



Lincoln-Lancaster County Health Department
 Environmental Health Division
 3140 "N" Street ♦ Lincoln, NE 68510-1514
 Phone: 402-441-8030

Permit No. _____

Request for Individual Water Well Permit or Repair of Individual Water Well

The undersigned hereby requests:

- Permit to construct a new individual water well
- Permit to repair or alter existing well involving opening of well

1. Well Site Address _____ City _____, NE Zip _____
 (No Rural Route Please)
 Township _____ Range _____ Section _____ 1/4 Section _____
 Block _____ Lot _____ Addition _____
 Parcel ID _____ - _____ - _____ - _____ (i.e. 99-99-999-999-999)

2. Well use: Potable Non-Potable Describe _____

3. Connection to Public Water Supply Yes No

Signature of Owner _____ Print Name _____
 Current Address _____
 Current Home Phone _____ Work Phone _____

Signature of Applicant _____ Print Name _____
 Address _____
 Home Phone _____ Work Phone _____ Cellular Phone _____

Water Well Contractor:

Sewage Permit Applied for: Yes No Not applicable

PLEASE CONTACT LLCHD FOR THE PERMIT FEE FOR THIS APPLICATION

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits

Date: ____/____/____ By _____ Nitrate Level _____ mg/L
 Date: ____/____/____ By _____ Chloride Level _____ mg/L
 Date: ____/____/____ By _____ Bacteriological Analysis Satisfactory _____ Yes _____ No
 Other _____

Installation Final Written Approval

Date: ____/____/____ By _____

Business Office Use Only
 Received: Date: ____/____/____ Amount _____ Check No. _____ Initials _____