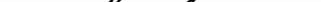


WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **07/01/08** and this record is true to the best of my knowledge and belief. Kansas

ter Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 07/28/08
er the business name of Geotechnical Services Inc. by (signature) 

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.