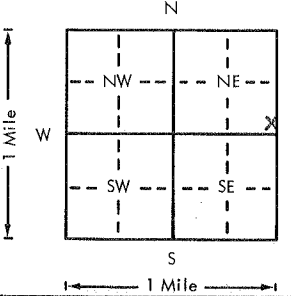


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

Plugging
WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County ALLEN	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 11	Township number T 25 S	Range number R 18 E
2. Distance and direction from nearest town or city: 2.5 miles south & 1 mile east of Iola, KS Street address of well location if in city:				3. Owner of well: Claude Lee Talley R.R. or street: R. R. #1 City, state, zip code: Iola, KS 66749		
4. Locate with "X" in section below:		Sketch map: Well location as shown on plans sta 606+88, 218ft. Lt. of U.S. 169 <i>Temp. 65.0 F</i> <i>R/W</i> <i>See line</i> <i>U.S. 169</i>			6. Bore hole dia. 66 in. Completion date _____ Well depth _____ ft.	
					7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
5. Type and color of material		From			To	
Well casing was cut-off 3' below ground level						
and filled with chlorinated sand up to 3.0 ft.						
The next 1.5 ft. was filled with concrete and						
then covered with 1.5 ft. of select soil on						
June 4, 1979. The well was capped according to						
plans on project: (BC) 169-1 K 065-1(29)						
<i>Gary N. Plumb</i> Gary N. Plumb, Area Engineer						
Kansas Department of Transportation						
Box 366						
Iola, Kansas 66749						
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative	

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5