

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: P/D WORKSHEET

1. File Number: 19315	2. Status Change Date: <i>10/16/18</i>	3. Change Num: C2	4. Field Office: 04	5. GMD: 03
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6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return	7. Filing Date of Change: 10/10/18
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8a. Applicant(s) New to system <input type="checkbox"/> Person ID 41058 Add Seq# 1 FRY FAMILY FARMS LC AG MANAGEMENT CONSULTANTS PO BOX 1013 GARDEN CITY KS 67846	8c. Landowner(s) New to system <input type="checkbox"/> Person ID 41058 Add Seq# 1 FRY FAMILY FARMS LC AG MANAGEMENT CONSULTANTS PO BOX 1013 GARDEN CITY KS 67846
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8b. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
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9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/18** N & P Date to Comply: **12/31/18**

Anti-Reverse Meter Meter Seal Check Valve N & P Form Water Tube Driller Copy H & E Letter
 Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____

10. Use Made of Water From: _____ To: _____

Date Prepared: **10/12/18** By: **MAM**
 Date Entered: _____ By: _____

File No. **19315** 11. County: **HS** Basin: **CROOKED CREEK** Stream: Formation Code: **211/331** Special Use:

12. Points of Diversion											Rate and Quantity					
CHK	MOD	DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
ENT				NESESW	10	30	31 W		1152'	2693'		1600	640	1600	640	NONE
DEL	83704			SESESW	10	30	31W		1432'	2693'		1600	640	1600	640	NONE

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use				NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files					
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
NC																												

Base Acres: Year: Minimum Reasonable Quantity:
 Comments:

DEPARTMENT OF AGRICULTURE
DIVISION OF WATER RESOURCES
GARDEN CITY FIELD OFFICE
2508 JOHNS STREET
GARDEN CITY, KS 67846-2804

STATE OF KANSAS



PHONE: (620) 276-2901
FAX: (620) 276-9315
www.agriculture.ks.gov

GOVERNOR JEFF COLYER, M.D.
JACKIE McCLASKEY, SECRETARY OF AGRICULTURE

October 16, 2018

FRY FAMILY FARMS LC
AG MANAGEMENT CONSULTANTS
PO BOX 1013
GARDEN CITY KS 67846

RE: Approval of Application to Change the Point of Diversion
Water Right, File No. 19315

Dear Sir and Madam:

Enclosed is an order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed.

Since this order modifies the original documents referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate. Please also submit a copy of the current ownership deed to have our records changed.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

Should you have any questions, please feel free to call this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:
enclosures

pc:

Groundwater Management District No. 3

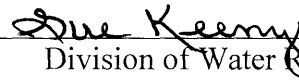
CERTIFICATE OF SERVICE

On this 16th day of October, 2018, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 19,315, dated 16th day of October, 2018 was mailed postage prepaid, first class, US mail to the following:

FRY FAMILY FARMS LC
AG MANAGEMENT CONSULTANTS
PO BOX 1013
GARDEN CITY KS 67846

With photocopies to:

GROUNDWATER MANAGEMENT DISTRICT NO. 3



Division of Water Resources Staff

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. 19315

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 2:20 PM
 OCT 10 2018

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

Garden City Field Office
 Division of Water Resources

2. Name and address of Applicant: FRY FAMILY FARMS LC, AG MANAGEMENT CONSULTANTS

PO BOX 1013, GARDEN CITY KS 67846

Phone Number: (620)277-6800 Email address: _____

Name and address of Water Use Correspondent: Same

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: Same

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	

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: _____

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 \$ 106.00 TR # _____ Receipt Date 10-10-18 Check # 12562

5. **Presently authorized point of diversion:**
 One in the SE Quarter of the NE Quarter of the SW Quarter of Section 10, Township 30 South, Range 31 (W), in FI County, Kansas, 1432 feet North 2693 feet West of Southeast corner of section. Authorized Rate 1600 GPM Authorized Quantity 641 AF 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: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the NE Quarter of the SE Quarter of the SW Quarter of Section 10, Township 30 South, Range 31 W, in FI County, Kansas, 1152 feet North 2693 feet West of Southeast corner of section. Proposed Rate 1600 GPM Proposed Quantity 641 AF 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: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 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. The changes herein are desired for the following reasons?
 (please be specific) hole in casing

