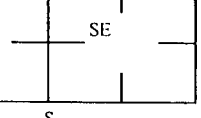


MW2

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																										
County: Harvey		NE ¼ NW ¼ SW ¼ W ¼	18	T 23 S	1 [X] E [] W																																										
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here []			Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum [] WGS84, [] NAD83, [] NAD27 Collection Method: [] GPS unit (Make/model: _____) [] Digital Map/Photo, [] Topographic Map [] Land Survey Est. Accuracy: [] <3 m, [] 3-5 m, [] 5-15 m, [] >15 m																																												
SE Corner of W 4th & Meridian St., Newton KS																																															
2 WATER WELL OWNER: RR#, St. Address, Box #: City, State ZIP Code:		Anadarko Development PO Box 9000 Amarillo, TX 79105																																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"></div>		4 DEPTH OF WELL 24.8 ft. WELL'S STATIC WATER LEVEL NA ft WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Irrigation</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td>[X] Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes [] No [X]				<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	[X] Monitoring	<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well	<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____																														
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5 TYPE OF BLANK CASING USED: <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Steel</td> <td><input type="checkbox"/> RMP (SR)</td> <td><input type="checkbox"/> Wrought</td> <td><input type="checkbox"/> Fiberglass</td> <td><input type="checkbox"/> Other (Specific below)</td> </tr> <tr> <td>[X] PVC</td> <td><input type="checkbox"/> ABS</td> <td><input type="checkbox"/> Asbestos-Cement</td> <td><input type="checkbox"/> Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter 2 in. Was casing pulled? Yes [X] No [] If yes, how much 3' Casing height above or below land surface NA in.						<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specific below)	[X] PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile																																	
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6 GROUT PLUG MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [X] Other Soil: 0-3' Grout Plug Intervals: From 3 ft to 24.8 ft, From ft to ft, From ft to ft, What is the nearest source of possible contamination: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Septic tank</td> <td><input type="checkbox"/> Seepage pit</td> <td><input type="checkbox"/> Fuel storage</td> <td rowspan="5"><input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer lines</td> <td><input type="checkbox"/> Pit privy</td> <td><input type="checkbox"/> Fertilizer storage</td> </tr> <tr> <td><input type="checkbox"/> Watertight sewer lines</td> <td><input type="checkbox"/> Sewage lagoon</td> <td><input type="checkbox"/> Insecticide storage</td> </tr> <tr> <td><input type="checkbox"/> Lateral lines</td> <td><input type="checkbox"/> Feed yard</td> <td><input type="checkbox"/> Abandoned water well</td> </tr> <tr> <td><input type="checkbox"/> Cess pool</td> <td><input type="checkbox"/> Livestock pens</td> <td><input type="checkbox"/> Oil well/Gas well</td> </tr> </table>						<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____ Direction from well? _____ How many feet? _____	<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feed yard	<input type="checkbox"/> Abandoned water well	<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well																										
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/26/2020 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 3/2/2020 under the business name of Larsen & Associates, Inc. By (signature) _____																																															
Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 120, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.																																															

KSA82a-1212 **Revised 1/20/2015**

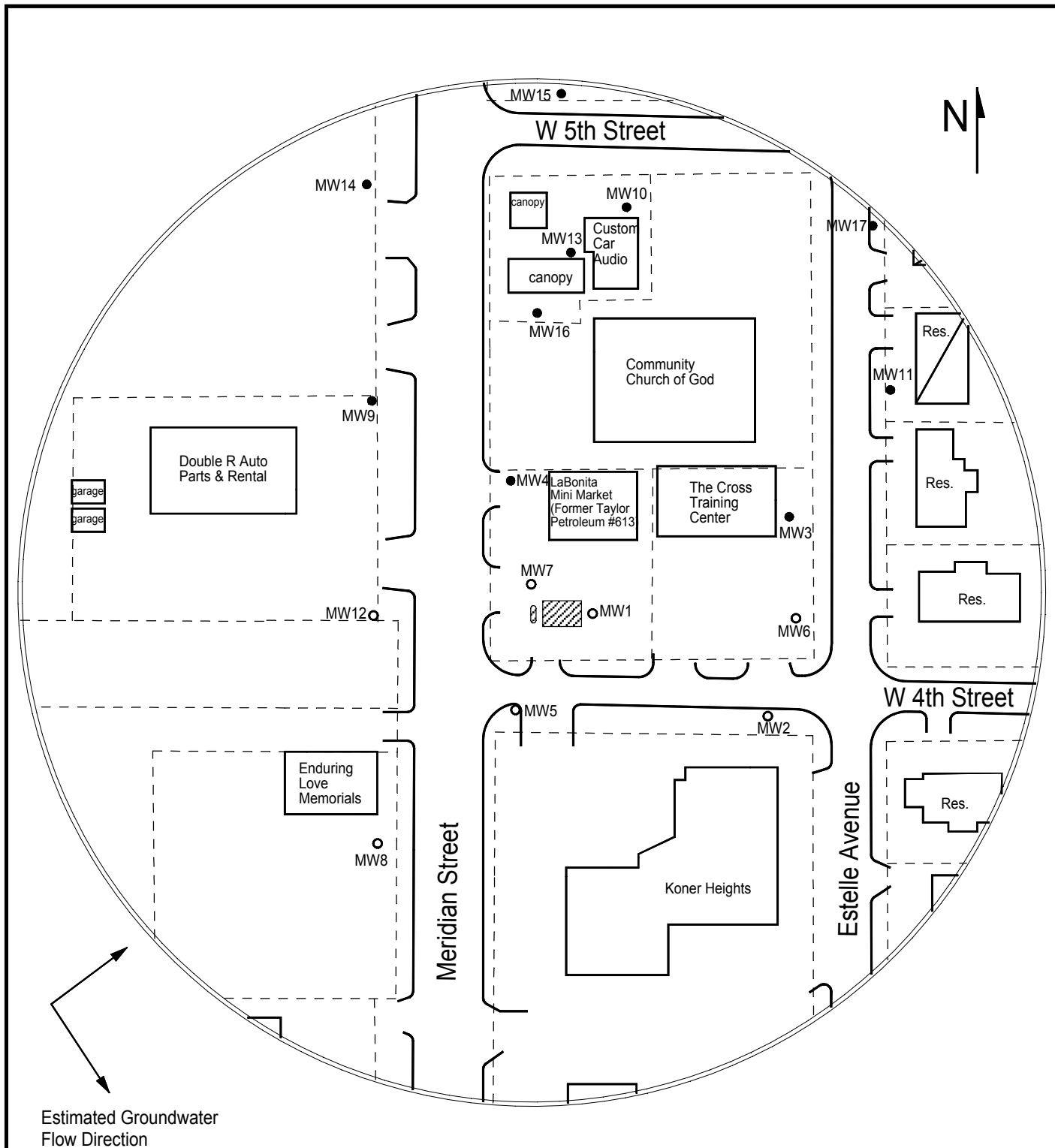


FIGURE 1 - SITE BASE MAP



PROJECT:

Taylor Petroleum #613
1804 W. 4th
Newton, KS
KDHE ID: U2-040-13913
Date: 2/26/20

1311 E 25th St. Suite B
Lawrence, KS 66046

785-841-8707 office
785-865-4282 fax

0 100 ft

LEGEND:

- Approximate Location of Former UST Basin & Pump Island
- Approximate Location of Property Line
- Building with Basement
- Existing Monitoring Well
- Plugged Monitoring Well

NOTE: Approximate location of product lines is unknown.