7 CONTRACTO	R'S OR LAND	OWNER'S CERT	TFICATION: This v	vater well was p	lugge	d under my jurisdict	ion and was	
completed on (me	o/day/year)	11/26/08	and this reco	ord is true to the	best	of my knowledge an	d belief. Kan	sas Water
Well Contractor's	License No.	531	. This Water Well F	Record was con	nplete	d on (mo/day/year)	12/19/08	under the
business name				_	11 1	,		•
of	Geotechnica	al Services, Inc.	by (signate	ure)	VV	h.		
					П.	V		
business name				\sim	ete	d on (mo/day/year)	12/19/08	under

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell.