

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

1. File Number: 20902	2. Status Change Date: 8-4-2020	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: 8/3/2020
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8a. Applicant(s) New to system <input type="checkbox"/> SANDYHILL ENTERPRISES LLC Attn: JACOB NEUFELD P O BOX 1005 HOLCOMB, KS 67851	Person ID 64846 Add Seq# _____ 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"/> 8a	Person ID _____ Add Seq# _____ 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: **12/31/2020** N & P Date to Comply: **3/1/2021**

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: **8/04/2020** By: **AM**
 Date Entered: _____ By: _____

File No. **20902** 11. County: FI Basin: ARKANSAS RIVER Stream: Formation Code: 211/331 Special Use:

12. Points of Diversion										Rate and Quantity							
CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
DEL				13769	NWSENE	2	25	34W		3881	1305	TRI 6	880	272	880	272	NONE
CHK				24775	NC SW	2	25	34W 3		1340	3960	TRI 11	905	272	908	272	NONE
CHK				47813	NC SE	2	25	34W 4		1340	1320	TRI 12	895	272	895	272	NONE
CHK				48918	NC NW	2	25	34W 2		3980	3960	TRI 5	1070	272	1070	272	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	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				
CHK					1763																								
CHK					22348																								
CHK					28419																								
CHK					40119																								
CHK					31371																								
CHK					17990																								

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

August 4, 2020

SANDYHILL ENTERPRISES LLC
Attn: JACOB NEUFELD
P O BOX 1005
HOLCOMB, KS 67851

RE: Water Right, File No. 20902

Dear Sir:

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.

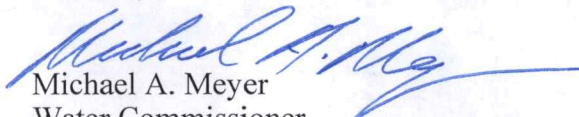
Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications.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

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,


Michael A. Meyer
Water Commissioner

MAM
enclosures

pc:

GROUNDWATER MANAGEMENT DISTRICT NO. 3

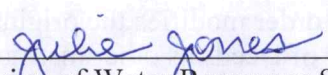
CERTIFICATE OF SERVICE

On this 4th day of August 2020, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 20,902 dated 4th day of August, 2020 was mailed postage prepaid, first class, US mail to the following:

SANDYHILL ENTERPRISES LLC
Attn: JACOB NEUFELD
P O BOX 1005
HOLCOMB, KS 67851

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. 20902 _____

RECEIVED
 4:55pm
AUG 03 2020

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

Place of Use Point of Diversion

Garden City Field Office
 Division of Water Resources

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: Sandy Hill Enterprises LLC/Jacob Neufeld _____

P O BOX 1005 HOLCOMB KS 67851 _____

Phone Number: _____ Email address: _____

Name and address of Water Use Correspondent: Same as applicant _____

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

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		

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 \$ 100.00 TR # _____ Receipt Date 8-3-20 Check # 1121

5. **Presently authorized point of diversion:**

One in the _____ Quarter of the _____ NC Quarter of the _____ NE Quarter of Section _____ 2 _____, Township _____ 25 _____ South, Range _____ 34 _____ (W), in Finney _____ County, Kansas, 3980 _____ feet North 1320 _____ feet West of Southeast corner of section. Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet) (DWR use only: Computer ID No. 01 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 _____ NW Quarter of the _____ SE Quarter of the _____ NE Quarter of Section _____ 2 _____, Township _____ 25 _____ South, Range _____ 34 _____ (W), in Finney _____ County, Kansas, 3881 _____ feet North 1305 _____ 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 _____ NC Quarter of the _____ SE Quarter of Section _____ 2 _____, Township _____ 25 _____ South, Range _____ 34 _____ (W), in FI _____ County, Kansas, 1340 _____ feet North 1320 _____ feet West of Southeast corner of section. Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet) (DWR use only: Computer ID No. 09 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) _____

