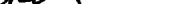


## **WATER WELL RECORD**

## **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) 12/14/11..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710..... This Water Well Record was completed on (mo/day/year) 12/15/11..... under the business name of Below Ground Surface, Inc..... by (signature) 

**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>.