



Health Department Use Only

Well Permit # EH-WS

Lincoln County Health Department

Application for Environmental Health Services

 Water Sample No Charge Well/Bacteriological Samples Public Water Supply

Migrant Housing Application

* = 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: _____

*Business Name _____

Owner Information

*Business Name: _____

*Person Applying: _____

*Business 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.

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Migrant Housing form Complete

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 Sample Results: Total Positive Negative Fecal Positive Negative

Remarks: _____

File Closed Date: _____

Authorized Agent: _____