



Garden City Field Office
2508 Johns Street
Garden City, Kansas 67846-2804

Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Michael A. Meyer, Water Commissioner

Phone: (620) 276-2901
Fax: (620) 276-9315
www.agriculture.ks.gov
Sam Brownback, Governor

October 10, 2017

Southwest Kansas Groundwater
Management District No 3
409 Campus Drive, Suite 106
Garden City KS 67846

Re: Water Right file number 20477

Dear Mr. Norquest;

Eldon Dirks has applied to relocate the wells authorized by the above water right number. There are no neighboring wells within ½ mile of the requested.

We are delaying action for 15 days on the change application to allow you time to review and provide a recommendation if you feel one is warranted.

Thank you and as always feel free to call or write us at any time.

Sincerely;

A handwritten signature in black ink, appearing to read "T. P. Makens".

Thomas P Makens

TPM:tpm
enc

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.
 Call for address:
 Topeka -- (785) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

File No. 20477

RECEIVED
 3:17 pm
 SEP 28 2017
 257 pm

Garden City Field Office
 Division of Water Resources

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: CIRCLE D FARMS LLC ELDON DIRKS

P O BOX 195 CIMARRON KS 67835-0195

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: CIRCLE D FARMS LLC ELDON DIRKS

P O BOX 195 CIMARRON KS 67835-0195

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: CIRCLE D FARMS LLC ELDON DIRKS

ADDRESS: P O BOX 195 CIMARRON KS 67835-0195

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES		
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼			

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land ---- NAME: no change to acres irrigated

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES			
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼				

For Office Use Only: Code _____ Fee \$ 200 TR # _____ Receipt Date 9/25/17 Check # 3417

5. **Presently authorized point of diversion:** COMMON LINE OF LOT 1 & 2.
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section 2, Township 26 South, Range 30 W,
 in Gray County, Kansas, 4050 feet North 1320 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 2 GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows:
Proposed point of diversion: (Complete only if change is requested)
 One in the sw Quarter of the se Quarter of the ne Quarter
 of Section 2, Township 26 South, Range 30 W,
 in Gray County, Kansas, 2836 feet North 933 feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows:
Proposed point of diversion: (Complete only if change is requested)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. Why do you need a new point of diversion? _____

 old well needs to be replaced

8. If a well, is the test hole log attached? Yes No

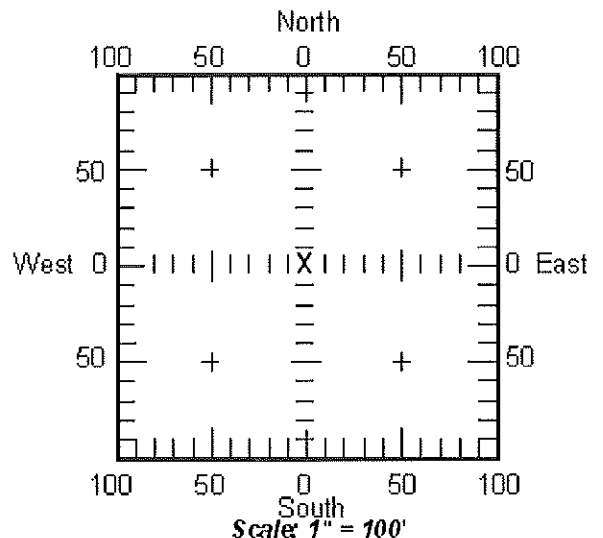
9. When do you propose to complete the new point of diversion?
October 1, 2017

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
plug
 (b) When will this be done? 2017

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by tpm

13a. If the proposed point of diversion will be relocated within 100 feet of the existing point of diversion, indicate its location on the diagram below in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram below represents presently authorized point of diversion.)



13b. If the proposed point of diversion will be relocated more than 100 feet but within 1320 feet from the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines.

14. If the proposed groundwater point of diversion is 300 or fewer feet from existing point of diversion, complete the following:

- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regard to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Garden City, Kansas, this 25th day of September, 2017.

[Signature]
(Owner)

Eldon Dirks
(Please Print)

(Owner)

(Please Print)

(Owner)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

State of Kansas }
County of Finney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 25th day of September, 2017.

