



Health Department Use Only

Well Permit # EH-WS

# Lincoln County Health Department

## Application for Environmental Health Services

Free

☐ Doctors Order**Water Sample Fees**

<input type="checkbox"/> Bacteriological Samples	\$50
<input type="checkbox"/> Regular Parameters	\$73
<input type="checkbox"/> Nitrate/Nitrite	\$36
<input type="checkbox"/> Sulfate Reducing Bacteria	\$50
<input type="checkbox"/> Iron Bacteria	\$40
<input type="checkbox"/> Pesticide	\$84
<input type="checkbox"/> Petroleum	\$84

# Water Sampling Request

\* = REQUIRED INFORMATION-If sections required are not completed, application will not be accepted

**GENERAL INFORMATION**

\*Street or Address of Property to be Evaluated: \_\_\_\_\_

\*Parcel ID#: \_\_\_\_\_

\*General Directions to Property: \_\_\_\_\_

Reason For Sampling \_\_\_\_\_

**\*Owner Information**

\*Name: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*Applicant Information**☐ Same as Owner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email: \_\_\_\_\_

Signature of Owner Or Legal Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

SUBMITTAL OF A SIGNED APPLICATION CONSTITUTES RIGHT OF ENTRY TO THE Property.  
MUST PROVIDE DOCUMENTATION TO SUPPORT CLAIM AS OWNER'S LEGAL AGENT.

**Health Department Use Only****Water Sample Review Information**Authorized Agent: \_\_\_\_\_ Results: ☐ Emailed ☐ Mailed ☐ Picked Up

Sample Type	Date Paid	Initials	Date Sampled	Initials	Result Date	Initials	Review Date	Initials
Bacteriological								
Bacteriological (Resample if Applicable)								
Inorganic								
Nitrate/Nitrite								
Sulfate Reducing Bacteria								
Iron Bacteria								
Pesticides								
Petroleum								

**Bacteriological Sample Results:** Total ☐ Positive ☐ Negative **Fecal** ☐ Positive ☐ Negative

Remarks: \_\_\_\_\_

File Closed Date: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_