

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 12/31/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 0141 This Water Well Record was completed on (mo/day/year) 12/11/11 under the business name of City of O'Fallon by (signature) D. A. Aase

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.