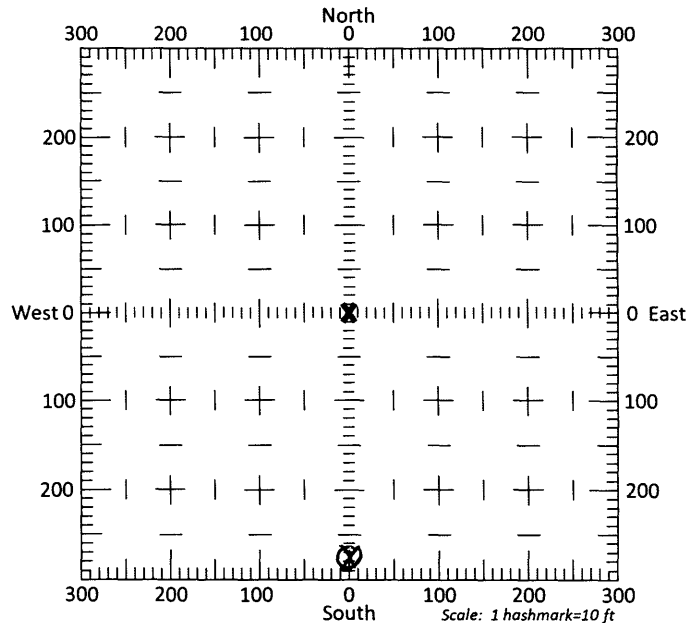
8. If a well, is the test hole log attached? Yes No

9. The change(s) (was)(will be) completed by?

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? by 12/31/18

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by mf/GCFO



13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of 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

13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

FRY FAMILY FARMS

Write a description for your map.

Legend

37 27 1.01 -100 41 53.51 #2 ELEVATION 2854'

2854'

FRY FAMILY FARMS ORIGINAL IRRIGATION WELL

#1 ELEVATION 2855'

