

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

**STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES**

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

**WATER WELL REGISTRATION PUMP INSTALLATION AND CONSTRUCTION MODIFICATION
PUMP INSTALLER/WELL CONTRACTOR USE ONLY**

FOR DEPARTMENT USE ONLY

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

ALL ITEMS IN SECTION 1 AND SIGNATURE IN SECTION 3 ARE REQUIRED

SECTION 1:

A. Well Owner's First Name _____ Last Name _____

OR Company Name _____

Attention Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

B. Contractor (if applicable). _____ Telephone Number() _____

Address _____ Pump Installer/Contractor License No. _____

City _____ State _____ Zip Code _____ + _____

Drilling Firm: _____ Email: _____

C. Well Registration No. _____

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

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

1. Well location: _____ 1/4 of the _____ 1/4 of Section _____, Township _____ North, Range _____ E''''''W''''''', _____ County.

2. Latitude Degree: _____ Minute: _____ Second: _____ Longitude Degree: _____ Minute: _____ Second: _____ (NAD 83)

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

D. State Reason for Change: _____

PUMP INSTALLATION AND CONSTRUCTION MODIFICATION

Complete only those items being modified

SECTION 2:

A. Pump information.

1. Pumping rate: _____ gallons per minute.

2. Drop Pipe diameter: _____ Inches. 3. Length of drop pipe: _____ feet.

4. Pumping equipment installed: (m) _____ / (d) _____ / (y) _____. 5. Brand/Type: _____

6. Static Water Level: _____ feet.

7. Pumping water level: _____ feet.

8. Amount of time pumped: _____.

B. Active to Inactive (please check A or B) with or without pump

On _____, 20 __, the water well is ___ a) altered from active to inactive by removing the _____ inch pump and pumping column and properly capping the water well according to state standards or ___ b) no longer in use but pump still in place with a water tight seal according to state standards. (§46-1207.02)

C. Well Construction Information.

1. Total well depth: _____ feet.
2. Static water level: _____ feet.
3. Pumping water level: _____ feet
4. Well Construction began: (m)____/(d)____/(y)_____
5. Well Construction completed: (m)____/(d)____/(y)_____
6. Bore hole diameter in inches: Top____ Bottom _____
7. Casing and Screen Joints are: Welded____, Glued____, Threaded____, Other_____
8. Total Capacity of Well _____ gallons per minute (to be used to determine sustainability of aquifer)
9. Pumping water level at this capacity _____ feet

D. Well Construction Modification.

1. Total well depth: _____ feet.
2. Static water level: _____ feet.
3. Pumping water level: _____ feet
4. Well Modification began: (m)____/(d)____/(y)_____
5. Well Modification completed: (m)____/(d)____/(y)_____
6. Bore hole diameter in inches: Top____ Bottom _____
7. Casing and Screen Joints are: Welded____, Glued____, Threaded____, Other_____
8. Total Capacity of Well _____ gallons per minute (to be used to determine sustainability of aquifer)
9. Pumping water level at this capacity _____ feet

E. Well Construction (Casing & Screen)- 3,4,5, & 6, measurements should be in inches to three decimal places

1		2	3	4	5	6	7	8
Placement Depth in Feet		Casing or Screen	Inside Diameter	Outside Diameter	Wall Thickness	Screen Slot Size	Type of Material	Trade Name
From	To							

F. Grout and Gravel Pack

Placement Depth in Feet		Grout/Gravel/ Open Hole	Material Description	Quantity gravel	Volume & Type Grout
From	To				

G. Geologic Materials Logged

From	To	Type	Hardness	Color	Other/Drilling Action

(Additional sheets may be submitted)

H. I certify that the well has been modified according to information given in section 2 A, B, E, or F, such that it will pump 50 gallons per minute or less. Pumping Rate: _____

Change of use (Check one of the following): Livestock Monitoring Observation

nonconsumptive or de minimus use approved by the applicable natural resources district. State use: _____

SECTION 3:

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

Contractor

Date

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

ORIGINAL form must be provided to the Department of Natural Resources.