

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

1. File Number: 41113	2. Status Change Date: 7-13-2020	3. Change Num: C1	4. Field Office: 4	5. GMD: <hr style="width: 50px; margin-left: 0;"/>
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: 7-10-2020 12/23/2020
8a. Applicant(s), landowner, WUC New to system <input type="checkbox"/> WINNER CIRCLE FEEDYARD SYRACUSE LLC Attn: VANCE PHILLIPS PO BOX 847 SYRACUSE, KS 67878		8c. Landowner(s) New to system <input type="checkbox"/> Person ID <u>64866</u> Add Seq# _____		
8b. Landowner(s) New to system <input type="checkbox"/> 8a		8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2020</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2021</u>				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input checked="" 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: 7/13/2020 By: MAM Date Entered: _____ By: _____				

File No. **41113** 11. County: **HM** Basin: **ARKANSAS RIVER** Stream: _____ Formation Code: **341** Special Use: _____

12. Points of Diversion
 CHK _____
 MOD _____
 DEL _____
 ENT _____

Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm mgy gpm mgy

Qualifier S T R ID 'N 'W Comment (AKA Line) Overlap PD Files

DEL 44963

ENT NW NW NE 34 23S 41W 5201 2617 46 42.142 46 42.142 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	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 30815																				

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

Comments: **ADDITIONAL CONDITION REQUIREING SCREEN DEPTH RESTIRCTION.**

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

July 13, 2020

WINNER CIRCLE FEEDYARD SYRACUSE LLC
Attn: VANCE PHILLIPS
PO BOX 847
SYRACUSE, KS 67878

RE: Water Right, File No. 41113

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 installation of the required meter as soon as these actions are completed.

Please note that there is an additional condition to ensure the screening of this well to only access the Dakota Aquifer.

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, appearing to read "Michael A. Meyer".


Michael A. Meyer
Water Commissioner

MAM
enclosures

CERTIFICATE OF SERVICE

On this 13th day of July 2020, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 41,113 dated 8th day of July 2020 was mailed postage prepaid, first class, US mail to the following:

WINNER CIRCLE FEEDYARD SYRACUSE LLC
Attn: VANCE PHILLIPS
PO BOX 847
SYRACUSE, KS 67878



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. 41113 _____

RECEIVED
 9:35 Am
 JUL 10 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: WINNER CIRCLE FEEDYARD SYRACUSE LLC Attn: VANCE PHILLIPS RODNEY DERSTEIN
PO BOX 847 SYRACUSE KS 67878

Phone Number: () _____ 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: SAME AS ABOVE

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 7-10-20 Check # 004629

5. **Presently authorized point of diversion:**
 One in the NE Quarter of the NE Quarter of the NW Quarter of Section 34, Township 23 South, Range 41 (W), in HAMILTON County, Kansas, 5200 feet North 2740 feet West of Southeast corner of section. Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 04 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 NW Quarter of the NE Quarter of Section 34, Township 23 South, Range 41 (W), in HAMILTON County, Kansas, 5201 feet North 2617 feet West of Southeast corner of section. Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 458'
 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) LOSS OF PRODUCTION

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

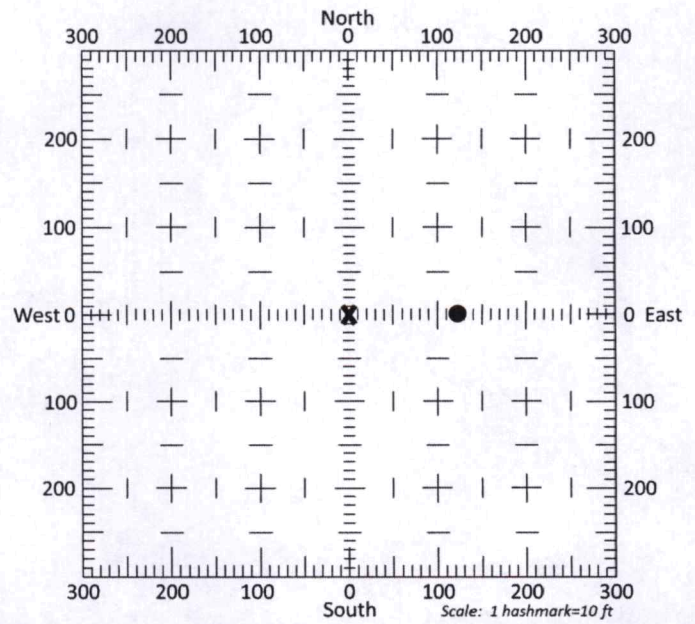
9. The change(s) (was)(will be) completed by?
UPON APPROVAL

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

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.)**

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 10th day of JULY, 2020.

