



Health Department Use Only

Well Permit # EH-WS

Lincoln County Health Department

Application for Environmental Health Services

 Free Doctors Order

Water Sampling Request

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

* = 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	*Applicant Information	<input type="checkbox"/> Same as Owner
*Name: _____	Name: _____	
*Address: _____	Address: _____	
*Phone #: _____	Phone #: _____	
Email: _____	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:	<input type="checkbox"/> Emailed	<input type="checkbox"/> Mailed	<input type="checkbox"/> 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: _____