 on (mo	/day/year)	OR LANDOWNER'S 5-7-02 or's License No	CERTIFICATION:			olugged under my jurisdiction and is true to the best of my knowledge an This Water Well Record was completed		and belief.	d belief. Kansas	
5 . by (sign	24-02 ature) 🖼	under the bus	ness name of	Rose	ncrantz-Be	emis				

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.