

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

182931  
GW 05112012-50340-000(2)  
Department of Natural Resources

FOR DEPARTMENT USE ONLY

Date Filed \_\_\_\_\_ Owner Code No. 36120 Registration No. G-043029  
-MOD ( ) G-043029 X 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 LARRY Last Name BOERER  
OR Company Name \_\_\_\_\_  
Attention Name \_\_\_\_\_  
Address 84198 521 Ave  
City ELGIN State NE Zip 68636 Telephone 402 843 5528

B. Well Registration No. G-043029 (Only one number per form)

C. State Reason for Change: Purchased land from Sheltered Acres

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)

1. Well location:  $\frac{1}{4}$  of the  $\frac{1}{4}$  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 ☐ or S ☐) section line and \_\_\_\_\_ feet from the (E ☐ W ☐) section line.

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.

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: \_\_\_\_\_

RECEIVED

MAY 11 2012

DEPARTMENT OF  
NATURAL RESOURCES

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.

Larry Born

Water Well Owner's Signature

3-5-12

Date

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