



Good Life. Great Resources.

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Water Well Standards Program
245 Fallbrook Blvd, Ste 100
Lincoln, NE 68521
DWEE.WaterwellStandards@nebraska.gov
(402) 471-0546/fax: (402) 471-2909

APPLICATION FOR INITIAL LICENSE AND EXAMINATION

All sections of this application must be completed.

Please Type or Print Clearly

Please read these instructions carefully to help expedite your application request.

Any incorrect or missing documentation will stop or delay the application process.

The application, payment and required documentation must be received in the office 14 days prior to the scheduled examination date. If the application is received after the deadline, the candidate will be scheduled for the next available examination date.

The Initial License Application fee is good for 12 months and up to 4 exam dates. Not showing up for a registered exam, for any reason, will count towards 1 of the 4 exam dates allowed in the 12-month period. If the applicant fails to pass any exam needed for issuance of a license after the 12-month period, the applicant will be required to re-submit a new Initial License Application and pay the initial licensing fee again for the next 12 months.

Applicants must successfully complete the applicable examination sections required by the license type they wish to hold. All applicants must take the Nebraska exam regardless of license type, except when applying for the natural resources ground water technician category. All applicants taking the examination must achieve a score of at least 70% on each required examination section(s) to successfully complete the examination requirements for licensing. When an applicant satisfactorily passes an examination section as required, the applicant will need to take only those section(s) which have not yet been passed in the remaining 12-month period. If an applicant wishes to retake the exam(s), the applicant will be required to submit a completed [Re-exam Application](#) to the department for scheduling.

A \$400 fee applies to all initial licenses regardless of the type of license to be held or the number of exams to be taken.

Once an application is received by the department no refunds or candidate substitutions will be allowed.

If all required exams are successfully passed, a license will be issued.

SECTION A-License Fee Waiver

If you meet one of the following waiver options, your initial license fee is waived. (Applicants are still required to pass all exams needed for licensing). **(Check only ONE waiver)**

1. ☐ Young Worker: You are between the ages of 19 and 25 (under the age of 26).
2. ☐ Low-Income Individual:
 - ☐ I am enrolled in a state or federal public assistance program such as the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program.
 - ☐ My household's adjusted gross income is below 130% of the federal income poverty guideline. Documentation may be requested by the Department.
3. ☐ Military Family: You are an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. Documentation may be requested by the Department.
4. ☐ Upgrading license from Supervisor to Contractor. Must provide active Insurance form (COI) of at least \$100,000 Current License #:
5. ☐ I do not qualify for any of the above waivers.

SECTION B -Personal Information **NOTE:** All mailings from this office will be sent to the address you indicate below. If you change your address, you must advise this office.

Name (First, Last, Middle IN):

Address (Street, City, State, Zip):

Telephone:

E-mail Address:

SECTION C- Business Information-Identify the business with which you will be engaged in construction of water wells and/or installation of pumps and pumping equipment and/or water well monitoring, including Natural Resources Districts.

Business or Employer Name:

Address (Street, City, State, Zip):

Telephone:

E-mail Address:

SECTION D – Water Well License Category

All licenses expire December 31 of even number years

Check all categories that apply

Natural Resource Ground Water Technician (NRDs Only)

✓

Pump Installation Contractor

☐

Pump Installation Supervisor

☐

Water Well Monitoring Technician

☐

Well Drilling Contractor

☐

Well Drilling Supervisor

☐

☐ If adding to an active license, mark the category/location of exam to be taken below and provide current license #:

SECTION E -Examination Registration

Exam Type (check all that apply)

Exam Location (check only one)

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

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

☐ Section IV of the examination, Natural Resources Ground Water Technician. (You must be employed by an NRD for this type of licensing.)

Scheduled exams and study material can be found on our webpage: <https://dwee.nebraska.gov/groundwater-drinking-water/groundwater/water-well-standards-and-contractors-licensing-program>

SECTION F – ATTESTATION For the purpose of complying with Neb. Rev. Stat §§ 38-129, I attest as follows:

Please check the appropriate box below:

- ☐ I am a citizen of the United States; or
☐ I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows: _____ I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

Print Name: _____

Signature: _____

Date: _____

SECTION G-Payment and Documentation

Payment due: \$400

Check Enclosed: ☐ Make check or money order payable to the Department of Water, Energy and Environment (DWEЕ).
To register online with a credit or debit card go to: <https://ecmp.nebraska.gov/DEE-CRED/Account/Login>

Licensing as a Contractor: ☐ Commercial Liability Insurance in the amount of \$100,000 or more must be provided.

Fee Waived: ☐ Documentation enclosed

Signature of Applicant: _____