completed on (mo/day/year) 5-8-17 and this record is true to the best of my knowledge and belief. Kansas Wate Well Contractor's License No. . . . This Water Well Record was completed on (mo/day/year) 5-11-17 under the business name of ______ by (signature) License No. ______ by (signature)

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.