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under the business name of Woofter Pump & Well, Inc. by (signature)	under the business na	me of WO	orter Pum	np & Wel.	I, INC.		by (signa	ature)	Ca	y/a	WD	Xt	2
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send op three copies or Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.												Kansas Depa	artment

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