

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

1. File Number: 25386 D1	2. Status Change Date: 2/2/18	3. Change Num: C1	4. Field Office: 04	5. GMD: 03
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: 12/21/17
8a. Applicant(s) New to system <input type="checkbox"/> WILLIAM WILEY MCFARLAND 15235 O RD CIMARRON KS 67835		Person ID <u>11476</u> Add Seq# <u>1</u>		8c. Landowner(s) New to system <input type="checkbox"/> STEVE & GRETA MCFARLAND HUEBERT 15152 O RD CIMARRON KS 67835-8845
8b. Landowner(s) New to system <input type="checkbox"/> WILLIAM WILEY MCFARLAND 15235 O RD CIMARRON KS 67835		Person ID <u>11476</u> Add Seq# <u>1</u>		8d. WUC New to system <input type="checkbox"/> WILLIAM WILEY MCFARLAND 15235 O RD CIMARRON KS 67835
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/18</u> <input type="checkbox"/> N & P Date to Comply: _____				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input type="checkbox"/> Check Valve <input type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input type="checkbox"/> Driller Copy <input type="checkbox"/> H & E Letter <input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
Date Prepared: 1/23/18 By: TPM Date Entered: _____ By: _____				

File No. **25386 D1** 11. County: **GY** Basin: **arkansas** Stream: _____ Formation Code: _____ Special Use: _____

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm/cfs af/mgy gpm/cfs af/mgy
 Comment (AKA Line) 'W
 Overlap PD Files

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 CHK MOD DEL ENT	P	U	S	T	R	ID	NE 1/4			NW 1/4			SW 1/4			SE 1/4			Total	Owner	Chg?	Overlap Files
							NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4				
<i>ENT</i> 33393	7	26	28W	2						40	40	40	40	40	40	40	40	40	160	b no 25383D1, 25384, 25386 D1, 25386 D2		
<i>ENT</i> 59590	17	26	28W	3					40	40	40	40							160	b no 25383D1, 25384, 25386 D1, 25386D2		
<i>ENT</i> 18567	12	26	29W	1						40	40	40	40	40	40	40	40	40	160	c no 25383D1, 25384, 25386 D1, 25386 D2		
<i>ENT</i> 37415	18	26	28W	1															160	c no 25383D1, 25384, 25386 D1, 25386 D2		
<i>ENT</i> 13341	12	26	29W	2													40	40	160	e no 25383D1, 25384, 25386 D1, 25386 D2		
<i>NC</i> 17556	17	26	28W	1													40	40	160	f no 25383D1, 25384, 25386 D1, 25386 D2		

Check sheet supplemental owners

<p>8a. Applicant(s) New to system <input type="checkbox"/></p> <p>Person ID [redacted] Add Seq# [redacted]</p>	<p>8c. Landowner(s) New to system <input type="checkbox"/></p> <p>Person ID 23333 Add Seq# 1</p> <p>SARA J MCFARLAND TRUST WILLIAM WILEY MCFARLAND 15235 O RD CIMARRON KS 67835</p>
<p>8b. Landowner(s) New to system <input type="checkbox"/></p> <p>Person ID 11475 Add Seq# 1</p> <p>PATRICIA P MCFARLAND TRUST WILLIAM WILEY MCFARLAND 15235 O RD CIMARRON KS 67835</p>	<p>8d. WUC New to system <input type="checkbox"/></p> <p>Person ID [redacted] Add Seq# [redacted]</p>



1320 Research Park Drive
Manhattan, Kansas 66502
785-564-6700

900 SW Jackson, Room 456
Topeka, Kansas 66612
785-296-3556

Secretary Jackie McClaskey

Governor Jeff Colyer, M.D.

February 2, 2018

WILLIAM WILEY MCFARLAND
15235 O RD
CIMARRON KS 67835

RE: Change the Place of Use, File Nos 25383D1,
25384, 25386D1, 25386D2

Dear Mr. McFarland;

Enclosed you will find a *Summary Order Approving Application for Change in Place of Use* for the above referenced files. Since these orders modify the original documents, it should be recorded at the County Register of Deeds.

These orders modify the authorized acres that can be irrigated by these files. The authorized place of use is as shown on the plats within the change approvals.

A condition of this order is that an acceptable flow meter must be properly installed on the diversion works authorized under the referenced file number in accordance with the Kansas Administrative Regulations 5-1-4 through 5-1-12. This water flow meter shall be used to provide information required on the annual water use report (including the meter reading at the beginning and end of the report year).

This order shall become final if a request for a hearing is not filed with the Chief Engineer within 15 days of the date of service of this order. The date of service is the date listed on the enclosed *Certificate of Service*.

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

Sincerely,

Thomas P. Makens
Assistant Water Commissioner

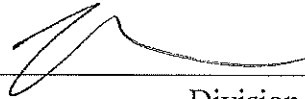
TPM:tpm
Enclosures
GMD#3

CERTIFICATE OF SERVICE

On this 3rd day of February 2018, I hereby certify that the attached original Approval of Application to Change the Place of Use under Water Right File 25383D1, 25384, 25386D1, 25386D2 dated February 2, 2018, was mailed postage prepaid, first class, US mail to the following:

WILLIAM WILEY MCFARLAND
15235 O RD
CIMARRON KS 67835

Copy provided to GMD#3

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a horizontal line.

