



Lincoln-Lancaster County Health Department

Lincoln-Lancaster County Health Department
Environmental Health Division
3131 "O" 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 _____
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 _____