

# North Plains Groundwater CONSERVATION DISTRICT

DISTRICT USE ONLY
Well Number: _____
Date Registered: _____

## Domestic or Exempt Well Registration

Applicant Name & Contact Name (if a business or Trust) Phone Email

Applicant Address City ST Zip

Property Owner Name (if other than applicant) & Contact Name (if a business or Trust) Phone Email

Property Owner Address City ST Zip

Approximate date when well construction will begin (mm/dd/yy): \_\_\_\_\_

Purpose of Well (please circle one): Domestic    Livestock    Poultry    Rig Supply  
Other (please specify): \_\_\_\_\_

If the well is a rig supply, will the well be turned over to the Property Owner once drilling has been completed? (Circle one)    Yes    No

### Location of Proposed Well

County: \_\_\_\_\_ Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_

Survey: \_\_\_\_\_ Other Location Description: \_\_\_\_\_

GPS: Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_

The well will be located \_\_\_\_\_ feet from the North / South section line, and will be \_\_\_\_\_ feet from the East / West section line.

Is the well located at least 50 or more yards from any other well? (Circle one)    Yes    No

Driller Name: \_\_\_\_\_ Well Completion Date: \_\_\_\_\_  
*(Please attach well log if available.)*

I hereby certify that I am familiar with the information contained in this registration and that to the best of my knowledge and belief such information is true, complete, and accurate.

Applicant's Signature Date

Approved by Date

Reviewed by Date