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

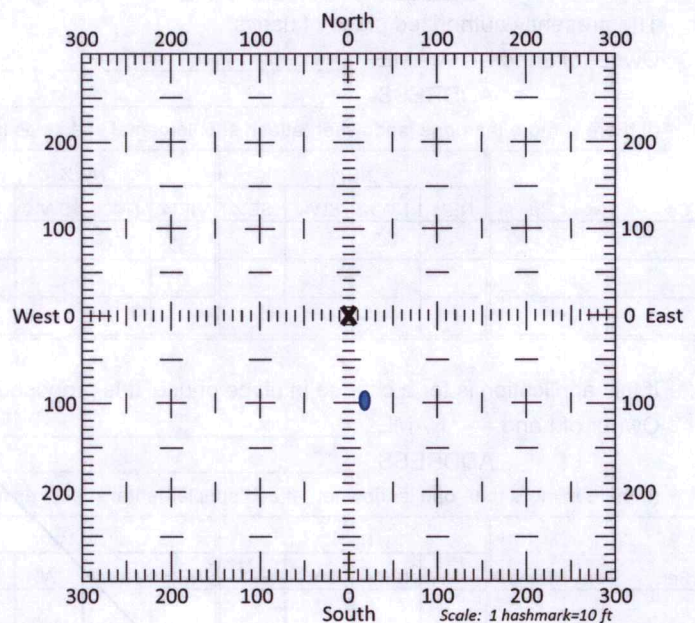
9. The change(s) (was)(will be) completed by? _____

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

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by AT/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.)

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 20902

Presently authorized point of diversion:

One in the _____ Quarter of the NC Quarter of the SW Quarter
of Section 2, Township 25 South, Range 34 (W),
in FI County, Kansas, 1340 feet North 3960 feet West of Southeast corner of section.

Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 03 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)

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 NC Quarter of the NW Quarter
of Section 2, Township 25 South, Range 34 (W),
in FI County, Kansas, 3980 feet North 3960 feet West of Southeast corner of section.

Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 02 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)

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: No change, point better described with GPS 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: No change, point better described with GPS 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 _____

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 20902
MAKE ADDITIONAL COPIES AS NECESSARY

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

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				

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: _____
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							

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

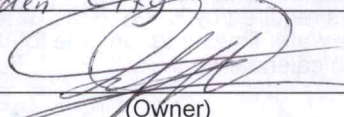
Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES							
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼								

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 Garden City, Kansas, this 3 day of August, 2020.

 (Owner)	 (Spouse)
<u>Jacob Neufeld</u> (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 3rd day of August, 2020.



My Commission Expires _____

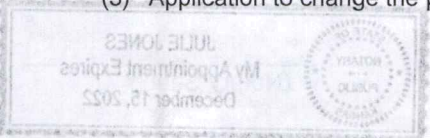
Julie Jones
 Notary Public

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

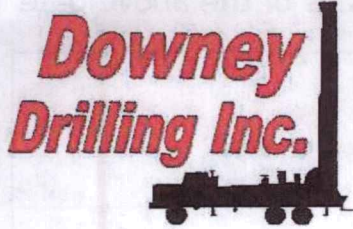
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

(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



WELL LOG

DATE: 7/23/2020



CUSTOMER NAME: SANDYHILL ENTERPRISES LLC TH#1

LEGAL: NE 2-25S-34W

WR FILE # 20902

COUNTY: FINNEY

GPS: 37.912904

-101.015512

LOGGER:

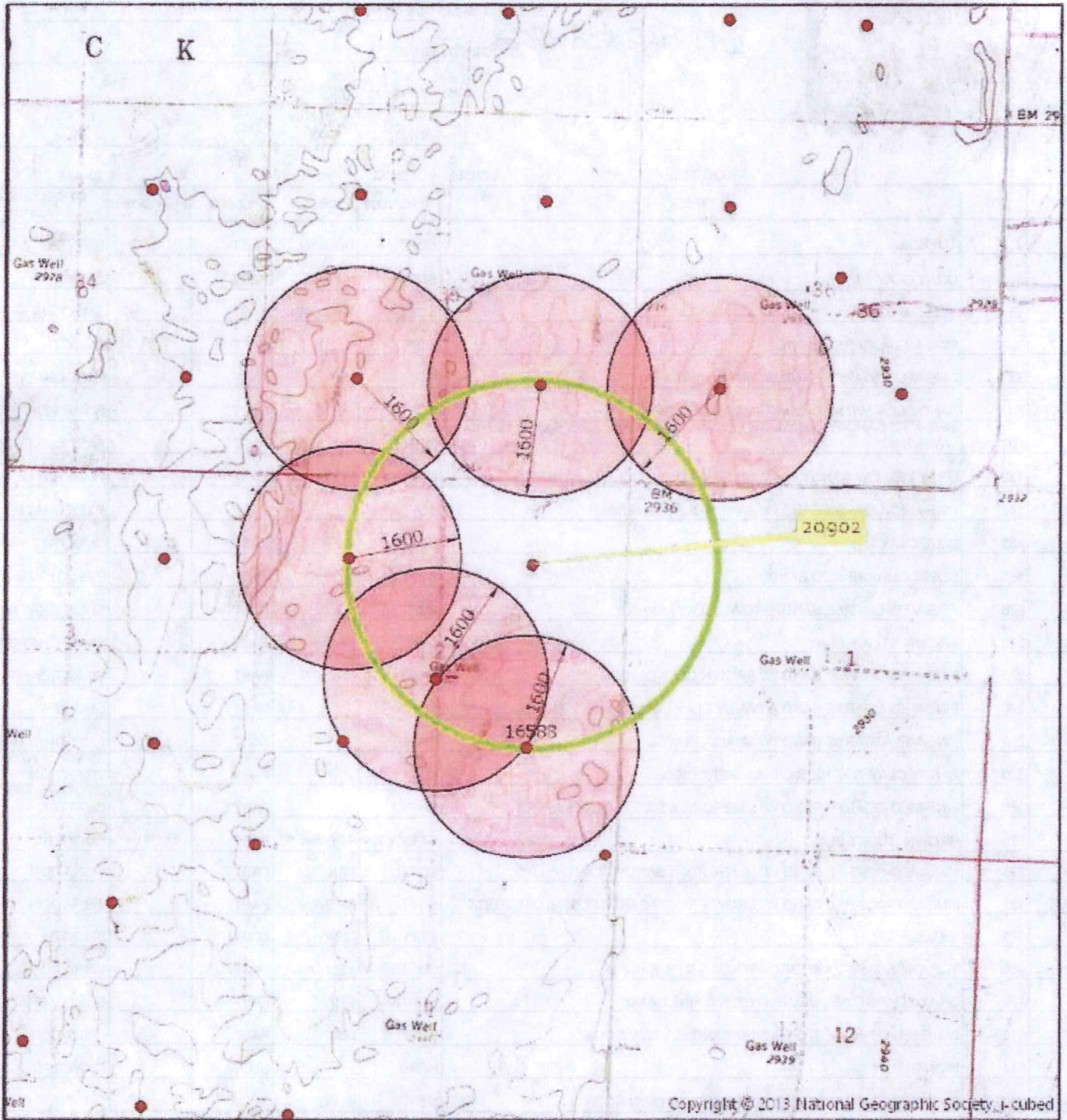
DRILLER: ROGELIO

WO: 20-486

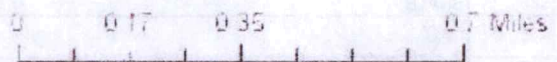
TW	FROM	TO	TYPE	HARDNESS	COLOR	SPEED	PULL DOWN	OTHER / DRILLING ACTION
	0	2	TOPSOIL	SOFT	BROWN	FAST		SMOOTH
	2	5	GRAY CLAY	SOFT		FAST		SMOOTH
	5	15	YELLOW CLAY	SOFT	YELLOW	FAST		SMOOTH
	15	30	FINE-MED-COARSE SAND	SOFT		FAST		SMOOTH
	30	52	FINE-MED-COARSE SAND W/ BIG ROCKS	STIFF		FAST		FAST CHATTER
	52	70	SANDY CLAY W/ MED-COARSE SAND LAYERS	SOFT		FAST		SOME VIBRATION
	70	107	FINE-MED SAND W/ SMALL GRAVEL/ SOME BIG ROCKS & SANDY CLAY LAYERS	STIFF		FAST		FAST CHATTER SMOOTH W/ SLIGHT CHATTER
	107	122	GRAY YELLOW SANDY CLAY MIXED W/ LIMEROCK	SOFT	YELLOW	FAST		FAST CHATTER
	122	170	FINE-MED-COARSE SAND W/ SANDY CLAY LAYERS	SOFT		FAST		SMOOTH
	170	182	BLUE CLAY	SOFT	BLUE	FAST		VIBRATION
	182	185	BLACK COARSE-MED SAND	SOFT	BLACK	FAST		SOME CHATTER
	185	210	FINE-MED-COARSE SAND, BROWN CLAY LAYERS	SOFT		FAST		SOME CHATTER
	210	227	BROWN STICKY CLAY	SOFT	BROWN	FAST		VIBRATION/ SMOOTH
	227	235	FINE-MED-COARSE SAND W/ BROWN CLAY LAYERS	SOFT	BROWN	FAST		SMOOTH
	235	270	FINE-MED-COARSE SAND & SANDY CLAY LAYERS W/ LIMEROCK	SOFT		FAST		FAST CHATTER SMOOTH W/ SLIGHT VIBRATION
	270	299	FINE-MED-COARSE SAND W/ SMALL GRAVEL	FIRM		FAST		SMOOTH W/ SLIGHT CHATTER
