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Condition to the control of the cont	CONTRACTOR'S mpleted on (mo/day	OR LANDOWN	PATHERED JER'S CERTIFICA 18/17	ATION: This water well wa	s(1) construc	ted (2) reco	nstructed, or (3) plug rd is true to the best on (mo/day/yr) . \$\mathcal{Y}\$.	iged under my	/ jurisdiction and w
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	ROM TO J J J J J J J J J J J J J J J J J J J	OR LANDOWN //year) 3/L	PATHERED JER'S CERTIFICA 18/17	ATION: This water well wa	s(1) construction of the second was	completed	on (mo/day/yr) . 🎾	iged under my of my knowleds WS.F	/ jurisdiction and w