My Commission Expires _____



[Signature]
Notary Public

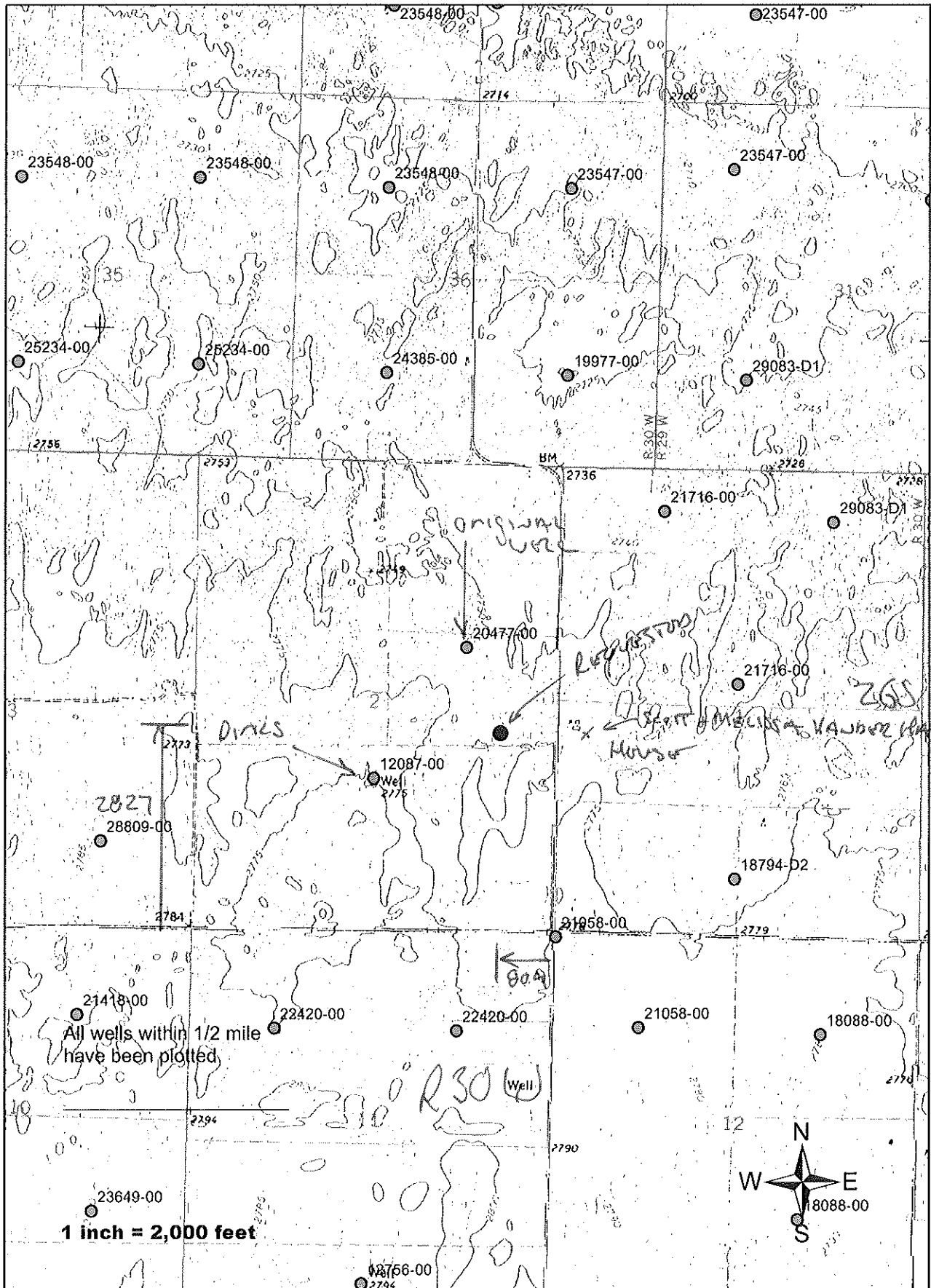
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (1) Application to change a point of diversion 300 feet or less \$100
- (2) Application to change a point of diversion more than 300 feet \$200
- (3) Application to change the place of use \$200

20477





DATE: 9/7/2017

CUSTOMER NAME: CIRCLE D FARMS - ELDON DIRKS

LEGAL: NE 2-26S-30W

COUNTY: GRAY

GPS: 37 49 3.75

-100 33 47.76

#3 SOUTH SIDE OF CIRCLE

DRILLER: JERRY

WOB: 17-888

TW	FROM	TO	TYPE	HARDNESS	COLOR	SPEED	PULL DOWN	OTHER / DRILLING ACTION
	0	4	SAND					
	4	20	SANDY CLAY					
	20	40	SANDY CLAY					
	40	66	SANDY CLAY					
	68	60	FINE GRAVEL		BROWN			
	60	80	FINE-MEDIUM GRAVEL					
	80	83	FINE-MEDIUM GRAVEL					
	83	88	CLAY					
	88	100	COARSE SAND, SANDSTONE, TRACES OF CLAY, AND SOME FINE GRAVEL					
	100	111	COARSE SAND AND FINE GRAVEL					
	111	120	SANDY CLAY		TAN / WHITE			SMOOTH
	120	126	SANDY CLAY					
	128	130	CEMENTED SAND					
	130	140	COARSE SAND AND FINE GRAVEL					
	140	143	COARSE SAND AND FINE GRAVEL					
	143	160	CLAY					
	150	160	COARSE SAND, FINE GRAVEL, AND CLAY LAYERS					
	160	180	COARSE SAND, FINE GRAVEL, AND A TRACE OF CLAY					
	160	185	COARSE SAND AND FINE GRAVEL					
	195	200	CLAY					
	200	220	COARSE SAND AND CLAY STRINGERS		TAN			
	220	240	COARSE SAND, FINE GRAVEL, BROKEN ROCK, AND THIN CLAY STRINGERS	18 20 2-		FAST		VIBRATION CHATTER
	240	242	COARSE SAND, FINE GRAVEL, AND ROCK					
	242	260	SHALE		BRICK			
				40 FT TOTAL				
ELEVATION: 2769								

