



AGRICULTURE SECTION

\* P.O. BOX 98922 \* LINCOLN, NE 68509-8922
TEL: (402)471-4239 \* FAX: (402) 471-2909 \* WEB SITE: http://dee.ne.gov/

Request for Extension

(Please print legibly)

\*\*This NDEE Agriculture Section Request for Extension form should be submitted to the Department at least thirty (30) days prior to the compliance date of the item or activity for which this request is being submitted. This form can be mailed to NDEE Agriculture Section, P.O. Box 98922, Lincoln, NE 68509-8922\*\*

Name of Operation: \_\_\_\_\_

NDEQ ID: \_\_\_\_\_

County: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box, Street Address

City, State and Zip Code

Complete the following information:

Type of Letter: \_\_\_\_\_

(Can be found in the subject section of Department correspondence)

Date of referred Letter: \_\_\_\_\_

List the requirements that this Request for Extension is addressing as they are written on Department correspondence: \_\_\_\_\_

Multiple horizontal lines for listing requirements.

Describe why the compliance date outlined on the referred letter cannot be met:

Multiple horizontal lines for describing non-compliance.

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Describe the work that has been completed toward meeting the requirements for which you are requesting an extension:

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What is the anticipated completion date of the requirements for which you are requesting an extension:

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Printed Name of Authorized Representative

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Signature of Authorized Representative

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Date of Signature

**TECHNICAL ADVISOR INFORMATION**

(If applicable)

NAME of CONSULTANT or ADVISOR: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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Signature of Consultant or Advisor

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Date of Signature