210

Google Earth

© 2018 Google



1000 ft

May. 17. 2018 4:07PM

No. 0251 P. 2

GPS - 280' south of well

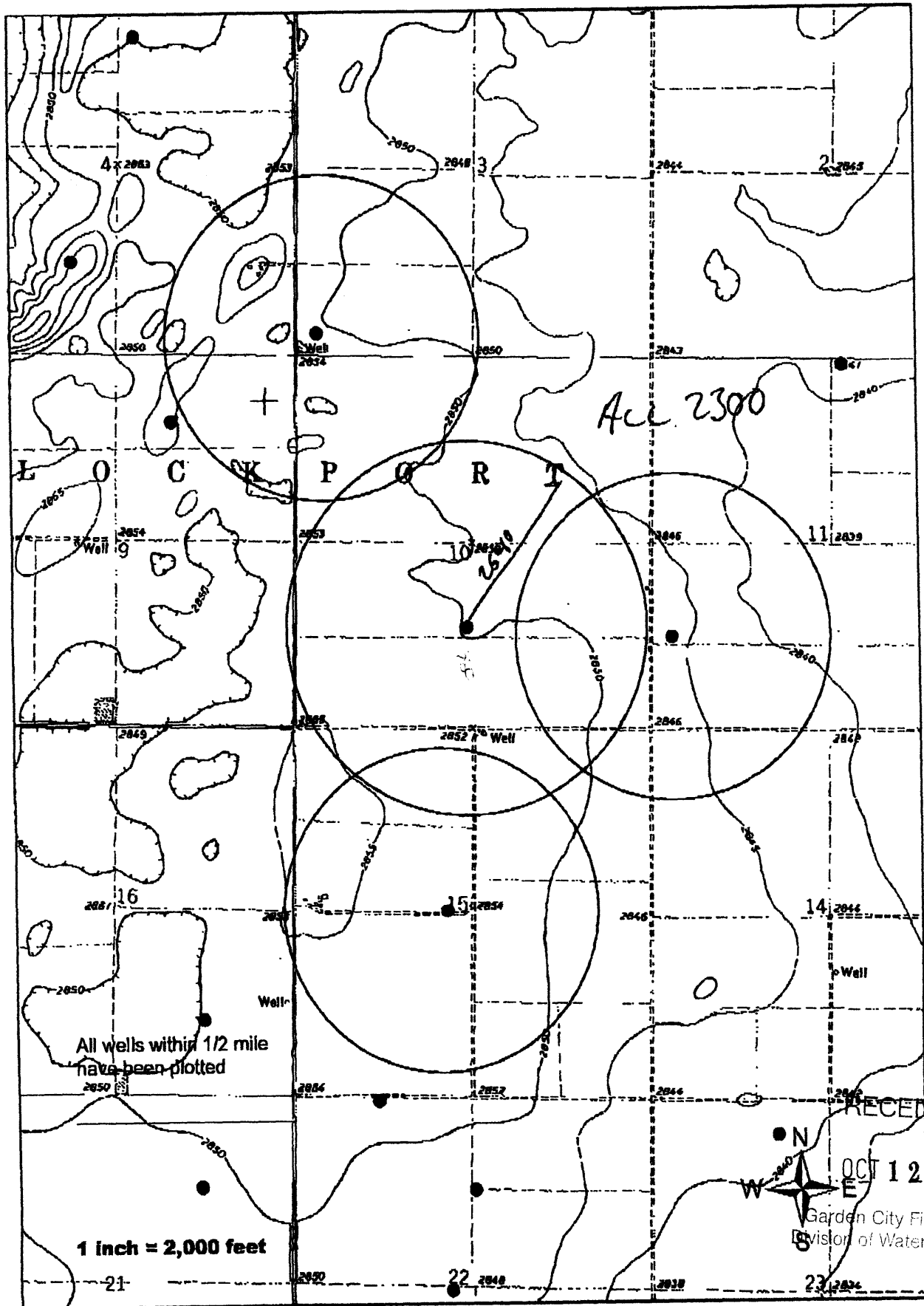
10-30-31

37 44870

5 1/2

-100 68971

19315 Fry





Century GEOPHYSICAL CORP.

FRY FAMILY FARMS

COMPANY : DOWNEY DRILLING INC.
 WELL : FRY FAMILY FARMS
 LOCATION/FIELD :
 COUNTY : HASKELL
 LOCATION : S 1/2
 SECTION : 10

OTHER SERVICES:

#1 South

TOWNSHIP : 30S RANGE : 31W

DATE : 07/10/18
 DEPTH DRILLER : 660
 LOG BOTTOM : 653.50
 LOG TOP : 0.00

PERMANENT DATUM : GL
 LOG MEASURED FROM: GL
 DRL MEASURED FROM: GL

KB :
 DF :
 GL :

CASING DIAMETER : 10.
 CASING TYPE :
 CASING THICKNESS:

LOGGING UNIT : 1319
 FIELD OFFICE : DDI
 RECORDED BY : DAVE

BIT SIZE : 6.25
 MAGNETIC DECL. : 0
 MATRIX DENSITY : 2.71
 NEUTRON MATRIX : LIMESTONE

BOREHOLE FLUID : MUD
 RM :
 RM TEMPERATURE :
 MATRIX DELTA T : 49

FILE : ORIGINAL
 TYPE : 8144A
 LGDATE: 07/10/18
 LGTIME : 14:19:
 THRESH: 99999

N 37°26'55.6"
 W- 100°41'53.38"

