Water Well Contractor's License No. ......................... This Water Well Record was completed on (mo/day/year) by (signature) .:X. INSTRUCTIONS: Se typewriter or ball point pen. Please press firmly and print 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.