Division of Water Resources

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. 25386 D1

RECEIVED
 2:01pm
 DEC 21 2017

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: WILLIAM WILEY MCFARLAND w/ Tim Dewey
15235 O RD CIMARRON KS 67835
 Phone Number: () Email address: _____
 Name and address of Water Use Correspondent: WILLIAM WILEY MCFARLAND
15235 O RD CIMARRON KS 67835
 Phone Number: () Email address: _____

3. The presently authorized place of use is:
 Owner of Land ---- NAME: see supplemental page
 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: WILLIAM WILEY MCFARLAND
 ADDRESS: 15235 O RD CIMARRON KS 67835
 (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	
7	26	28w									40	40	40	40					160
17	26	28w					40	40	40	40									160

For Office Use Only: Code _____ Fee \$ 200 TR # _____ Receipt Date 12/21/17 Check # 12065

5. **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 _____

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? _____
 no change to well location _____

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

9. When do you propose to complete the new point of diversion?

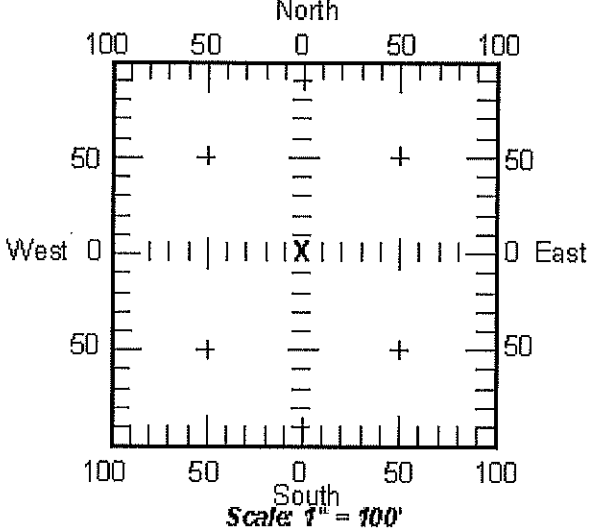
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

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.

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 25386 D1
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

Owner of Land ---- NAME: SARA J MCFARLAND TRUST WILLIAM WILEY MCFARLAND
ADDRESS: 15152 O RD CIMARRON KS 67835-8845

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	
17	26	28w	40	40	40	40													160

Owner of Land ---- NAME: _____
ADDRESS: _____

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	

Owner of Land ---- NAME: _____
ADDRESS: _____

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. *Continued:* 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: STEVE & GRETA MCFARLAND HUEBERT
ADDRESS: 15152 O RD CIMARRON KS 67835-8845

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	
12	26	29w								40	40	40	40						160
18	26	28w	40	40	40	40													160

Owner of Land ---- NAME: PATRICIA P MCFARLAND TRUST WILLIAM WILEY MCFARLAND
ADDRESS: 15235 O RD CIMARRON KS 67835

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	
12	26	29w												40	40	40	40		160

Owner of Land ---- NAME: SARA J MCFARLAND TRUST WILLIAM WILEY MCFARLAND
ADDRESS: 15235 O RD CIMARRON KS 67835

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	
17	26	28w	40	40	40	40													160

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. _____

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 _____

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 _____

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 _____

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 _____

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 Chanute, Kansas, this 13th day of December, 2017.

Greta McFarland Huebert
(Owner)

Steve Huebert
(Spouse)

Greta McFarland Huebert and Steve Huebert
(Please Print)

(Please Print)

William Wiley McFarland, trustee
(Owner)

(Spouse)

Sara J. McFarland Trust
William Wiley McFarland, Trustee
(Please Print)

(Please Print)

William Wiley McFarland, trustee
(Owner)

(Spouse)

Patricia P. McFarland Trust
William Wiley McFarland, Trustee
(Please Print)

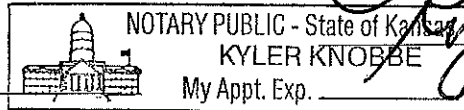
(Please Print)

State of Kansas }
County of GRAY } SS

by William Wiley McFarland as Trustee of the Sara J. McFarland Trust and as Trustee of the Patricia P. McFarland Trust

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 6 day of December, 2017.

My Commission Expires 4/1/21



[Signature]
Notary Public

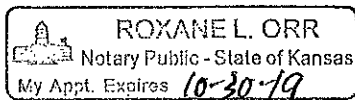
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate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

STATE OF KANSAS, COUNTY OF Neosho
I hereby certify the foregoing application was signed by Greta McFarland Huebert and Steve Huebert in my presence and sworn to before me this 13 day of December, 2017.



[Signature]
Notary Public

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-14-3 and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder, K.A.R. 5-1-1 *et. seq.* With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 75386 01

1. A change application was received on December 21, 2017 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a _____ foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion authorized herein shall not actually be located more than _____ feet from the previously authorized point(s) of diversion. Applicable Not Applicable
5. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
6. The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2018, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
7. Installation of the works for diversion of water shall be completed on or before December 31, 20_____, or within any authorized extension of time. By March 1, 20____ the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
8. The completed well log shall be submitted with the required notice. Applicable Not Applicable
9. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
10. Additional Conditions are attached. Yes No
11. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

You have the right to a hearing in accordance with K.A.R. 5-14-3 before this Summary Order becomes final action of the Kansas Department of Agriculture. Any request for a hearing must be filed with the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, 1320 Research Park Drive, Topeka, Kansas 66502, within 15 days after the date shown on the Certificate of Service attached hereto. If a hearing is not requested in accordance with K.A.R. 5-14-3, this Summary Order will become effective on the 15th day after the date shown on the Certificate of Service.

For Use by Register of Deeds

FOR OFFICE USE ONLY
**APPLICATION APPROVED AND
SUMMARY ORDER ISSUED**

By: TL P-L
Duly Authorized Designee of the Chief Engineer
(Print Name): THOMAS P MAKENS
Division of Water Resources - Kansas Department of Agriculture
Date of Issuance: FEBRUARY 2, 2018
State of Kansas)
County of Finney) SS
Acknowledged before me on February 2, 2018
by Thomas P Makens
Signature: Sue Keeny
Notary Public



My commission expires:

(Notary Seal)

