

# APPLICATION FOR A PERMIT TO CONSTRUCT A WATER WELL (50 GPM OR MORE) IN THE LOWER LOUP NATURAL RESOURCES DISTRICT

**1. TYPE OF PERMIT REQUESTED:** Check appropriate item(s)

New       Late

**2. NAME AND ADDRESS OF WELL OWNER:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone (      ) \_\_\_\_\_ - \_\_\_\_\_

**3. PURPOSE OF WELL** (Circle one):    Irrigation    Domestic    Livestock    Public Water Supply  
Dewatering (over 90 days)    Geothermal    Ground Heat Exchanger    Industrial    Recovery    Ground  
Water Source Heat Pump    Monitoring    Aquaculture    Wildlife Habitat  
Other (specify) \_\_\_\_\_

**4. IDENTIFY THE LOCATION OF THE PROPOSED WELL:**

Section \_\_\_\_\_, Township \_\_\_\_\_ North, Range \_\_\_\_\_ East/West, \_\_\_\_\_ County.

State Registration No. \_\_\_\_\_ (Required for late or Upgrade only).

The box at the right represents one square mile, (section). Indicate with an "X", the proposed location of the well. Outline the proposed water use area, if water is to be used outside the above written legal description. Give legal description of water use area.

Section \_\_\_\_\_, Township \_\_\_\_\_ North, Range \_\_\_\_\_ East/West, \_\_\_\_\_ County.

The well will be located \_\_\_\_\_ feet from the North/South section line and will be \_\_\_\_\_ feet from the East/West section line.

**5. IRRIGATION WELLS:**

How many acres will be irrigated? \_\_\_\_\_

Will a flow meter be used on proposed well?    Yes    No

Type of irrigation system?    Center pivot    Gravity    Other (specify) \_\_\_\_\_

Will the well be connected to an irrigation system with other wells?    Yes    No    How many? \_\_\_\_\_

**6. REPLACEMENT AND ABANDONMENT WELL INFORMATION:**

Is this a replacement well?    Yes    No

Registration number of well to be replaced: \_\_\_\_\_

Well to be replaced was last operated on \_\_\_\_\_ 20\_\_\_\_

Replacement well will be \_\_\_\_\_ feet from original well.

Will the replacement well irrigate the same tract of land as the decommissioned well?    Yes    No

**7. SPECIFICATIONS OF INTENDED WELL AND PUMP:**

Pump column diameter: \_\_\_\_\_ inches. Estimated total well depth: \_\_\_\_\_ feet. Estimated pumping capacity: \_\_\_\_\_ gallons per minute.

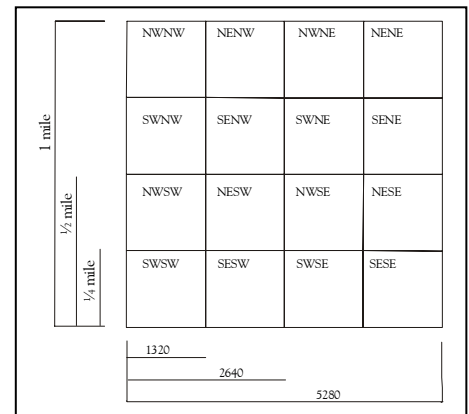
Well casing diameter: \_\_\_\_\_ inches.      **Please attach test hole log, if available**

**8. NAME AND ADDRESS OF WELL DRILLER:** \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Permit No. _____
Reg. No. _____
Quantity Area No. _____

**Mark Well Location  
With an (X)**



**Continue on other side**

## PERMIT RESTRICTIONS

1. This permit shall remain valid for one year following the date of approval.
  2. This well must be constructed in accordance with the Water Well Standards and Contractor Licensing Act and rules and regulations adopted pursuant thereto.
  3. If the well authorized by this permit has a capacity of fifty (50) gallons per minute or more, it must be constructed at least six hundred (600) feet from any existing well with a capacity of fifty (50) gallons per minute or more that is under different ownership.
  4. Management Area rules and regulations are subject to change. Prior to construction or operation, the permittee should contact the NRD office concerning compliance with these regulations.
  5. This well following construction must be registered with the Nebraska Department of Natural Resources.
  6. This well will be subject to the rules and regulations of any integrated management plan developed by the NRD and/or the Nebraska Department of Natural Resources.
  7. This permit will be subject to any stays on well drilling resulting from a declaration by the Nebraska Department of Natural Resources that water in the Loup River Basin is fully appropriated.
  8. Check Local Zoning Regulations.
  9. Additional Comments:
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**WELL OWNER CERTIFICATION:** I certify that I am familiar with the information contained in this application and its restrictions, rules and regulations and, that to the best of my knowledge and belief, such information is true, complete and accurate.

Date \_\_\_\_\_ Signature of well owner \_\_\_\_\_

### PERMIT APPROVAL:

Date Approved \_\_\_\_\_ NRD Representative \_\_\_\_\_

**This form must be completed in full and be accompanied by a non-refundable \$50.00 filing fee payable to the Lower Loup NRD, 2620 Airport Drive, Ord, NE 68862-1002**

## Lower Loup NRD

