



APPLICATION FOR PERMIT FOR PRIVATE WATER SUPPLY SYSTEM

Sanitary Engineering
Midtown Campus, 1111 So. 41st St., Ste 130, Omaha, NE 68105

Please print or type. Enclose \$161.00 County [] or City and three (3) mile limit []
\$25.00 Non Drinking Water Well (Irrigation, horizontal or vertical geothermal loop system, etc) REGISTRATION ONLY

Property _____ City _____

Well Driller _____ Address _____ Telephone _____

Homeowner _____ Address _____

City _____ State _____ Zip Code _____ Telephone _____

System to serve: Home (); Other (specify) _____

Distance from proposed well site to any pit toilet, septic tank system, cess-pool, feed lot, sanitary landfill, barnyard,

Animal or fowl pen or any other known source of possible contamination or pollution _____

Water from proposed well to be used to water livestock or fowl _____ Yes _____ No

Well Casing: Size _____

Material _____ Thickness _____ Type of Joint _____

Material to be used in sealing top 10 feet of well _____ Thickness _____

Well discharge above ground (); below ground (); If below, depth of discharge below ground surface _____ ft

Proposed well depth _____ ft

Well platform to be used _____ Yes _____ No. If yes, state distance casing will project above platform

_____ inches; If no, state distance casing will project above ground surface _____ inches

State method of sealing casing top against leaking water _____

Will a pitless adapter be used _____ Yes _____ No. If yes, state type _____

Type of pump to be used _____

Type of water storage reservoir to be used _____ Material _____

Where will storage reservoir be located _____

Type of pipe used for distribution of water from well to plumbing system _____

Has the well been drilled? _____ Yes _____ No If yes, when? _____

WATER SAMPLE FOR LABORATORY ANALYSIS CANNOT BE TAKEN UNTIL WELL WATER PLUMBING DISTRIBUTION IS COMPELTE. APPLICANT MUST CALL FOR FINAL INSPECTION AND ANALYSIS (BACTERIA AND NITRATE) FOR APPROVAL OF WELL AT 444-7485.

FOR THE USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING APPLICATION ONLY

Application Approved: Date _____ 20_____ Signed _____

Permit Number _____ Receipt _____ Title _____

Well water analysis approved: Date _____ 20 _____

Signed _____ Title _____

File # _____