

Submit to:

Department of Natural Resources
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Lincoln, Nebraska 68509-4676
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January 2009
DNR Form 667

**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. _____
_____-_____-_____ - _____ - _____
_____ NRD
WELL ID _____

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. Well Registration No. _____

C. **For All Wells:** 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 Natural Resources District Approval form by the NRD.

(Natural Resources District)

(Signature of NRD Staff)

(Date)

D. State Reason for Change: _____

CORRECTIONS NEEDED

Complete only those items being modified

SECTION 2:

A. If location of well needs corrected, items 1 and 2 are required. Item 3 required when applicable.

1. Well location: _____ ¼ of the _____ ¼ 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: _____

B. Change to 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: _____

C. Pump information.

1. Pumping rate: _____ gallons per minute. Measured or Estimated
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: _____.

D. 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)

E. I certify that the well has been modified according to information given in section 2 E, F, & H, 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: _____

F. 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 _____

G. Wells in a Series.

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

H. 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: _____

I. 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 _____

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.