

**NEBRASKA EROSION AND SEDIMENT CONTROL ACT COMPLAINT FORM**

*Instructions*

*For District Use Only*

Complete items 1 through 5 by printing in ink or typing the appropriation information.

Photographs depicting location, nature, and extent of sediment damage or erosion and aerial photographs may also be submitted with this form.

Filed in the office of the

Natural Resources District

At \_\_\_\_\_ a.m./p.m. on

\_\_\_\_\_, 20\_\_\_\_.

COMPLAINT NO. \_\_\_\_\_

**1. Name and address of the person filing this complaint.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

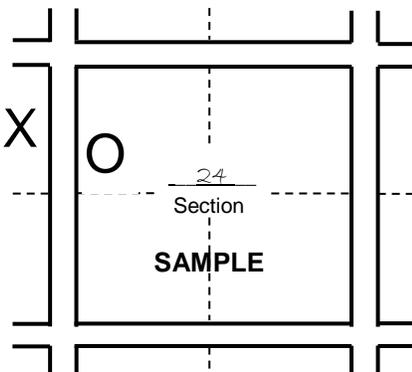
**2. Person filing complaint. (Check one)**

- \_\_\_\_\_ Owner or operator of land being damaged by sediment.
- \_\_\_\_\_ Authorized representative of a state agency or political subdivision whose roads or other public facilities are being damaged by sediment. ( \_\_\_\_\_ )  
identify
- \_\_\_\_\_ Authorized representative of a state agency or political subdivision with responsibility for water quality maintenance. ( \_\_\_\_\_ )  
identify
- \_\_\_\_\_ Authorized staff member or other agency of the natural resources district.

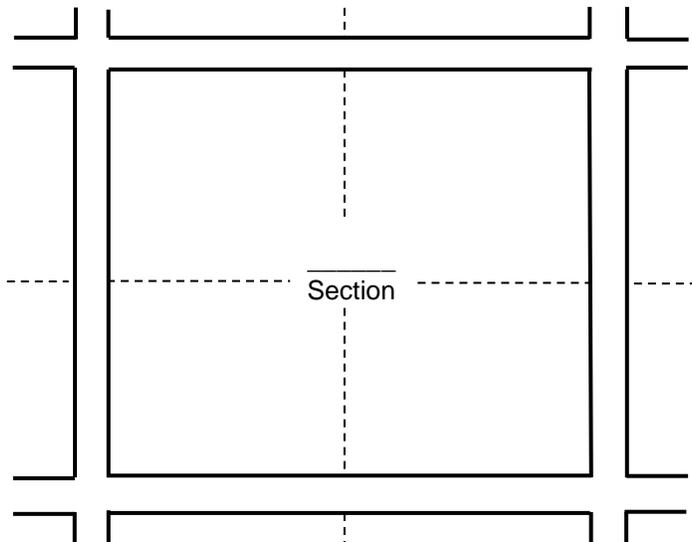
**3. Sediment damage.**

A. Location of the land or facility being damaged by excessive erosion (X) and the land believed to be the source of the sediment damage (O).

COUNTY Stanton  
Twp 24 N Rge 2 E



COUNTY \_\_\_\_\_  
Twp \_\_\_\_\_ Rge \_\_\_\_\_



B. Description of the nature and extent of the sediment damage or water quality impairment. Include description of physical effects and any economic losses which have occurred.

C. Identify stream or lake whose quality is being impaired including location of upper and lower points of alleged impairment.

---

4. Dates(s) the sediment damage or water quality impairment occurred or was observed.

---

5. I certify that the information contained in this complaint is, to the best of my knowledge and belief, true and accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return to: \_\_\_\_\_ *Natural Resources District*

\_\_\_\_\_  
\_\_\_\_\_

(Address)