

Submit to:

Department of Natural Resources
301 Centennial Mall South
P.O. Box 94676
Lincoln, Nebraska 68509-4676
Phone (402) 471 2363

April 2012
DNR Form OCER

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
OWNERS CERTIFICATION OF INTENT TO
DECOMMISSION OR MODIFY THE ORIGINAL WELL
OWNER USE ONLY

FOR DEPARTMENT USE ONLY

Date Filed _____ Owner Code No _____ Registration No. _____
_____-_____-_____-DCO () _____ NRD

SECTION 1:

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

B. Well Registration Number: _____

C. List complete original well location Legal, Footage and/or GPS Coordinates as it appears in the DNR database.

- 1. Well location: $\frac{1}{4}$ of the $\frac{1}{4}$ of Section __, Township __ North, Range __ E W , _____ County.
- 2. The well is _____ feet from the (N S) section line and _____ feet from the (E W) section line.

OR Latitude Degree: _____ Minute: _____ Second: _____
Longitude Degree _____ Minute: _____ Second: _____

3. Street address or block, lot and subdivisions, if applicable: _____

4. Block: _____ Lot _____

D. Indicate one:

- 1.a. I hereby certify that the original water well is a sandpoint well on land owned by me for farming, ranching, or agricultural purposes or as my place of abode and will be decommissioned within 180 days after such construction of the replacement water well. **OR**
- b. I hereby certify that the original water well is on land owned by me for farming, ranching, or agricultural purposes or as my place of abode and will be used but will be modified and equipped within 180 days after such construction of the replacement water well to pump 50 gallons per minute or less. (go to Sec #2)
- 2. If 1b is checked above, complete the following:
The well will be used only for: a. Livestock b. Monitoring c. Observation
d. nonconsumptive or de minimus use approved by the applicable natural resources district. (go to Sec #3)
- 3. If 2d is chosen complete use and obtain NRD signature: State use: _____

NRD signature _____ **Date** _____

SECTION 2:

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

Water Well Owner's Signature Date

The Department reserves the right to request verification of information provided.