7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4 - 20 O and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_\_. This Water Well Record was completed on (mo/day/year) 4 - 22 C Indeer the business name of one entrough by (signature) the by (signature) the contractor's License No. \_\_\_\_\_\_.

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline 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/geo/waterwells.