



Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

CHANGE OF WATER WELL CONTRACTOR COMPANY NAME FORM

DATE: _____

OLD COMPANY NAME: _____

NEW COMPANY NAME: _____

ADDRESS: _____

(Address)

(City)

(State)

(Zip)

EFFECTIVE DATE: _____

KANSAS WATER WELL CONTRACTOR NAME: _____

(Designated Person/License Holder)

KANSAS WATER WELL CONTRACTOR LICENSE NUMBER: # _____

TELEPHONE #: (_____) _____ E-mail: _____

Please return this form by E-mail to: Debra.Biester@ks.gov

Fax to: 785.559.4528

Mail to: KDHE – Geology & Well Technology Section
1000 S.W. Jackson Street, Ste. 420
Topeka, KS 66612-1367