

Mail to
Department of Natural Resources
PO Box 94676
Lincoln, NE 68509-4676
Phone (402)471-2363

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES

WATER WELL REGISTRATION

Please indicate NA for items unknown

FOR DEPARTMENT USE ONLY

Date Filed _____ Owner Code No. _____ Registration No. _____
_____-_____-_____ Receipt _____ NRD
Well ID _____

1. a. Well Owner's First Name _____ Last Name _____

OR Company Name _____

b. Attention Name _____

c. Street Address _____

Address 2/PO Address _____

City _____ State _____ Zip _____ Telephone _____

2. a. Contractor's License No _____ Contractor's Name _____

Contractor's Email Address _____

b. Drilling Firm Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Drilling Firm's Email Address _____

3. a. Well location ____ ¼ of the ____ ¼ of Section ____, Township ____ North, Range ____ E W , _____ County

Latitude Degree _____ Minute _____ Second _____

Longitude Degree _____ Minute _____ Second _____

**GPS
Required**

**Location of well for a pit is
the location of the pump**

b. Natural Resources District _____

c. The well is: _____ feet from the (N S) section line and _____ feet from the (E W) section line

d. Street address and subdivision, if applicable _____

e. Location of water use (give legal descriptions) _____

f. If for irrigation, the land to be irrigated is _____ acres.

Location of water use is required on all wells

g. Well reference letter(s), if applicable _____ HHSS PWSID _____

4. Permits Surface Water Permit Number _____

Management Area Permit Number _____ Industrial Permit Number _____

Geothermal Permit Number _____ Transfer Out-Of-State Permit Number _____

Municipal Permit Number _____ Conduct Permit Number _____

Well Spacing Permit Number _____ Other Permit Number _____

HHSS _____ NDEQ _____

5. Purpose of well (indicate one) ____ Aquaculture ____ Commercial/Industrial ____ Dewatering (over 90 days)

____ Domestic ____ Ground Heat Exchanger ____ Groundwater Source Heat Pump ____ Irrigation ____ Injection

____ Livestock ____ Monitoring ____ Observation ____ Pit (for irrigation) ____ Public Water Supply (with spacing (46-638))

____ Public Water Supply (without spacing) ____ Recovery ____ Other _____

(further description of use can be provided under other) (indicate use)

6. Wells in a Series.

a. Is this well a part of a series? ____ Yes go to part b of this section ____ No go to part 7 of this application (Y/N required)

b. If one or more of the wells in the series is currently registered, give all well registration numbers _____

c. How many wells in the series are you registering at this time? _____

7. Replacement and decommissioned/modified well information.

- a. Is this well a replacement well? ___ Yes ___ No go to part 8 of this application
b. Registration number of original well _____ If not registered, date original well was constructed (m)____/(d)____/(y)____
c. Original well last operated (m)____/(d)____/(y)____ d. Replacement well is _____ feet from original well.
e. Location of water use of original well _____

Please Select One:

- f.1. Original water well decommissioned on (m)____/(d)____/(y)____ **OR**
2. I hereby certify that the original water well will be decommissioned within 180 days after such construction of the replacement water well. **OR**
3. I hereby certify that the original water well will be modified and equipped to pump 50 gallons per minute or less within 180 days after such construction of the replacement water well. It will be used for one of the following: a. Livestock
b. Monitoring c. Observation
d. nonconsumptive or de minimus use approved by the applicable natural resources district. State use: _____
If 3d is chosen. NRD signature is required. (Signature can be submitted on NRD Approval form to DNR prior to registration)
NRD signature _____ **Date** _____ **OR**
4. Decommission/Modification Certification form is submitted by landowner.

8. Pump Information. (Pump information is required if registering a pit)

- a. Is pump installed at this time ___ Yes ___ No
Is pump installed by well owner in section 1? ___ Yes ___ No
Is pump installed by contractor in section 2? ___ Yes ___ No
Is this an artesian well ___ Yes ___ No

If pump installed by pump installer, please fill out license number below

- b. Pump Installer's License No. _____ Pump Installer's Name _____
Pump Installer's Email Address _____
Pump Installer's Firm Name _____
Pump Installer's Firm Address _____

City _____ State _____ Zip _____ Telephone _____
Pump Installer's Firm Email Address _____

- c. Pumping rate _____ gallons per minute _____ Measured _____ Estimated _____
d. Drop pipe diameter _____ inches e. Length of drop pipe _____ feet
f. Pumping equipment installed (m)____/(d)____/(y)____
g. Pump Brand _____
h. This well is designed and constructed to pump less than 50 gpm ___ Yes ___ No (**8H is required on ALL wells**)

9. Well Construction Information.

- a. Total well depth _____ feet. b. Static water level _____ feet. c. Pumping water level _____ feet
d. Well Construction Began (m)____/(d)____/(y)____ e. Well Construction Completed (m)____/(d)____/(y)____

Wells drilled prior to stays or moratoriums require NRD signature **NRD signature** _____ **Date** _____
(Signature can be submitted on NRD Approval form to DNR prior to registration)

- f. Bore hole diameter in inches Top _____ Bottom _____
g. Casing and Screen Joints are Welded ___ Glued ___ Threaded ___ Other _____

12. Geologic Materials Logged (must start at zero) - **Use only options provided below for Type, Hardness and Color**

From	To	Type	Hardness	Color	Other/Drilling Action

<u>Type</u>	<u>Hardness</u>	<u>Color</u>
Clay Sand fine-med	Cemented	Blue
Clay Stone Sand med-coarse	Consolidated	Brown
Cobbles Sand with gravel	Dense/Stiff	Gray
Gravel S andstone	Hard	Green
Limestone Shale	Loose	Orange
Loss Circulation Silt	Soft	Pepper
Ochre (weathered shale) Siltstone	Very Hard	Red
Sand with Clay/Silt Other		

(Additional sheets may be submitted)

13. I hereby certify that the information provided on this registration is true and accurate to the best of my knowledge.

_____ Date _____ Date
 Water Well Contractor's Signature (not required for pits) Well Owner's Signature (if Contractor is unknown or Deceased or for pits) (Not required if signed by Contractor)

Please note this document contains four pages.
Sections 9F, 9G, 10, 11 & 12 are not required if registering a pit.
Owner Registering well drilled prior to 2002: Minimum Required Sections - 1, 3(a,b,c,e,f), 5, 6, 7, 8(a,f,h), 9e