<u><i>Rodney D</i></u> (Owner)	 (Spouse)
<u>Rodney Derstein</u> (Please Print)	 (Please Print)
 (Owner)	 (Spouse)
 (Please Print)	 (Please Print)
 (Owner)	 (Spouse)
 (Please Print)	 (Please Print)

State of Kansas }
 County of Finney } SS



TAMMY FLOWERS (Please Print)
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES
5-28-2021

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 10 day of July, 2020.

Tammy Flowers
 Notary Public

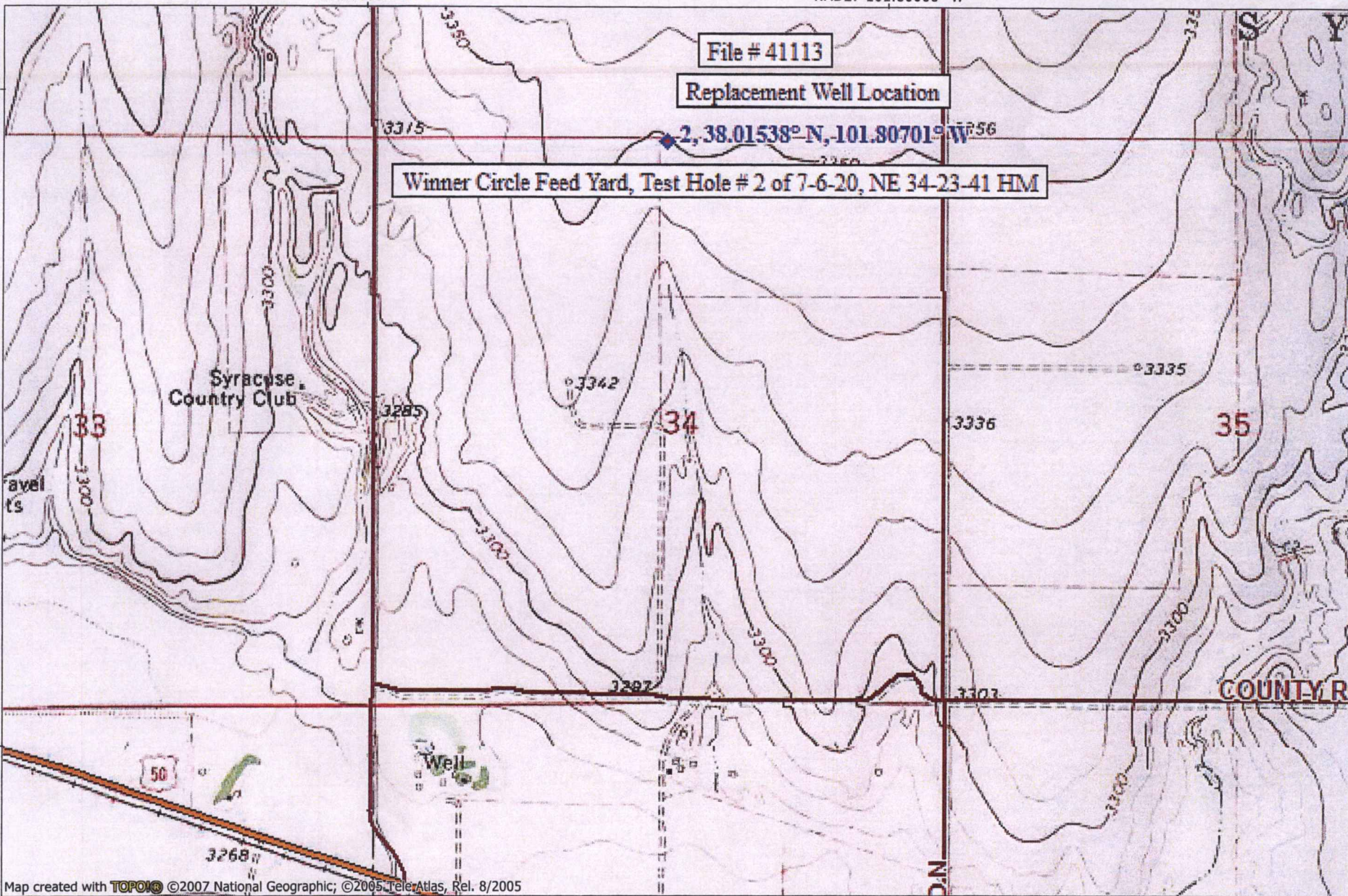
My Commission Expires 5-28-2021

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



Map created with TOPO! ©2007 National Geographic; ©2005 TeleAtlas, Rel. 8/2005

