

Submit to:

Department of Natural Resources
301 Centennial Mall South
P.O. Box 94676
Lincoln, Nebraska 68509-4676
Phone (402) 471 2363

Lcpwct{ '422;

DNR Form 981-3

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES

This form is required to be filed
within **60 days** of any
modification to the water well.

WATER WELL REGISTRATION PUMP INSTALLATION AND CONSTRUCTION MODIFICATION
PUMP INSTALLER/WELL CONTRACTOR USE ONLY

FOR DEPARTMENT USE ONLY

Date Filed 01172023 Owner Code No. 101119 Registration No. G-001108
01172023 - 269199 - mod (2) LE NRD
WELL ID

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

SECTION 1:

A. Well Owner's First Name William Last Name Paasch

OR Company Name _____

Attention Name _____

Address 1042 Co Rd E

City Scribner State NE Zip 68057-0000 Telephone 402 664 3450

B. Contractor (if applicable) Grosch Irrigation Company, Inc - North Bend Telephone Number() 402 652 3264

Address P.O. Box 533 Pump Installer/Contractor License No. 3907004

City North Bend State NE Zip Code 68649 +

Email Address northbend@groschirrigation.com

C. Well Registration No. G-001108

List complete well location as it appears in DNR database: Legal, Footage and/or GPS Coordinates

1. Well location: SE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section 23, Township 20 North, Range 6 East/West, Dodge County.

2. The well is 2543 feet from the (North or South) section line and 955 feet from the (East/West) section line.
(circle one) (circle one)

OR Latitude Degree: 41 Minute: 41 Second: 30.70

Longitude Degree: -96 Minute: 41 Second: 51.05

D. State Reason for Change: Pump Installation

PUMP INSTALLATION AND CONSTRUCTION MODIFICATION

Complete only those items being modified

SECTION 2:

A. Pump information.

1. Pumping rate: 650 gallons per minute. Measured ☒ or Estimated ☐
2. Drop Pipe diameter: 6 Inches.
3. Length of drop pipe: 55 feet.
4. Pumping equipment installed: (m) 12 / (d) 05 / (y) 2022.
5. Brand/Type: Submersible
6. Static Water Level: 9 feet.
7. Pumping water level: 24 feet.
8. Amount of time pumped: 1 HR.

B. Active to Inactive (please check A or B) with or without pump

On _____, 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)

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

Change of use (Check one of the following): ☐ Livestock ☐ Monitoring ☐ Observation

☐ nonconsumptive or de minimus use approved by the applicable natural resources district. State use: _____

D. 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_____

E. 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. Bore hole diameter in inches: Top____ Bottom ____
7. Casing and Screen Joints are: Welded____, Glued____, Threaded____, Other_____

F. Well Construction (Casing & Screen)- 3,4,5, & 6, measurements should be in inches to three decimal places

1 2		Casing or Screen	3 Inside Diameter	4 Outside Diameter	5 Wall Thickness	6 Screen Slot Size	7 Type of Material	8 Trade Name
Placement Depth in Feet								
From To								

G. Grout and Gravel Pack

Placement Depth in Feet	Grout or Gravel Pack	Material Description
From To		

H. Geologic Materials Logged

DEPTH IN FEET DESCRIPTION
FROM TO

DEPTH IN FEET DESCRIPTION
FROM TO

(Additional sheets may be submitted)

SECTION 3:

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

16739826391052 NOL ID: grshnb02

Contractor

01/17/2023

Date

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