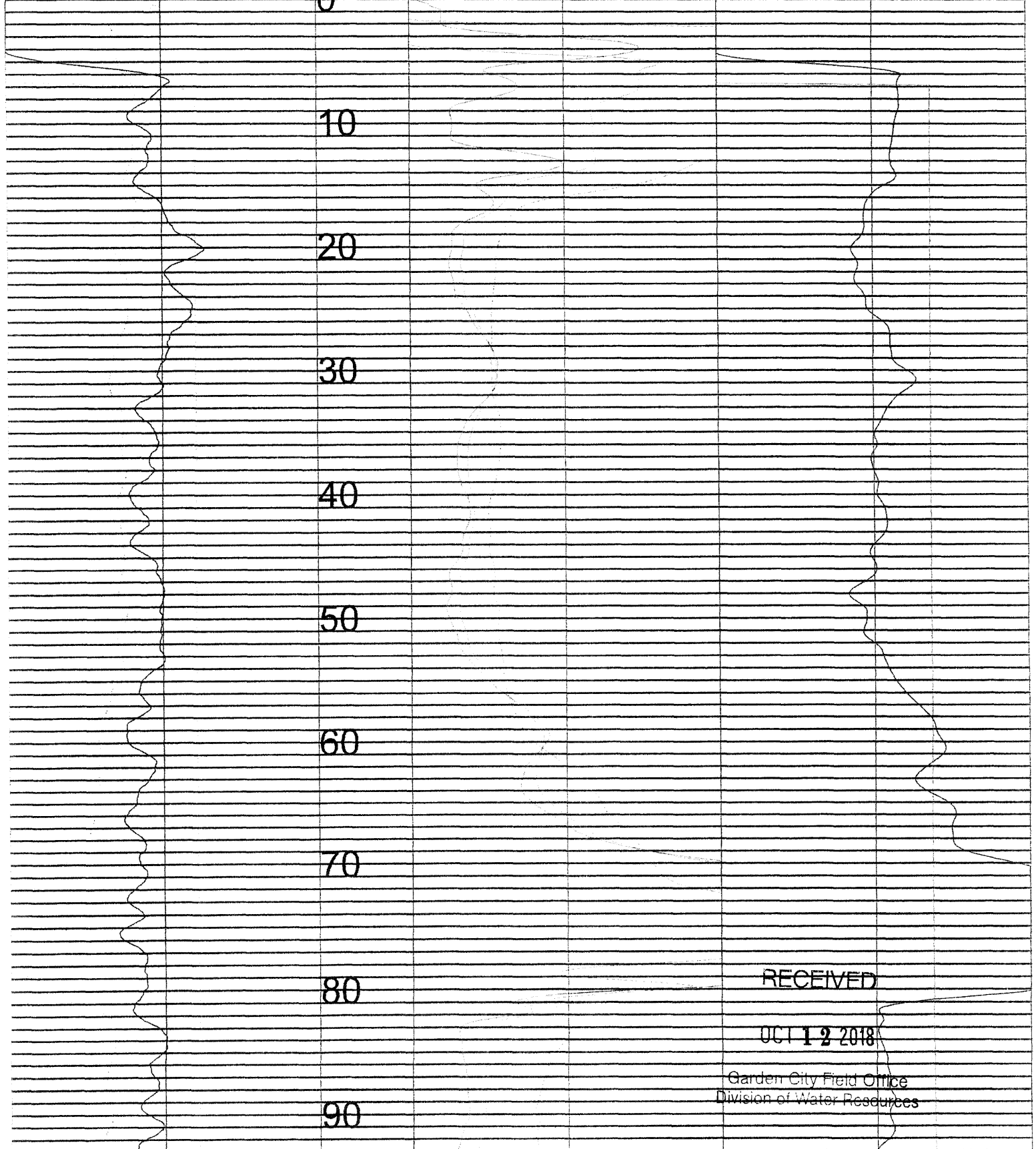
ALL SERVICES PROVIDED SUBJECT TO STANDARD TERMS AND CONDITIONS

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OCT 12 2018

Garden City Field Office
Division of Water Resources

10	RES(FL)			LATERAL			
	OHM-M	20	0	OHM-M	100		
	SP			RES(64N)			TEMP
-50	MV	50	0	OHM-M	10060		DEG_F
	GAMMA			RES(16N)			RES
0	API-GR	200	0	OHM-M	1000		OHM
							100



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Garden City Field Office
Division of Water Resources

