,	CONTI	RACTOR'S	OF LANDOWNE	R'S CERTIFICA	ATION: This wate	.i er well was plugged under my jurisdiction and was completed on
	(mo/da	ıy/year) <u>1.0</u>)/1/14			and this record is true to the best of my knowledge and belief. Kansas
	Water Well Contractor's License No735					
		inature)		ah Il	ache	

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, 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.