

**DOUGLAS COUNTY HEALTH DEPARTMENT SANITARY ENGINEERING
APPLICATION FOR NON-DRINKING WATER WELL
IRRIGATION, HORIZONTAL OR VERTICAL GEOTHERMAL LOOP SYSTEM**

\$26.00 Non-Drinking Water Well

Legal Description and Physical Address _____

Test Hole Log Information (if available) _____

Bore Depth _____ Feet Bore Diameter _____ Inches

Grout from _____ to _____

Pipe Diameter _____" Pipe Material _____

Static Water Level _____ Feet (known/approximate)

Has the well been drilled? Yes ___ No ___ Dates Drilling Commenced ___/___/___

Name and Address of Well Owner _____

Number of Boreholes _____ Loop Fluid _____ Pressure Test _____ psi _____ min.

Distance from Private Well System or Public Well System _____'

Distance from proposed well site to any septic tank system or other known source of possible contamination or pollution _____

Well Contractor Signature _____ Licensed No. _____

FOR THE USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING APPLICATION ONLY

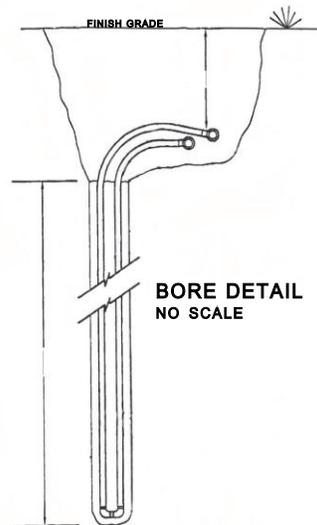
Application Approved: Date _____ 20____ Signed _____

Permit # _____ Receipt _____ Title _____

Well Water Analysis Approved: Date _____ 20____

Signed _____ Title _____

File # _____



**SUBMIT TO: NHHS, Regulation & Licensure
Water Well Standards Program
P.O. Box 95007
Lincoln, NE 68509-5007
or FAX TO: 402-471-6436**

Submit to:
Douglas County Health Dept., Midtown Campus, 1111 So. 41st St., Ste 130, Omaha, NE 68105