

Submit ORIGINAL to:
 Department of Natural Resources
 245 Fallbrook Blvd., Suite 201
 Lincoln, NE 68521-6729
 Phone (402) 471 2363

June 2011 DNR DECO
 This form **MUST** be printed/copied
 as a **SINGLE** sided form

**STATE OF NEBRASKA
 DEPARTMENT OF NATURAL RESOURCES**

This form is required to be filed
 within **60 days** of decommissioning
 of the water well.

NOTICE OF WATER WELL DECOMMISSIONING

FOR DEPARTMENT USE ONLY

Date Filed _____ Owner Code No. _____ Registration No. _____
 _____ - _____ -DEC ____ () _____ NRD
 Well ID _____

1. Well Owner's First Name _____ Last Name _____
OR Company Name _____
 Attention Name _____
 Address _____
 City _____ State _____ Zip _____ Telephone _____

2. Contractor (if applicable) _____ Telephone Number() _____
 Address _____ Contractor License No. _____
 City _____ State _____ Zip Code _____ + _____
 Drilling Firm: _____ Email: _____

3a. Well Registration No. _____

3b. Purpose of Well: _____

3c. Date Well Last Operated. _____ 3d. Date of Decommissioning. _____

3e. List complete well location: Legal **and** GPS Coordinates **MUST** be provided.

Is this location different than the DNR database location? **Corrected Location**

- Well location: _____ ¼ of the _____ ¼ of Section _____, Township _____ North, Range ____ E W , _____ County.
- Latitude Degree: _____ Minute: _____ Second: _____ Longitude Degree: _____ Minute: _____ Second: _____ (NAD 83)
- The well is _____ feet from the (N S) section line and _____ feet from the (E W) section line.

3f. Location of Water Use: _____

4. Actual Method for Decommissioning of Well

Placement Depth in Feet		Detailed Description of Material
From	To	

5a. Well Casing Size: _____ 5b. Bore Hole Diameter: _____

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

 Contractor (**owner) _____ Date _____

* *Owner may sign on wells prior to 7/1/2001 or sandpoint or if well no longer exists and it is unknown when decommissioning occurred

**The Department reserves the right to request verification of information provided.
 ORIGINAL form must be provided to the Department of Natural Resources.**