DOUGLAS COUNTY HEALTH DEPARTMENT SANITARY ENGINEERING
APPLICATION FOR NON-DRINKING WATER WELL

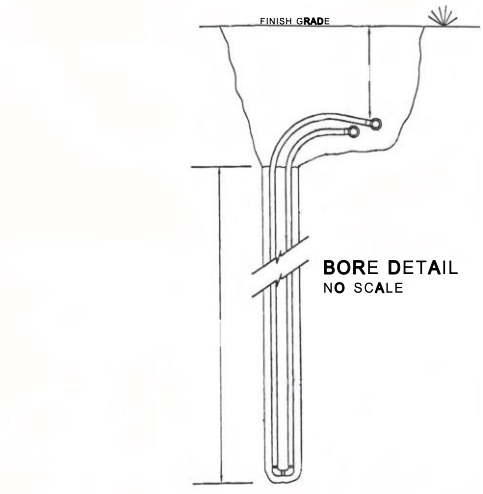
Check Boxes: IRRIGATION ☐ HORIZONTAL ☐

VERTICAL GEOTHERMAL CLOSED LOOP SYSTEM ☐ OPEN LOOP SYSTEM ☐
Irrigation Or Open Loop System Must Have Approval From The Omaha Plumbing Board

$26.00 Non-Drinking Water Well
Legal Description and Physical Address _____
GPS Coordinates _____ Septic System: Yes or No
_____
_____
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 # _____



BORE DETAIL
NO SCALE

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