



Good Life. Great Resources.

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Water Well Standards Program  
245 Fallbrook Blvd, Ste 100  
Lincoln, NE 68521  
(402) 471-0546/ fax: (402) 471-2909  
Email to: [ndee.ecmupload@nebraska.gov](mailto:ndee.ecmupload@nebraska.gov)

Applicant ID number \_\_\_\_\_  
(for office use only)

## EXAMINATION APPLICATION

*Please Type or Print Clearly*

All applications must be received 2 weeks prior to the examination date. If the application is received after the deadline, the application will be held until the next available examination date. Upon receipt of the application by the department, the applicant will be scheduled for the next exam date and will receive an email confirmation. **An admission letter for the exam will be sent via email approximately 5 days prior to the exam date and must be presented upon admission to the exam.** All study material is available on the Water Well Standards webpage at:

<https://dee.nebraska.gov/water/groundwater/water-well-standards-and-contractors-licensing-program/well-water-standards-and-contractors-exams-and-study-material>

I hereby apply for examination of:

- ☐ Section I, the Nebraska Section
- ☐ Section II, the Water Well Monitoring
- ☐ Section III, the specialized categories
  - ☐ General Drilling
  - ☐ Pump Installation

☐ Section IV of the examination, Natural Resources Ground Water Technician

### Exam Location Preference

- ☐ Grand Island
- ☐ Lincoln
- ☐ Norfolk
- ☐ North Platte
- ☐ Scottsbluff

☐ NARD scheduled locations

1. Name:	Last:	First:	Middle/MI:
2. Residence Mailing Address:	Street/PO/Route:		
	City:	State:	ZIP:
Residence Telephone:		Email Address:	
3. Business Name			
4. Business Mailing Address:	Street/PO/Route:		
	City:	State:	ZIP:
Business Telephone:		Email Address:	
7. License Number (if upgrading current license held):			

I, \_\_\_\_\_, on \_\_\_\_\_ say that I am the person referred to in this application, that I have completed the above application, and that the information I have provided is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)