

Submit 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
WATER WELL REGISTRATION MODIFICATION
OWNER USE ONLY**

FOR DEPARTMENT USE ONLY

Date Filed _____ Owner Code No. _____ Registration No. _____
_____-_____-MOD__() _____NRD
WELL ID _____

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

SECTION 1: **Check here if:** This form is also to be used to change the ownership of this well.

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

OR Company Name _____

Attention Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Email _____

B. Well Registration No. _____ (Only one number per form)

C. State Reason for Change: _____

CORRECTIONS NEEDED

Complete only those items being modified

SECTION 2:

A. If location of well needs to be corrected, fully complete the Legal description of the well including GPS Coordinates (latitude and longitude). Footage may be provided. **(1 & 2 REQUIRED)**

- Well location: _____ 1/4 of the _____ 1/4 of Section _____, Township _____ North, Range _____ East/West, _____ County.
- Latitude Degree: _____ Minute: _____ Second: _____ Longitude Degree: _____ Minute: _____ Second: _____ (NAD 83)
- The well is _____ feet from the (North or South) section line and _____ feet from the (East/West) section line.
(circle one) (circle one)

B. Location of water use (give complete legal description) _____

For Irrigation Wells: Number of acres irrigated: _____

If the location of use is different than what is currently registered, and/or the number of acres irrigated is more than what is currently registered, and you are located in an area that has stays or a moratorium on newly irrigated acres, you **MUST** obtain the written approval of the Natural Resources District **PRIOR TO FILING THIS FORM**. This approval can be the submission of a separate Natural Resources District Approval form by the NRD.

(Natural Resources District)

(Signature of NRD Staff)

(Date)

C. Pump information.

- Pumping rate: _____ gallons per minute.
- Drop Pipe diameter: _____ Inches.
- Length of drop pipe: _____ feet.
- Pumping equipment installed: (m) _____ / (d) _____ / (y) _____.
- Brand/Type: _____
- Static Water Level: _____ feet.
- Pumping water level: _____ feet.
- Amount of time pumped: _____.

D. Change of use, complete items 1, 2 and 3. Identify use from this Listing: Dewatering (over 90 days), Domestic, Ground Heat Exchanger, Ground Water Source Heat Pump, Industrial, Injection, Irrigation, Livestock, Monitoring, Observation, Public Water Supply (with spacing (46-638), Public Water Supply (without spacing), Recovery, Other(if well use falls in this category – add specific use).

1. Well was used for: _____
(if necessary, please provide updated pump information)
2. New well use is: _____
3. Date of Change: _____

E. 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)

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

Change to use (Check one of the following): Livestock Monitoring Observation
 nonconsumptive or de minimus use approved by the applicable natural resources district. State use: _____

G. Wells in a Series.

1. Is this well a part of a series? _____ Yes.
2. How many total wells in the series? _____
3. If one or more of the wells in the series is currently registered, give all well registration numbers: _____

H. 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 Estimate Capacity of Well _____ gallons per minute (to be used to determine sustainability of aquifer)

I. Replacement and decommissioned/modified well information.

Department of Natural Resources Decommission/Modification Certification form or Notice of Decommissioning form is Required for replacement wells

1. Is this well a replacement well? ____Yes ____No
2. Registration number of original well: _____ If original well is not registered, date well construction completed (m)____/(d)____/(y)_____
3. Original well last operated (m)____/(d)____/(y)_____
4. Completion of original well decommission/modification on (m)____/(d)____/(y)_____
5. Complete location of water use of original well: _____

J. 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. Casing diameter in inches: Top____ Bottom _____
7. Casing and Screen Joints are: Welded____, Glued____, Threaded____, Other _____
8. Total Estimate Capacity of Well _____ gallons per minute (to be used to determine sustainability of aquifer)

SECTION 3:

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.