Ag Ownership			
Tax Year 2015			
County Code	035	County Name	Gray
Section	01	Township	26
		Range	30W
Property ID	3146	Property Number	035-121-01-0-00-00-001.01-0
Total Parcel Acres	72.7	Total Irr Acres	0
		Total Ag Acres	70.7
Misc Legal Info: 157'(S), NELY ON A CURVE 1,750', NELY 75', NWLY ON A CURVE 1,500', NLY 430', NWLY ON A CURVE 1,195', W 367'(S), S 2,950'			
Name	VANDER HAMM, SCOTT & MELISS		
Address	13504 6 RD		
line 2			
Line 3			
City	INGALLS		
State	KS		
ZIP	67853-9050		



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September 25, 2017

Scott and Melissa Vander Hamm
13504 6 Rd
Ingalls KS 67853-9050

RE: Water Right 20477

Dear Mr. & Mrs Vander Hamm;

This is to advise you that Eldon Dirks has filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the point of diversion under the above referenced application.

You can find the complete application posted by water right file number as referenced above at www.agriculture.ks.gov/divisions-programs/dwr/water-appropriation/notices

You are notified on this proposed change in point of diversion so that you may furnish this office with any comments or other information you may want to submit. Such comments or other information must be received in this office within 15 days from the date of this letter.

Should you have any questions, please feel free to call this office. If you would prefer, an appointment could be arranged for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,

A handwritten signature in black ink, appearing to read "T. P. Makens".

Thomas P. Makens
Environmental Scientist III

pc: GMD#3

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: COUNTY: GRAY Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 1 Township Number T 26 S Range Number R 30 W

Distance and direction from nearest town or city street address of well if located within city?
FROM CHARLESTON, KS. - 4 MILES SOUTH

2 WATER WELL OWNER: BENICK, MARK
RR#, St. Address, Box #: 13504 #6 ROAD Board of Agriculture, Division of Water Resources
City, State, ZIP code: INGALLS, KS 67853- Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: DEPTH OF COMPLETED WELL 258 ELEVATION: 0
Depth(s) Groundwater Encountered 1. 0 ft. 2. 0 ft. 3. 0 ft.

W	NW	NE
X		
SW		SE

WELL'S STATIC WATER LEVEL 102 ft. below land surface measured on mo/day/yr 09/16/94
Pump test data: Well water was 0 ft. after 0 hours pumping 0 gpm
Estimated Yield 85 gpm: Well water was 0 ft. after 0 hours pumping 0 gpm
Bore Hole Diameter 9 in. to 258 ft., and in. to 0 ft.
WELL WATER TO BE USED AS: DOMESTIC
Was a chemical/bacteriological sample submitted to department? No ;
If yes, mo/day/yr sample was submitted Water well disinfected? Yes

5 TYPE OF BLANK CASING USED: PVC CASING JOINTS: GLOUED
Blank casing diameter 5 in. to 258 ft., Dia in. to 0 ft., Dia in. to 0 ft.
Casing height above land surface: 12 in., weight 200 lbs/ft. Wall thickness or gauge No. 21
TYPE OF SCREEN OR PERFORATION MATERIAL: PVC
SCREEN OR PERFORATION OPENINGS ARE: SAW CUT

SCREEN PERFORATED INTERVALS: From 210 ft. to 250 ft., From 0 ft. to 0 ft.
From 0 ft. to 0 ft., From 0 ft. to 0 ft.
GRAVEL PACK INTERVALS: From 25 ft. to 258 ft., From 0 ft. to 0 ft.
From 0 ft. to 0 ft., From 0 ft. to 0 ft.

6 GROUT MATERIAL BENTONITE
Grout Intervals: From 5 ft. to 25 ft., From 0 ft. to 0 ft., From 0 ft. to 0 ft.
What is the nearest source of possible contamination: SEPTIC TANK
Direction from well? NORTH How many feet? 80

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	60	TOPSOIL GRAY SANDY CLAY			
60	86	MEDIUM SAND GRAVEL			
86	100	YELLOW CLAY			
100	116	MEDIUM SAND			
116	120	CLAY			
120	130	SANDY YELLOW CLAY			
130	159	MEDIUM SAND CLAY LAYERS			
159	180	FINE SAND CLAY LAYERS			
180	215	MEDIUM SAND SMALL GRAVEL			
215	220	CLAY			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed under my jurisdiction and was completed on (mo/day/year) 09/19/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 179 This Water Well Record was completed on (mo/day/yr) 10/26/94 under the business name of JOB'S WELL SERVICE, INC. by (signature) *Justin Crick*

(Continued)

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: COUNTY: GRAY Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 1 Township Number T 26 S Range Number R 30 W

2 WATER WELL OWNER: BENICK, MARK
RR#, St. Address, Box #: 13504 #6 ROAD Board of Agriculture, Division of Water Resources
City, State, ZIP code: INGALLS, KS 67853- Application Number:

FROM	TO	LITHOLOGIC LOG
220	245	SAND MEDIUM SAND
245	255	YELLOW CLAY
255	0	BLUE SHALE