



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

Applicant ID number _____
(for office use only)

RE-EXAMINATION APPLICATION

Please Type or Print Clearly

An examinee who fails to pass the initial examination may retake such examination without charge at any regularly scheduled examination held within twelve months after failing to pass the initial examination. All applications must be received 2 weeks prior to examination date. If application is received after the deadline, your application will be held and you will be required to wait until the next available examination date.

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

Date of last examination:

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)