

Data Sheet - For Delineation of Wellhead Protection (WHP) Areas

Available as a PDF form on our website <http://deq.ne.gov/>

Submit one sheet for each public water supply well, including all active, inactive, standby, and abandoned wells.

Public Water System Name _____ County _____
Public Water System Identification Number (Department of Health & Human Services) _____
Well Registration Number (Department of Natural Resources) _____
Facility Name (Department of Health & Human Services) _____
Local Name or Number (What you refer to this well as) _____

Status: (check all that apply)

- **Active** (permanently connected to your system)
 - Pumped Year Around
 - Pumped Seasonally
 - For Emergency Use Only
- **Inactive** (disconnected from your system with intent for future use)
 - For Future Use
 - For Emergency Use
- **Abandoned** (use is permanently discontinued)
 - Decommissioned** (properly filled, sealed, and plugged)
- Please enclose a copy of the DNR abandonment form
 - Not Decommissioned**
- **Proposed/Test Well** (not connected to your system)
 - Proposed
 - Test Well

Location

Latitude _____

Longitude _____

Elevation _____ feet *above*
 meters *sea level*

Depth of Well _____ feet
 meters

Total Population served by system _____

Pumpage

Metered at Well _____ gallons per year

Estimate future pumpage. Typically, last years pumpage, or an average of years past. If you have a new well(s) or are taking well(s) off line make appropriate adjustments.

Depth to Water

Static Water Level _____

Pumping Water Level _____

Date levels were taken _____

Attach any information you have regarding pumping tests (aquifer tests) and/or water levels of nearby monitoring wells.

Information Supplied By _____ Date ____ - ____ - ____

Please return this form and any requested information to the Nebraska Department of Environmental Quality

Wellhead Protection Program
<http://deq.ne.gov/>
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