

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

1. File Number: 11695-D1	2. Status Change Date: 5-14-19	3. Change Num: C2	4. Field Office: 4	5. GMD: 3
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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: 5-1-19
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8a. Applicant(s) New to system <input type="checkbox"/> Person ID 40486 Add Seq# _____ SYRACUSE DAIRY LLC WESTSIDE LOCATION 751 SE CR 36 SYRACUSE KS 67878-7822	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
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8b. Landowner(s) New to system <input type="checkbox"/> Person ID 40486 Add Seq# _____ SYRACUSE DAIRY LLC JAY HOUTSMA 751 SE CR 36 SYRACUSE KS 67878-7822	8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____ 8a
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9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/2019** N & P Date to Comply: _____

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: **5/9/2019** By: **AM**
 Date Entered: _____ By: _____

File No. **11695-D1** 11. County: **ST** Basin: **BEAR CREEK** Stream: _____ Formation Code: **211** Special Use: _____

12. Points of Diversion
 CHK
 MOD
 DEL PDIV
 ENT Qualifier S T R ID 'N 'W Comment (AKA Line) Rate gpm/cfs Quantity af/mgy Rate gpm/cfs Quantity af/mgy Overlap PD Files

CHK	54789																					

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 PUSE S T R ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files		
	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						
ENT 26608 11 28S42W 1	31.25	31.25	31.25	31.25					31.25	31.25	31.25	31.25	31.25	31.25	31.25	31.25	31.25	375	8b	N	8209	
ENT 30704 14 28S42W 1					31.25	31.25	31.25	31.25										125	8b	N	8209	
MOD 40128 10 28S42W 1									31.25	31.25	31.25	31.25	24	31	31	9		220	8b	N	8209	

Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____
 Comments: _____

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

May 14, 2019

SYRACUSE DAIRY LLC
WESTSIDE LOCATION
751 SE CR 36
SYRACUSE KS 67878-7822

RE: Water Right, File Nos. 8209 & 11695-D1

Dear Sir:

Enclosed are orders executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications for change under the above referenced file numbers.

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

Since these orders modify the original documents referred to above, they should be recorded with the Register of Deeds as other instruments affecting real estate.

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 blue ink that reads "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:
enclosures

pc:

GROUNDWATER MANAGEMENT DISTRICT NO. 3

CERTIFICATE OF SERVICE

On this 14th day of May, 2019, I hereby certify that the foregoing Approval of Applications for Change in Place of Use, Water Right, File No. 8,209 & 11,695-D1 dated 14th day of May, 2019 was mailed postage prepaid, first class, US mail to the following:

SYRACUSE DAIRY LLC
WESTSIDE LOCATION
751 SE CR 36
SYRACUSE KS 67878-7822

Pc:

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. 11695-D1

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5:00 PM
MAY 01 2019

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: SYRACUSE DAIRY LLC - WESTSIDE LOCATION

751 SE CR 36, SYRACUSE, KS 67878-7822

Phone Number: (620) 492-2525 Email address: _____

Name and address of Water Use Correspondent: SAME AS ABOVE

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: SYRACUSE DAIRY LLC - WESTSIDE LOCATION

ADDRESS: 751 SE CR 36, SYRACUSE, KS 67878-7822

(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	
10	28S	42W									40	40	40	40	40	40	40	40	320

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: SYRACUSE DAIRY LLC - WESTSIDE LOCATION

ADDRESS: 751 SE CR 36, SYRACUSE, KS 67878-7822

(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	
11	28S	42W	31.25	31.25	31.25	31.25					31.25	31.25	31.25	31.25	31.25	31.25	31.25	31.25	375
14	28S	42W					31.25	31.25	31.25	31.25									125
10	28S	42W									31.25	31.25	31.25	31.25	24	31	31	9	220

For Office Use Only: Code _____ Fee \$ <u>200</u> TR # _____ Receipt Date <u>5-1-19</u> Check # <u>71130</u>

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: 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 _____

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) Create an overlap in place of use with
WR#8209 for WCA Management Plan.

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

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

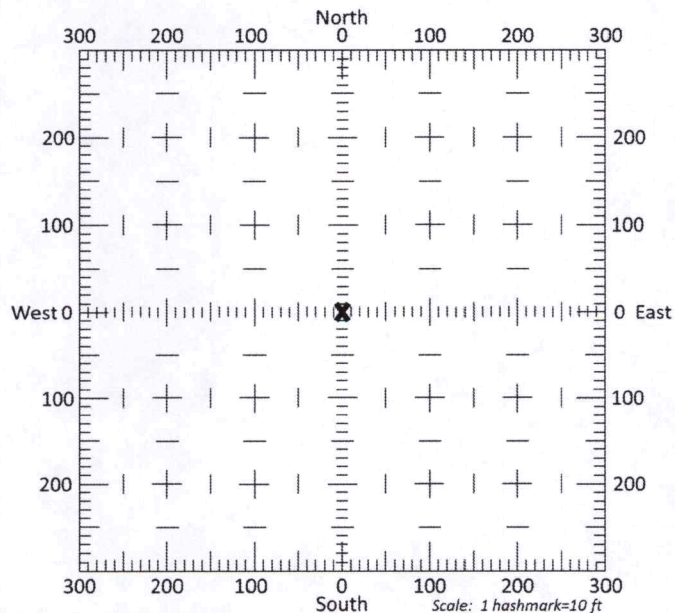
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by AM/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.)**

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 MAY 01 2019

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 Syracuse, Kansas, this 1st day of May, 2019.

JH _____ (Owner) _____ (Spouse)
Jay Houtsma, Member, Syracuse Dairy, LLC _____ (Please Print) _____ (Please Print)

_____ (Owner) _____ (Spouse)
 _____ (Please Print) _____ (Please Print)

_____ (Owner) _____ (Spouse)
 _____ (Please Print) _____ (Please Print)

State of Kansas }
 County of Hamilton } SS



Diego M. Enriquez
 Notary Public
 State of Kansas
 My Appt. Expires 05/26/2021

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 1st day of May, 2019.

My Commission Expires 05/26/2021.
Diego M. Enriquez 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

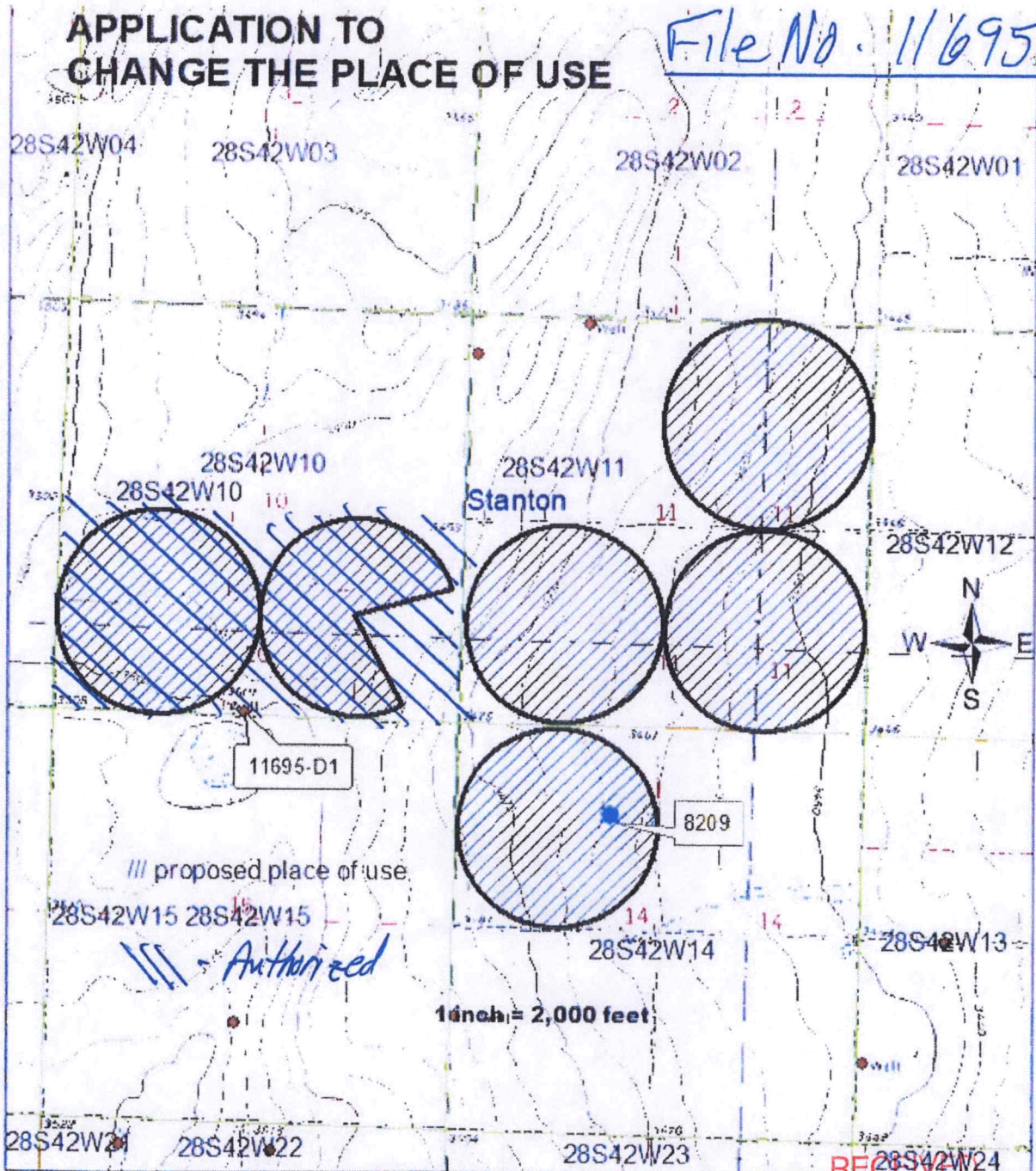
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MAY 01 2019

Garden City Field Office
 Division of Water Resources

APPLICATION TO CHANGE THE PLACE OF USE

File No. 11695-D1



MAY 01 2019

Garden City Field Office
Division of Water Resources

Garden City Field Office
4532 W. Jones, Suite A
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

May 1, 2019

SOUTHWEST KANSAS GROUNDWATER
MANAGEMENT DISTRICT NO. 3
409 CAMPUS DRIVE, SUITE 106
GARDEN CITY KS 67846

Re: Water Right File No. 8209 & 11695-D1

Dear Mr. Norquest:

This is to advise you that Syracuse Dairy LLC-Westside Location has filed applications for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the place of use for the above referenced files. I wanted to get you these applications upon receipt. They should be straight forward and compliment the Water Conservation Area Management Plan that is in your review.

We are delaying action on the change application to allow you time to review and provide a recommendation. Please submit a recommendation within 15 days from the date of this letter.

Thank you and as always feel free to contact this office at any time.

Sincerely,

A handwritten signature in blue ink that reads "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM
Enclosures