100

110

120

130

140

150

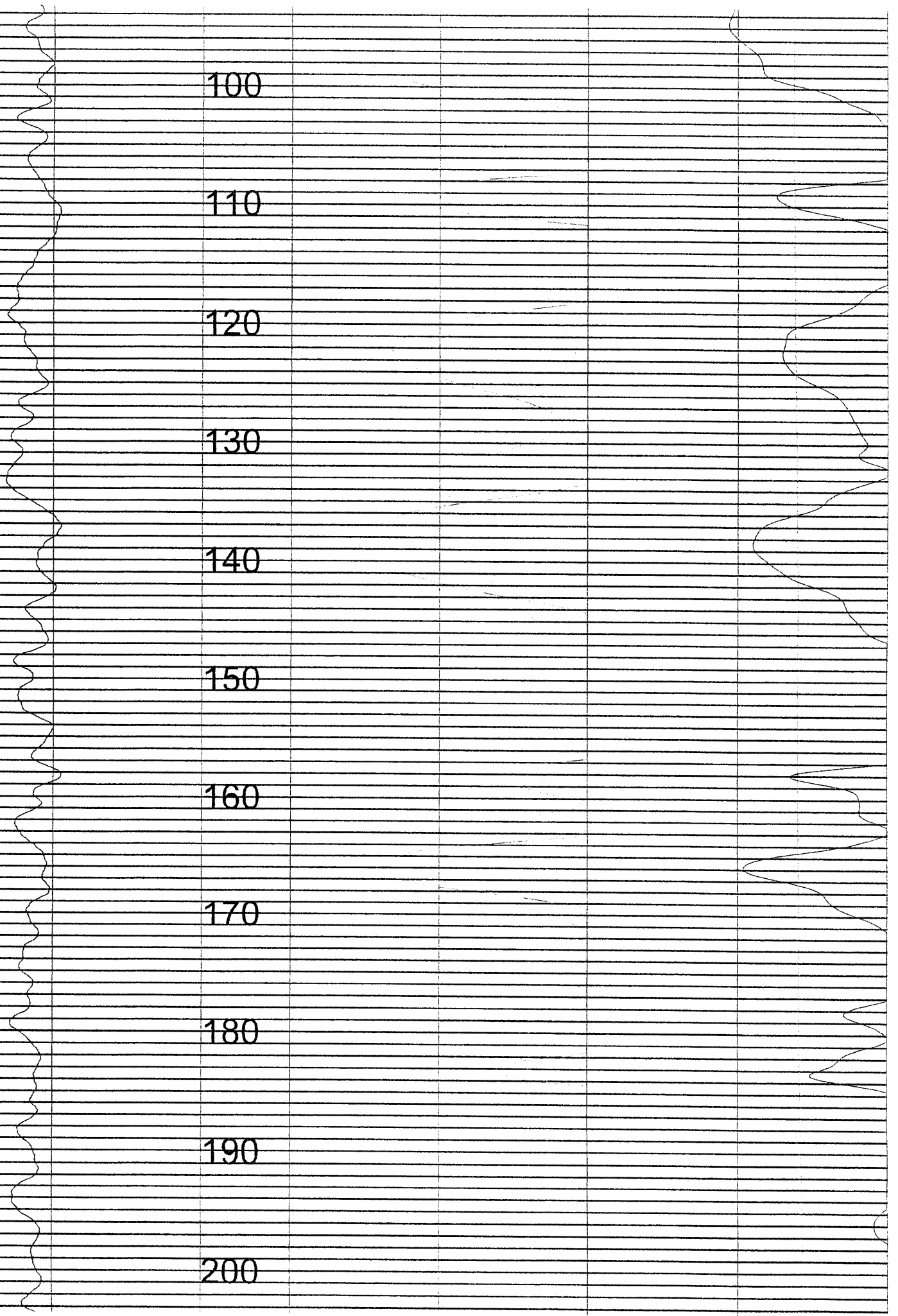
160

170

180

190

200



210

