

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

**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/year) \_\_\_\_\_ and this record is true to the best of my knowledge and belief. Kansas \_\_\_\_\_

Water Well Contractor's Licence No. 8433 This Water Well Record was completed on (mo/day/yr) \_\_\_\_\_ and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's Licence No. .... This Water Well Record was completed on (month/day/year) ....  
under the business name of ..... by (signature) .....

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks, underline or circle the correct answers. Send two three copies to Kansas Department of Health and Senior Services.