CITY OF CRETE
AND TWO MILE ZONING JURISDICTION LIMIT

APPLICATION FOR WELL PERMIT

FEE: $__________  NUMBER: ____________  DATE: ____________

- Fee is non-refundable if application is denied.

WELL OWNER’S NAME: ______________________________________________

WELL OWNER’S ADDRESS: ___________________________________________

DESCRIPTION OF LOCATION OF WELL: ________________________________

LEGAL DESCRIPTION OF WELL LOCATION: _____________________________

WELL DRILLING CONTRACTOR: _______________________________________

ADDRESS: ________________________________  PHONE #: ________________

STATE OF NEBRASKA DRILLER’S LICENSE NUMBER: _____________________

NAME OF ELECTRICIAN: _____________________________________________

1) All private water wells within the City’s two mile zoning jurisdiction shall comply with Title 178 NAC12 & 179 NAC2 State of Nebraska, Department of Health Regulations.
2) All private wells shall also comply with City of Crete Plumbing Code- The 2009 Uniform Plumbing Code, with Lincoln Amendments.
3) The well driller shall contact the Building Official seventy two (72) hours in advance of drilling for final approval and compliance check regarding setback lines.
4) Well drilling log shall be completed as the well is being drilled, a copy of which shall be filed with the Building Official.
5) Cross-connection between private wells and City water supplies is strictly forbidden.
6) This permitting system and application process applies to the refurbishment and/or alteration of existing wells or changes in their pumping capacities/output.

APPLICANT SIGNATURE: ____________________________________________  DATE: ____________

BUILDING INSPECTOR: ________________________________  DATE: ____________

PUBLIC WORKS DIRECTOR: ________________________________  DATE: ____________

MAYOR’S SIGNATURE: _____________________________________________  DATE: ____________
REQUIRED INFORMATION

- Intended use of well water: ______________________________________________
- Proposed depth of well: ________________________________________________
- Size & type of casing: __________________________________________________
- Make & model of pumping equipment: _____________________________________
- Pumping capacity of well in Gallons Per Minute: __________________________

Minimum required setback distances from water/sewer lines:

Sewer service line ................. 25 feet
Water service line ................. 25 feet
Septic tank or lagoon ............. 50 feet
Disposal field .................... 100 feet

- Well driller must provide certification that the design meets Nebraska Department of Health requirement. Provide a scaled description of the location of well on the map following.