	299	320	SANDY CLAY W/ FINE SAND & LIMEROCK	SOFT		FAST		SMOOTH W/ SLIGHT CHATTER
	320	365	FINE-MED-COARSE SAND W/ LIMEROCK & SANDY CLAY LAYERS	SOFT		FAST		SMOOTH
	365	375	BROWN STICKY CLAY	STICKY	BROWN WHITE/ TAN	FAST		VIBRATION
	375	395	FINE-MED-COARSE SAND W/ LIMEROCK & SANDY CLAY LAYERS	SOFT		FAST		VIBRATION
X	395	430	FINE-MED-COARSE SAND W/ BROWN ROCK/ SANDSTONE & LIMEROCK	SOFT	BROWN	FAST		VIBRATION
	430	440	SHALE	STIFF	GRAY	SLOW		SMOOTH
	440	460	YELLOW SOAPSTONE, BROWN ROCK & FINE SAND	SOFTER	YELLOW	SLOW		VIBRATION
	460	489	GRAY SOAPSTONE, BROWN ROCK & FINE SAND	SOFTER	GRAY	FAST		SOME VIBRATION
	489	513	BLUE SHALE, SOAPSTONE, FINE SAND, BROWN ROCK	SEMI	BLUE	FAST		VIBRATION
	513	514	IRON PYRITE	HARD		SLOW		CHATTER
	514	530	BLUE SHALE, SOAPSTONE, FINE SAND, BROWN ROCK	SOFT	BLUE	SLOW		CHATTER
	530	570	GRAY SOAPSTONE	SOFT	GRAY	SLOW		CHATTER
	570	580	SHALE	SOFT	GRAY	SLOW		CHATTER
			QUIKGEL - 10					HOLE PLUG - 2
			WATER LOADS- 2					CASING SEAL - 1
			BRAN - 1					
			SODA ASH - 1/2					



WR #20902


Preliminary Map as of 6/11/2020. Using data given to DWR by customer.
Based on best information that was received and in the DWR files as of the above date



Township 25 South Range 34 West
FI County



-  1/2 mile radius, maximum distance
-  Minimum well spacing of neighboring wells

 Point of Diversion



Created By: AT/GCFO