

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**

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. _____

_____ - _____ - _____ 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 _____ + _____

Email: _____

3a. Well Registration No. _____

3b. Purpose of Well: _____

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

3e. List complete well location: Legal, Footage and/or GPS Coordinates

Well location: _____ ¼ of the _____ ¼ of Section _____, Township _____ North, Range _____ East/West, _____ County.

The well is _____ feet from the (North or South) section line and _____ feet from the (East/West) section line.

(circle one) (circle one)

OR Latitude Degree: _____ Minute: _____ Second: _____

Longitude Degree: _____ Minute: _____ Second: _____

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.