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

WATER WELL RECORD
KSA 82a-1201-1215

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

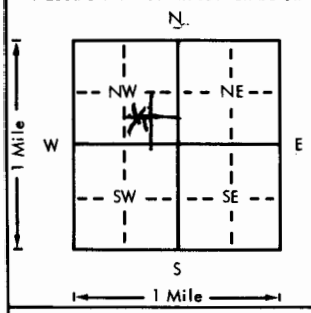
Lanterman #1

1. Location of well:	County: Barton	Fraction: CW½ SE NW (1/4, 1/4, 1/4)	Section number: 27	Township number: T 19 S	Range number: R 11 W E/W

2. Distance and direction from nearest town or city: Ellinwood 2 north 1½ east South side
Street address of well location if in city:

3. Owner of well: Duke Drilling Co
R.R. or street:
City, state, zip code: Great Bend Ks

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Clay	0	10
Sand	10	30
Gravel	30	45

(Use a second sheet if needed)

6. Bore hole dia. 5 in. Completion date 2-15-76
Well depth 45 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn X Oil field water __ Other

9. Casing: Material Plastic Height: Above or below
Threaded ___ Welded X Surface 12 in.
RMP ___ PVC X Weight 84 lbs/ft.
Dia. 2 in. to 45 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

10. Screen: Manufacturer's name Peerless Plastic
Type PVC Dia. 2
Slot/gauze 1/8 Length 10
Set between 35 ft. and 45 ft.
___ ft. and ___ ft.
Gravel pack? yes Size range of material 1/8 - 1/4

11. Static water level: mo./day/yr.
12 ft. below land surface Date 2-15-76

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield ___ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date

14. Well head completion:
__ Pitless adapter ___ Inches above grade

15. Well grouted? yes
With: __ Neat cement X Bentonite __ Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination:
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
X Slope
__ Upland
__ Valley

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.
Myers Water Well
Business name License No.
Address Great Bend Ks 743
Signed Alfred A Myers 2-15-76
Authorized representative Date

T 19 R 11 E/W Sec 27 1/4 1/4 1/4 CW½ SE NW

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

Form WWC-5

MI-1023