220

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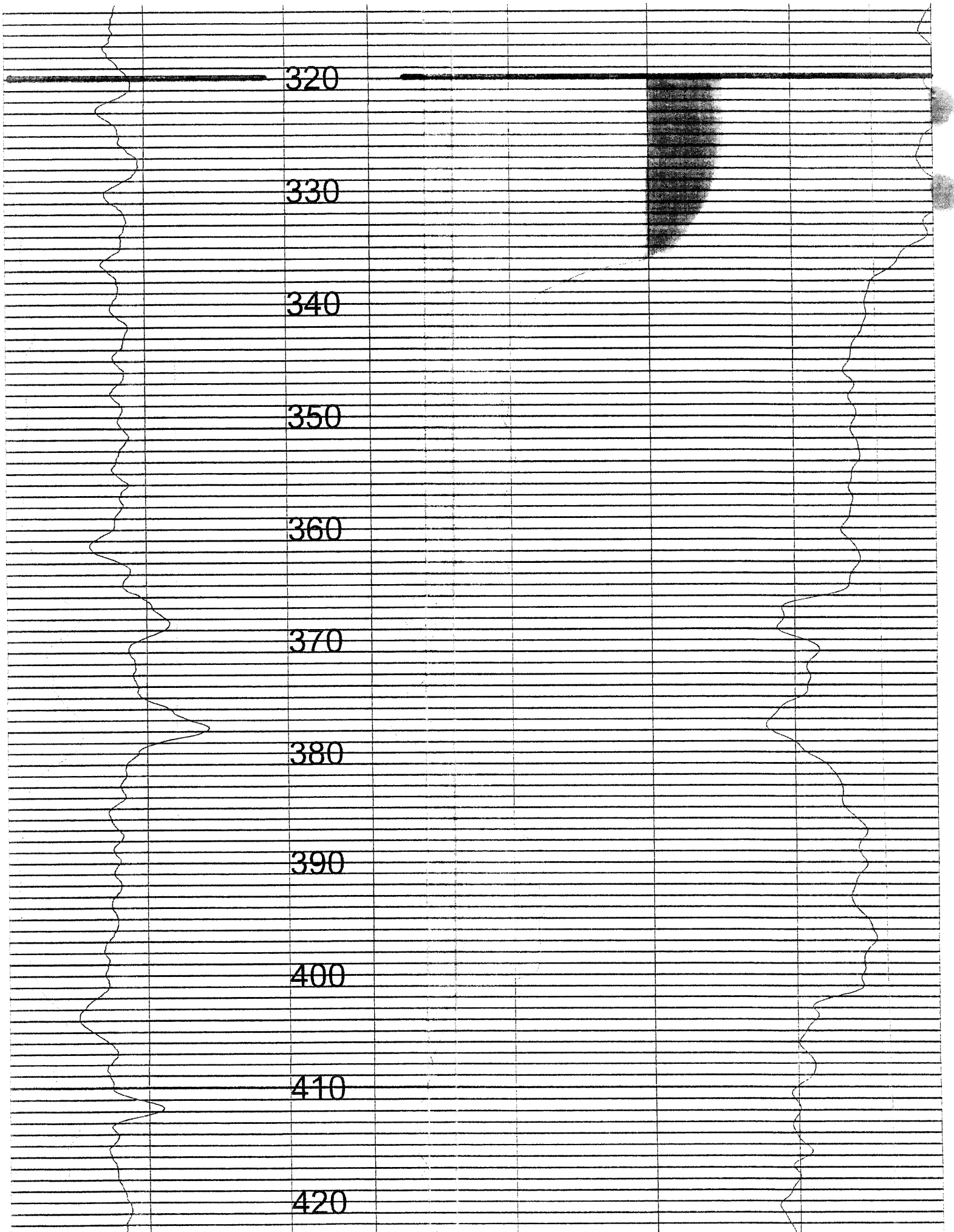
300

