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Base 12 Application Number Secretary S	WATE	R WELL OW						***************************************		
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kans water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) This Water Well Record was completed on (mo/day/yr) Sylvana Mountain INSTRUCTIONS: Like typewriter or hall point pend FASE PRESS FIRMLY and FINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department	Direction f	T		1		FROM	How mai	ny feet? 200	GING INT	ERVALS
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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.	Direction of FROM PROM PROM	TO 2 8 19 20 38 43 RACTOR'S Con (mo/day/bill Contractor's business nar	TOP Cloud Top Cloud Line Shale OR LANDOWNER year) Sticense No. me of Wen	LITHOLOGIC Soil Sond Sand for Med Procedure Control Singer D	TON: This water well w	was (1) constructa Well Record was	How man TO ed (2) reco	nstructed, or (3) plugard is true to the best on (mo/tlay/yr)	ged under	my jurisdiction and was rledge and belief. Kansas