



State of Nebraska
DHHS – Division of Public Health
P.O. Box 94986 - Lincoln, NE 68509-4986
Telephone: (402) 471-2299

WATER WELL RENEWAL NOTICE

This is the ONLY notice you will receive
Please review the **Renewal Notice** section below carefully

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name as printed above.

INTERNET: Nebraska Licensing Information is public information and is on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>

Your **Water Well** license expires **December 31, 2010**. The total fee and this document must be postmarked on or before **December 31, 2010** to avoid expiration.

Name:	
Address:	
City:	
State/Zip:	

☐ **Check This Box If Your Address Changed**

Employer Name _____

For change in employment please fill out the form below:

Employer	
Address	
City	
State/Zip	
Phone	

Water Well Fees & Status: Check

Requested Status:

License #: _____

- ☐ Active \$ _____
☐ Inactive No Fee
☐ Active/Military No Fee

If you do **NOT** renew your license by **December 31, 2010** any future work will be in violation of the Water Well Standards and Contractor's Licensing Act and you will be subject to an administrative penalty.

2-YEAR RENEWAL.

You are required to have 12 hours of continuing education

WATER WELL CREDENTIAL

RENEWAL FEES

Natural Resource Ground Water Technician	28
Pump Installation Contractor	114
Pump Installation Supervisor	28
Water Well Monitoring Technician	28
Well Drilling Contractor	114
Well Drilling Contractor/Water Well Monitoring Technician	142
Well Drilling/Pump Installation Contractor	189
Well Drilling/Pump Installation Supervisor	35
Well Drilling Supervisor	28
Well Drilling Supervisor/Water Well Monitoring Technician	56

RENEWAL NOTICE: This is the **ONLY** notice you will receive. If you fail to meet the requirements for renewal on or before the **December 31, 2010** or fail to place your license on Inactive status, it will expire without further notice or hearing. When your credential expires, the right to represent yourself as a credentialed person and to practice the profession in which a credential is required shall terminate. Any credentialed person who fails to renew the credential by the expiration date and desires to resume practice of the profession shall apply to the Department for reinstatement of the credential.

INACTIVE MEANS: You cannot practice after the expiration date of your license, but may represent yourself as having an inactive license. In order to move a license from inactive to active, you must complete a reinstatement application, pay the renewal fee in effect at the time and meet continuing competency requirements. Continuing Education is NOT required to request Inactive status.

Insurance: All contractors must provide proof of public liability and property damage insurance (Certificate of Liability Insurance) in the amount of at least \$100,000. If your insurance expiration date is before **December 31, 2010**, you will need to renew your insurance and send the certificate of liability with this renewal notice to our office. Proof of insurance must be maintained and submitted annually. If you change insurance companies you will need to submit a new certificate of liability.

CONTINUING COMPETENCY – WATER WELL

WAIVER OF CONTINUING COMPETENCY: If you have not completed the continuing competency requirement and wish to apply for a waiver of the continuing competency requirement, please complete the following information:

I AM REQUESTING A WAIVER of _____ continuing education hours.

Check applicable reason(s) for waiver below:

- ☐ **Military:** I have served in the regular armed forces of the United States during part of the twenty-four (24) months preceding the licensure renewal date and request that my continuing education requirements be waived. **(You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)**
- ☐ I was first licensed within the twenty-four (24) months immediately preceding the license renewal date.
Date of issuance of license: _____
- ☐ **Illness/disability:** have suffered a serious or disabling illness or physical disability which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately preceding the license renewal date. **(Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during this period.)**

Documentation must be provided to support your request for waiver of continuing competency. If the specified documentation is not submitted, review and processing of your credential renewal cannot occur.

CONTINUING EDUCATION ATTENDED: You must have completed the requirement of **12** hours of approved continuing education every **24** months for renewal of your license. These hours must have been completed within the **24** months preceding the license renewal date of **December 31, 2010**. (Between the dates of **01/01/09** and **12/31/10**.) Hours earned prior to this date will not be acceptable; and hours earned in excess of this requirement may not be carried over for the next renewal.

List below any additional **approved** C.E. hours that you have obtained and **SUBMIT DOCUMENTATION** of attendance such as certificate of completion. The approved courses can be found at the following web site: www.hhs.state.ne.us/enh/www/ApprovedCE.pdf

If the C.E. courses you attended are not approved you must submit an application for approval.

PROGRAM NAME	PROGRAM LOCATION (City, State)	PROVIDER	PROGRAM DATES (Month/Day/Year)	HOURS EARNED
*Attach additional information if space above is inadequate				TOTAL HOURS EARNED:

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: To renew your license, you must have a valid social security #, an Alien Registration #, or a Form I-94 # and you must answer the questions below. Answer each of the following questions with regard to the time period since your last renewal or initial license. If you answer NO to any of questions 1-4 or YES to any of questions 5-18, you must provide an explanation.

1	Do you have a valid Social Security Number, Alien Registration Number, and/or I-94 Number? If yes, report below. Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> Social Security # Alien Registration # Form I-94 (Arrival-Departure Record) # </div> <div style="width: 60%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> </div> </div>				<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Have you met the continuing competency requirements for your profession or applied for a waiver of those requirements? If no, you may apply for a waiver as indicated in the regulations for your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Do you have the mental and physical capacity to practice a water well occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice water well occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Have you been convicted in any jurisdiction of any misdemeanor or felony which has a rational connection with your fitness or capacity to practice water well occupation? If you answer YES to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> A list of any misdemeanor or felony convictions; A copy of the court record, which includes charges and disposition; Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. 	<input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license					

	discipline, you must report such actions to this department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125. Failure to disclose any such convictions/licensure discipline could result in disciplinary action.	
8	Have you practiced water well occupation <ul style="list-style-type: none"> Fraudulently? Beyond its authorized scope? With gross incompetence or gross negligence? In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you practiced water well occupation while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Do you hold a credential to provide health services, health-related services, or environmental services in another jurisdiction? If yes, provide the following information for each of each credential where you have been or are currently credentialed. State _____ credential number _____ type of credential _____ State _____ credential number _____ type of credential _____ Has this credential been denied, refused renewal, or disciplined by another jurisdiction? If yes, please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Have you violated: <ul style="list-style-type: none"> The Uniform Credentialing Act? Mandatory Reporting Regulations? The Uniform Controlled Substances Act? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act for your profession)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D– Attestation

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§ 38-129 and 4-108 through 4-114, I attest as follows:

Please check the appropriate box(s) below:

- ☐ I am a citizen of the United States
☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act
☐ I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
☐ I am a qualified alien under the Federal Immigration and Nationality Act

NOTE: If you are an alien lawfully admitted into the U.S. for permanent resident OR non-immigrant whose visa/application for visa for entry is related to such employment in the US, you must submit evidence of lawful permanent residence and/or immigration status which may include a copy of:

- An Alien Registration Receipt Card (Form I-551, otherwise known as a “Green Card”);
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- A document showing an Alien Registration Number (“A#”); with visa status or
- A Form I-94 (Arrival-Departure Record) with visa status.

Your documents will need to be verified through the Department of Homeland Security before we can renew your credential. This process may take four to six weeks.

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.

Application Attestation: I further attest that:

- I have read the application or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character;
- I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s); and
- I have completed 12 hours of acceptable continuing education within the preceding 24 months or have applied for a waiver of the continuing competency requirements.

Print Name: _____

Signature: _____ Date: _____

You **may** provide the following information if you wish to be contacted by these means:

Phone: _____ Fax: _____ E-mail Address _____