the proposed reassignment application? YES NO

Attach a written consent executed by the lien holder(s) of the record.

Applicant acknowledges and agrees that if it is subsequently determined that an existing consensual lien holder of record has failed to consent in writing to the proposed reassignment, Middle Republican NRD reserves the right to revoke the reassignment of the certified acres to the destination parcel(s) identified in Section 3 of this Application.

I/we certify that I/we am/are familiar with the information contained in this application; that to the best of my/our knowledge and belief, such information is true, complete, and accurate; and that the undersigned constitute all of the owners of record of the real estate identified in Section 2 of this application.

DATE: _____

Signature of Owner

DATE: _____

Signature of Owner

3. IDENTIFY THE DESTINATION FOR WELL AND/OR CERTIFIED ACRES:

Section 20, Township 3 North, Range 34 West
County Hitchcock County Parcel #: 44003658

Well Reg #: New (Additional Parcel #s may be attached)
Fld# New

NRD USE ONLY:

Legal Owner(s) of Parcel
(s) indicated:

- * Are there other certified acres in this parcel? YES NO
If yes, provide legal description of all other certified acres in parcel:

____ 1/4 of the ____ 1/4 of Section ____, Township ____ North, Range ____ West

____ 1/4 of the ____ 1/4 of Section ____, Township ____ North, Range ____ West

____ 1/4 of the ____ 1/4 of Section ____, Township ____ North, Range ____ West

- * Is a well being transferred with these acres? YES NO

- * Is there a SURFACE WATER CONTRACT on this parcel? YES NO
If yes, is water delivered to this parcel? YES NO

I/we certify that I/we am/are familiar with the information contained in this application; that to the best of my/our knowledge and belief, such information is true, complete, and accurate; and that the undersigned constitute all of the owners of record of the real estate identified in Section 3 of this application.

DATE: 6-11-25

[Signature]
Signature of Applicant

STATE OF _____)

) SS

COUNTY OF _____)

The foregoing, instrument was acknowledged before me by _____ (print applicants name) on _____, 20____.

(SEAL)

Notary Public

4. APPROVAL BY THE MIDDLE REPUBLICAN NATURAL RESOURCES DISTRICT:

Date: 6/17/25

[Signature]
Signature of MRNRD Representative

The terms and conditions of this application are subject to modification or cancellation due to changes in state or federal laws or Middle Republican Natural Resource District regulations.

Application shall be considered incomplete if application is missing required information or signatures.

Forward this application to:

Middle Republican Natural Resources District
208 Center Avenue
PO Box 81
Curtis, NE 69025

Phone: 308-367-4281
Toll free in NE @ 1-800-873-5613
FAX: 308-367-4285
Website: www.mnrnd.org

USE ONLY:

CURRENT LOCATION OF ACRES

Current Certified Acres on Parcel _____

Assessed Acres on Parcel _____

Occupation Taxed Acres _____

RRR or Upland? (circle one)

Are acres in a pooling agreement? Yes No

Do these acres have history of use? Yes No

Acres: _____ 2024, _____ 2023, _____ 2022, _____ 2021, _____ 2020

Inches: _____ 2024, _____ 2023, _____ 2022, _____ 2021, _____ 2020

If no, why? _____

Well Column _____ GPM _____

(New well shall be the same or smaller than existing well)

NEW LOCATION OF ACRES

RRR or Upland? (circle one)

Percent Developed

0-10.99%

11-20.99%

21-30.99%

>31%

7/2/34
CURRENT
4.56%

20-3-34
NEW
0.34%

Decline Range

<10.99 ft

11-15.99 ft

16-20.99 ft

>21 ft

X

X

Depletion Range

0-11.96

11.97-28.6

28.7-48.6

48.7-72.2

72.3-96

82.60%

2.47%

Is it within 2 miles of a municipal well? Yes No

STAFF ☒ APPROVED _____ DENIED (referred to Committee on _____)

COMMITTEE _____ APPROVED _____ DENIED (referred to Committee on _____)

BOARD _____ APPROVED _____ DENIED