

Village of Sutherland

New Well Permit

Applicant's Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Is Property Owned by Applicant? _____

If not, Property Owner's Name: _____ Address: _____

Intended Use of Well: _____

Planned Drilling Date: _____

Well To Be Drilled By: _____

Address of Well Driller: _____

Casing Size: _____ Discharge Size: _____

Well Depth: _____ Pumping Capacity: _____

All new wells within the Municipality must meet or exceed the requirements of Title 178 and Title 179 of the Regulations Governing Public Water Supply Systems Promulgated by the Nebraska State Department of Health, Division of Drinking Water and Environmental Sanitation. This application is void after 90 days.

If the well is abandoned, the well must be properly sealed.

Signature of Applicant

Date

Received By: _____

Date Received: _____

Legal description of property on which well will be drilled: _____

Well located (distance from lot lines): _____



Draw location of proposed well with respects to lot lines and buildings located on lot. Note distance from lot lines.

For Village Use Only:

Comments of Utilities Superintendent: _____

Meeting Date of Board of Trustees: _____ Approved or Denied: _____

Chairman of the Board of Trustees

Date

Stipulations (if any): _____