310

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430

440

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Division of Water Resources

540

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580

590

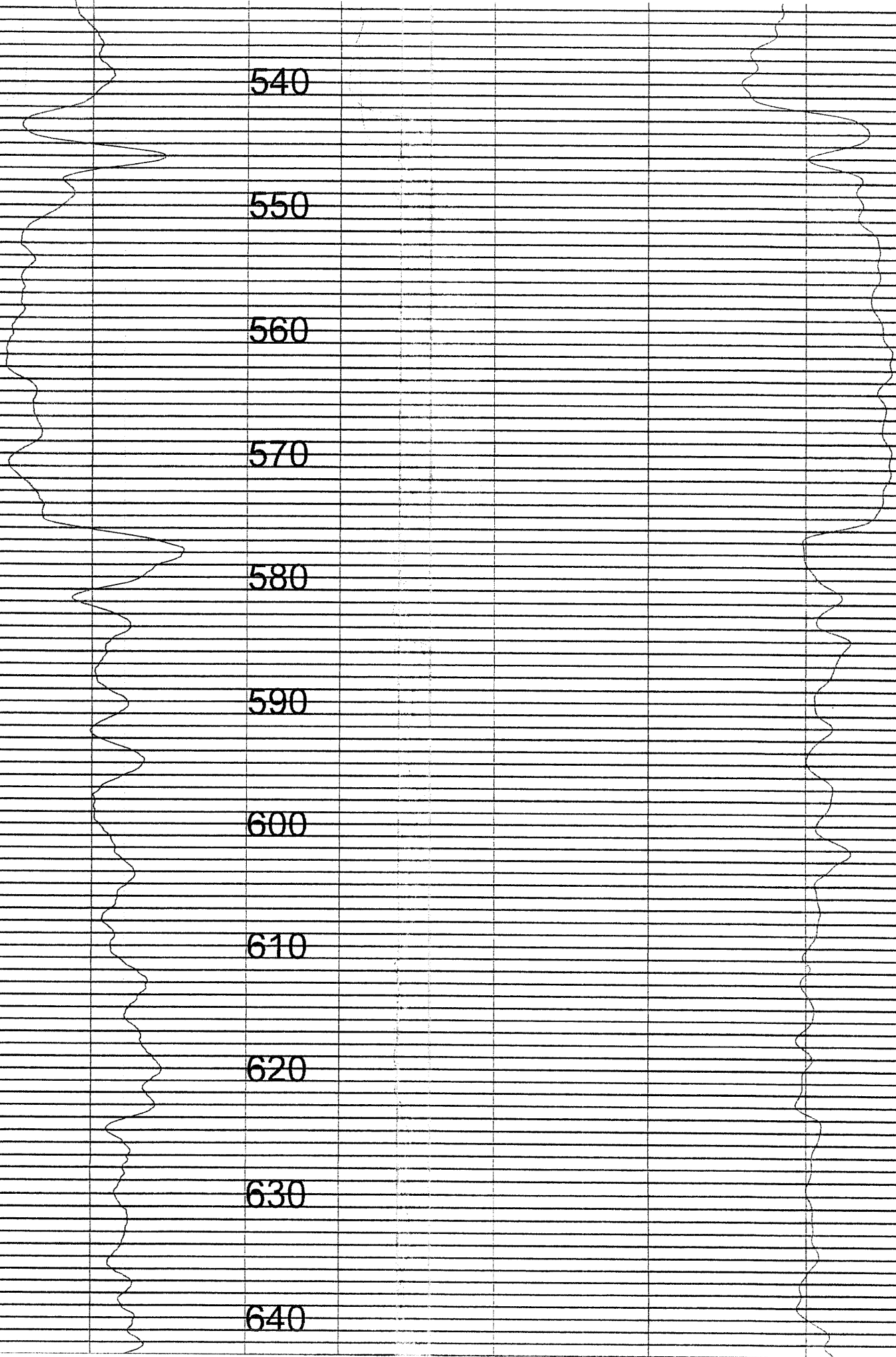
600

610

620

630

640



14. If the proposed groundwater point of diversion is 300 or fewer feet from the 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 regards 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 10/5/2018 Finney Co., Kansas, this 5th day of October, 2018.

<u>Ed Banning</u> Agent (Owner)	(Spouse)
Ed Banning (Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(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 5th day of October, 2018.



My Commission Expires

Julie Jones
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

