



Health Department Use Only

Well Permit # EH-WS

Lincoln County Health Department

Application for Environmental Health Services

Migrant Housing Application

Water Sample No Charge

☐ Well/Bacteriological Samples

☐ Public Water Supply

* = 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 CONSITUTES 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: