

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

1. File Number: 18069	2. Status Change Date:	3. Change Num: C1	4. Field Office: 4	5. GMD: 1
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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: 5/13/2019
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8a. Applicant(s) Person ID <u>54575</u> New to system <input type="checkbox"/> Add Seq# _____ ALBERT W SAMUELSON III 5940 E FAIR AVE ENGLEWOOD CO 80111	8c. Landowner(s) Person ID <u>54576</u> New to system <input type="checkbox"/> Add Seq# _____ JEFFERY SAMUELSON 5968 S NOME ST ENGLEWOOD CO 80111
--	--

8b. Landowner(s) Person ID _____ New to system <input type="checkbox"/> Add Seq# _____ 8a	8d. WUC Person ID _____ New to system <input type="checkbox"/> 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: **5/28/2019** By: **AM**
Date Entered: _____ By: _____

File No. **18069** 11. County: **WH** Basin: **LADDER 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 Additional Rate gpm/cfs Quantity af/mgy Overlap PD Files

CHK 3024

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				
MOD 30179 20 16S38W 2	40	22	21	40	31	4		5					36	13			212	8a&c	N	

Base Acres: **212** Year: **1976** 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 29, 2019

ALBERT W SAMUELSON III
5940 E FAIR AVE
ENGLEWOOD CO 80111

RE: Water Right, File No. 18069

Dear Sir or Madam:

Enclosed is the 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/or installation of the required meter as soon as these actions are completed.

Since the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

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

Sincerely,

A handwritten signature in blue ink that reads "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc:
Jeffery Samuelson
GROUNDWATER MANAGEMENT DISTRICT NO. 1

CERTIFICATE OF SERVICE

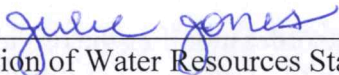
On this 29th day of May, 2019, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File No. 18069 dated 29th day of May, 2019 was mailed postage prepaid, first class, US mail to the following:

ALBERT W SAMUELSON III
5940 E FAIR AVE
ENGLEWOOD CO 80111

Pc:

JEFFERY SAMUELSON
5968 S NOME ST
ENGLEWOOD CO 80111

GROUNDWATER MANAGEMENT DISTRICT NO. 1



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. 18069

RECEIVED
 8:30 AM
 MAY 13 2019

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: Albert W Samuelson III

5940 E Fair Ave, Englewood CO 80111

Phone Number: (303)915-7036

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	
20	16	38	40	20	12	23	14	5	12	14	5			7	30	21	9		212

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: 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	
20	16	38	40	22	21	40	31	4		5					36	13			212

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 5-13-19 Check # 3989

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) Correct place of use to account for
the installation of of 2 center pivots.

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

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

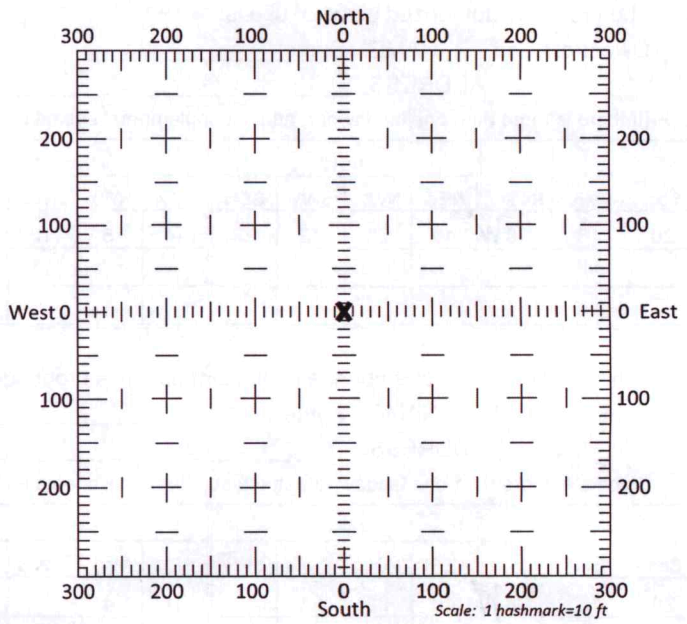
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by 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.)

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 6050 S Holly St, Greenwood Village, Colorado, Kansas, this 7th day of May, 2019.

<u>Albert W. Samuelson III</u> (Owner)	_____	(Spouse)
<u>Albert W. Samuelson III</u> (Please Print)	_____	(Please Print)
<u>Jay D. Samuel</u> (Owner)	_____	(Spouse)
<u>Jeffrey D. Samuelson</u> (Please Print)	_____	(Please Print)
_____	_____	(Spouse)
_____	_____	(Please Print)

State of ~~Kansas~~ Colorado }
County of Arapahoe } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 7th day of May, 2019.

My Commission Expires 7-28-2021

Fielding Snedden
 Notary Public Notary Public - State of Colorado
 Notary ID 20014012917
 My Commission Expires Jul 28, 2021

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

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. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder, With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 18069.

1. A change application was received on May 13, 2019 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 described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. Applicable Not Applicable
5. 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
6. 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
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2019**, 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
8. **Installation of the works for diversion of water shall be completed on or before December 31, 2019**, or within any authorized extension of time. By March 1, 2020 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
9. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
10. 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
11. Additional Conditions are attached. Yes No
12. 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

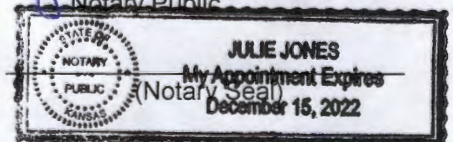
If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

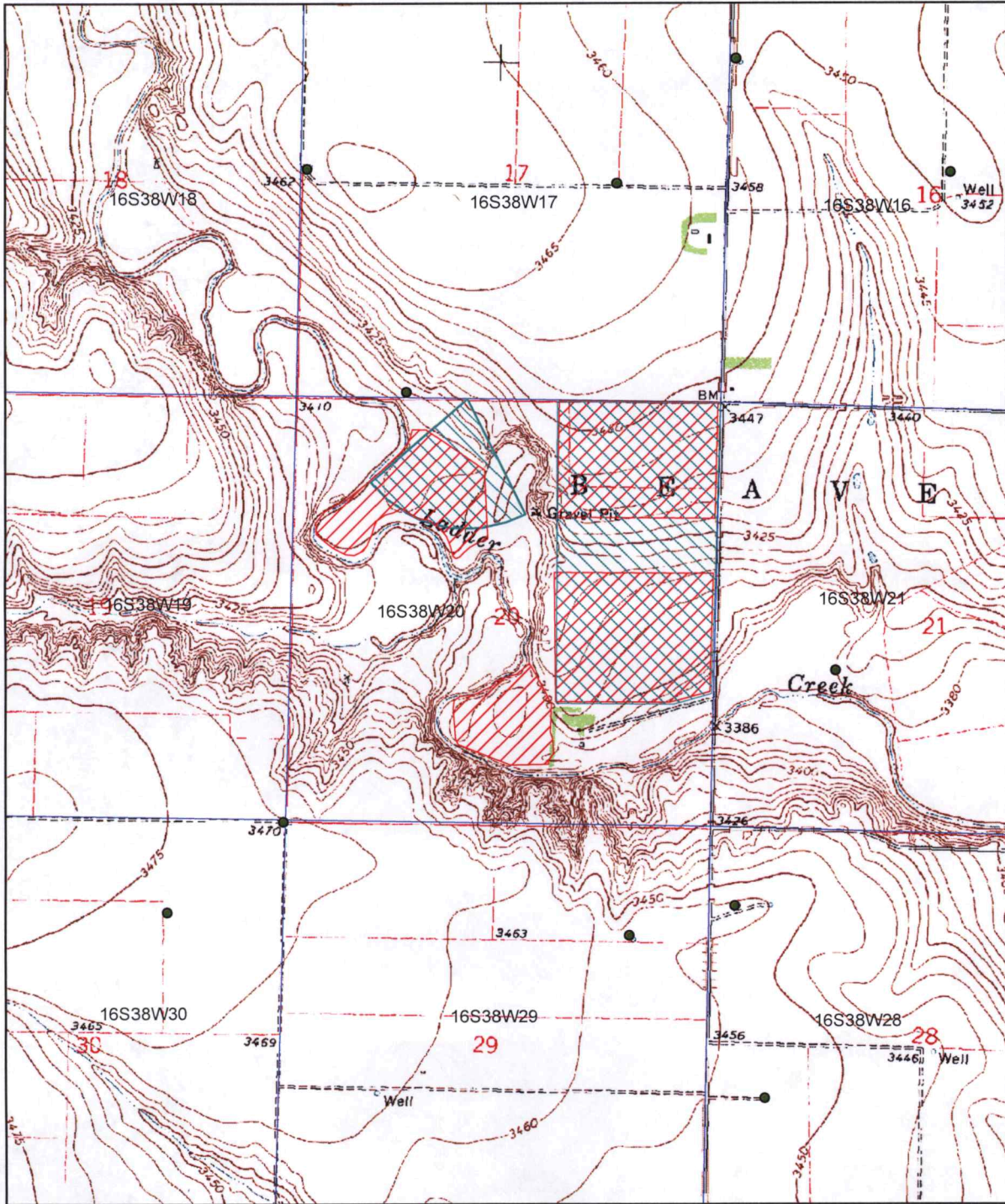
FOR OFFICE USE ONLY
APPLICATION APPROVED AND SUMMARY ORDER ISSUED

By: Austin J McColloch
Duly Authorized Designee of the Chief Engineer
(Print Name): Austin J McColloch
Division of Water Resources - Kansas Department of Agriculture
Date of Issuance: May 29, 2019
State of Kansas)
County of Stinson) SS
Acknowledged before me on May 29, 2019
by Austin J McColloch
Signature: Julie Jones
Notary Public

My commission expires:



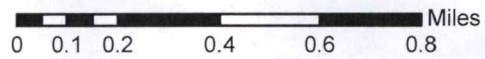
Change in Place of Use for Water Right 18069 Section 20, Township 16 South, Range 38 West, Wichita County



Authorized Place of Use



Proposed Place of Use



All wells within 1/2 miles are on this map.

X _____

French, Mitch [KDA]

From: French, Mitch [KDA]
Sent: Wednesday, May 1, 2019 11:39 AM
To: gsgraff@fairpoint.net
Subject: water right 18069

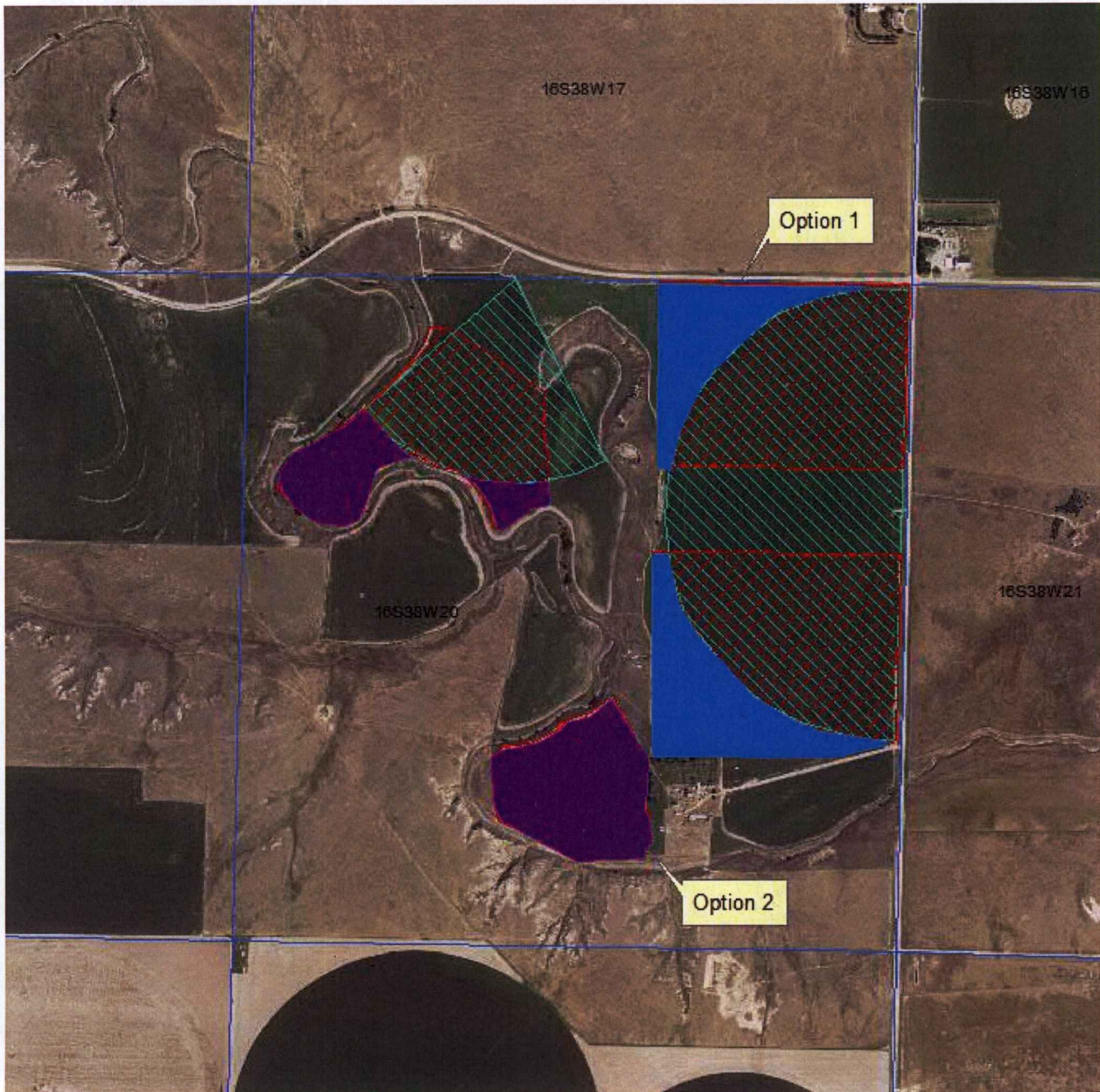
Hello Gary,

There are two easy options for removing un-irrigated ground from the current place of use to cover the ground that is currently being irrigated.

You can either remove the blue ground, Option 1, (approximately 44 acres) in the east half of the section, or the purple ground, Option 2, (approximately 44 acres) in the southern and western portion of the section.

Either way, there will be no reduction in authorized acres (212 acres), or the authorized quantity of 424 acre feet of water.

The choice is up to you and the landlord. Just let me know which option is preferred. If need be, we can also take portions of either option as long as we can come up with the approximately 44 acres that we need to move around. I can complete the application to change this place of use.



Thank you,
Mitchell D French
Kansas Department of Agriculture
Division of Water Resources
Garden City Field Office
(620) 276-2901
mitch.french@ks.gov

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDEDENT				1. DECEDEDENT'S NAME (First, Middle, Last) Albert W. SAMUELSON JR.		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 31, 2005					
4. SOCIAL SECURITY NUMBER 510-14-7569		5a. AGE - Last Birthday (Years) 84		5b. UNDER 1 YEAR Mos: Days: Hrs: Mins:		5c. UNDER 1 DAY Hrs: Mins:		6. DATE OF BIRTH (Month, Day, Year) September 27, 1921		7. BIRTHPLACE (City and State or Foreign Country) Rose Hill, Kansas			
8. WAS DECEDEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)									
9b. FACILITY NAME (If not institution, give street and number) Cherrellyn Health Care Center						9c. CITY, TOWN, OR LOCATION OF DEATH Littleton			9d. COUNTY OF DEATH Arapahoe				
10a. DECEDEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Teacher				10b. KIND OF BUSINESS/INDUSTRY Public School		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If wife, give maiden name) Dolores Schrader					
13a. RESIDENCE-STATE Colorado		13b. COUNTY Arapahoe		13c. CITY, TOWN, OR LOCATION Centennial		13d. STREET AND NUMBER 5940 East Fair Avenue							
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 80111		14. WAS DECEDEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) White		16. DECEDEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 16					
17. FATHER-NAME (First, Middle, Last) Albert W. Samuelson Sr.				18. MOTHER-NAME (First, Middle, Last (Maiden Name)) Hulda Anderson		19. INFORMANT-NAME and relationship to deceased. Albert W. Samuelson III - SON							
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Colorado Crematory Svcs., Inc.		20c. LOCATION - City or Town, State Denver, Colorado							
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH						21b. NAME AND ADDRESS OF FACILITY: Olinger Hampden Gardens 8600 East Hampden Ave., Denver, ZIP-CO 80231							
22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>						22b. DATE FILED (Month, Day, Year) NOV 07 2005							
23. TIME OF DEATH 3:45A. M.		24. DATE PRONOUNCED DEAD OCTOBER 31, 2005		25. WAS CORONER NOTIFIED? (Yes or No) Yes									
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED BY CORONER							
26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>						27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>							
28. DATE SIGNED (Month, Day, Year) November 1, 2005						29. DATE SIGNED (Month, Day, Year) 11/4/05							
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) John Hiner MD 8174 S. Holly Box 437 Littleton CO ZIP: 80122													
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)													
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide			33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY M		33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. DESCRIBE HOW INJURY OCCURRED				
33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)						33f. LOCATION (Street and Number or Rural Route Number, City, County, State)							
34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]. Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.										Interval between onset and death			
PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c) (a) Arteriosclerotic cardiac & renal failure DUE TO OR AS A CONSEQUENCE OF										4 years			
(b) DUE TO OR AS A CONSEQUENCE OF										Interval between onset and death			
(c) DUE TO OR AS A CONSEQUENCE OF										Interval between onset and death			
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker). Renal transplant										35. AUTOPSY (Yes or No) No		36. IF YES were findings considered in determining cause of death?	

AUG 12 2016

DATE ISSUED
ADRS-16 1-89 (Rev. 1-91)
THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

[Signature]
A. ALEX QUINTANA
STATE REGISTRAR



008078912

REV 04/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO.1

May 20, 2019

Michael A. Meyer
Water Commissioner
Division of Water Resources
Garden City Field Office
4532 W Jones Ave. Suite B
Garden City, KS. 67846

RE: Water Right File No. 18069

Dear Mr. Meyer:

After reviewing the Place of Use change application for the above referenced water right, the Western Kansas Groundwater Management District #1 recommends approval.

If you have any questions or concerns please contact me anytime.

Sincerely,

Kyle Spencer
District Manager

RECEIVED

MAY 20 2019

Garden City Field Office
Division of Water Resources

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



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

Mike Beam, Secretary

Laura Kelly, Governor

May 16, 2019

WESTERN KANSAS GROUNDWATER
906 W. 5th
P.O. BOX 604
SCOTT CITY KS 67871

Re: Water Right File No. 18069

Dear Mr. Spencer:

This is to advise you that Albert Samuelson III has filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the point of diversion for the above referenced file. This application is to re-arrange base acres to cover actual acres irrigated.

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