

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

1. File Number: 6815	2. Status Change Date: 4-29-2020	3. Change Num: C1	4. Field Office: 4	5. GMD: 1
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6. Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return	7. Filing Date of Change: 4/27/2020
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8a. Applicant(s) Person ID **65501**
 New to system Add Seq# _____

BRAD WHITHAM
PO BOX 327
LEOTI, KS 67861

8c. Landowner(s) Person ID _____
 New to system Add Seq# _____

8b. Landowner(s) Person ID **50587**
 New to system Add Seq# _____

C & W LIMITED PARTNERSHIP
Attn: CHARLES WHITHAM
PO BOX 327
LEOTI, KS 67861

8d. WUC Person ID _____
 New to system Add Seq# _____

8a

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: **4/28/2020** By: **AM**
 Date Entered: _____ By: _____

File No. **6815** 11. County: **WH** Basin: **LADDER CREEK** Stream: Formation Code: **211** Special Use:

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm/cfs af/mgy gpm/cfs af/mgy Overlap PD Files

CHK	MOD	DEL	ENT	PDIV	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					19049												

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 _____

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	19840			10	16S	38W	1		31.25	40	40	31.25										31.25	40	40	31.25	285	8b	N	MULTIPLE
CHK	15875			11	16S	38W	1		40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	33	633	8b	N	MULTIPLE
ENT	7829			14	16S	38W	1		14	36	40	37.5										37.5	40	36	14	255	8b	N	MULTIPLE
ENT	22236			14	16S	38W	2						40	40	40	40	40	40	40	40	40					320	8b	N	MULTIPLE

Base Acres: Year: Minimum Reasonable Quantity:
 Comments: **OVERLAPPING FILES ON PLACE OF USE: 664; 6815; 8799; 14568; 25033**

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

April 28, 2020

C & W LIMITED PARTNERSHIP
Attn: CHARLES WHITHAM
PO BOX 327
LEOTI, KS 67861

RE: Water Right, File Nos. 664; 6,815; 8,799; 14,568; 25,033

Dear Sir or Madam:

Enclosed are the orders 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 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 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, appearing to read "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MM:am
enclosures

pc:
Brad Whitham
GROUNDWATER MANAGEMENT DISTRICT NO. 1

CERTIFICATE OF SERVICE


On this 29th day of April, 2020, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 664; 6,815; 8,799; 14,568; 25,033 dated 29th day of April, 2020 was mailed postage prepaid, first class, US mail to the following:

C & W LIMITED PARTNERSHIP
Attn: CHARLES WHITHAM
PO BOX 327
LEOTI, KS 67861

Pc:

BRAD WHITHAM
PO BOX 327
LEOTI, KS 67861

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. 6815

RECEIVED
 8:34 AM
 APR 27 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

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 WHITHAM and BRAD WHITHAM address _____ of Applicant: BRAD

3. PO BOX 327, LEOTI, KS 67861

Phone Number: (620)272-4219 Email address: bcwhitham@gmail.com

Name and address of Water Use Correspondent: Same

Phone Number: () _____ Email address: _____

4. The presently authorized place of use is:

Owner of Land --- NAME: C & W LIMITED PARTNERSHIP, Attn: CHARLES WHITHAM

ADDRESS: PO BOX 327, LEOTI, KS 67861

(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	16	38	31.25	40	40	31.25													285	
11	16	38	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	33	633

5. 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		
10	16	38	31.25	40	40	31.25													285	
11	16	38	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	33	633
14	16	38	14	36	40	37.5	40	40	40	40	40	40	40	40	40	37.5	40	36	14	575

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 4-27-20 Check # 2732

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

One in the _____ Quarter of the _____ Quarter of the _____ Quarter of the _____
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 the _____
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 the _____
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 the _____
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?

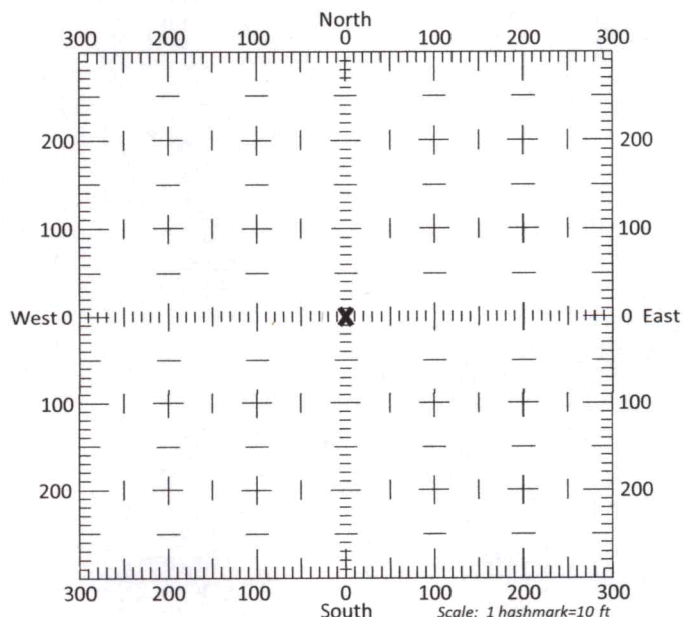
10. If the point of diversion is a well:
(a) What are you going to do with the old well?

(b) When will this be done? _____

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by 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).

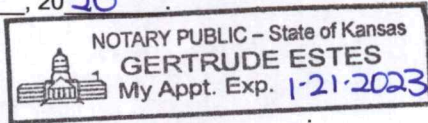
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Leoti, Kansas, this 24 day of April, 2020.

<u>C.W. Stal</u> (Owner)	_____ (Spouse)
<u>Bradley C. Whitham</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }
 County of Wichita } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 24th day of April, 2020.



Gertrude Estes
 Notary Public

My Commission Expires _____

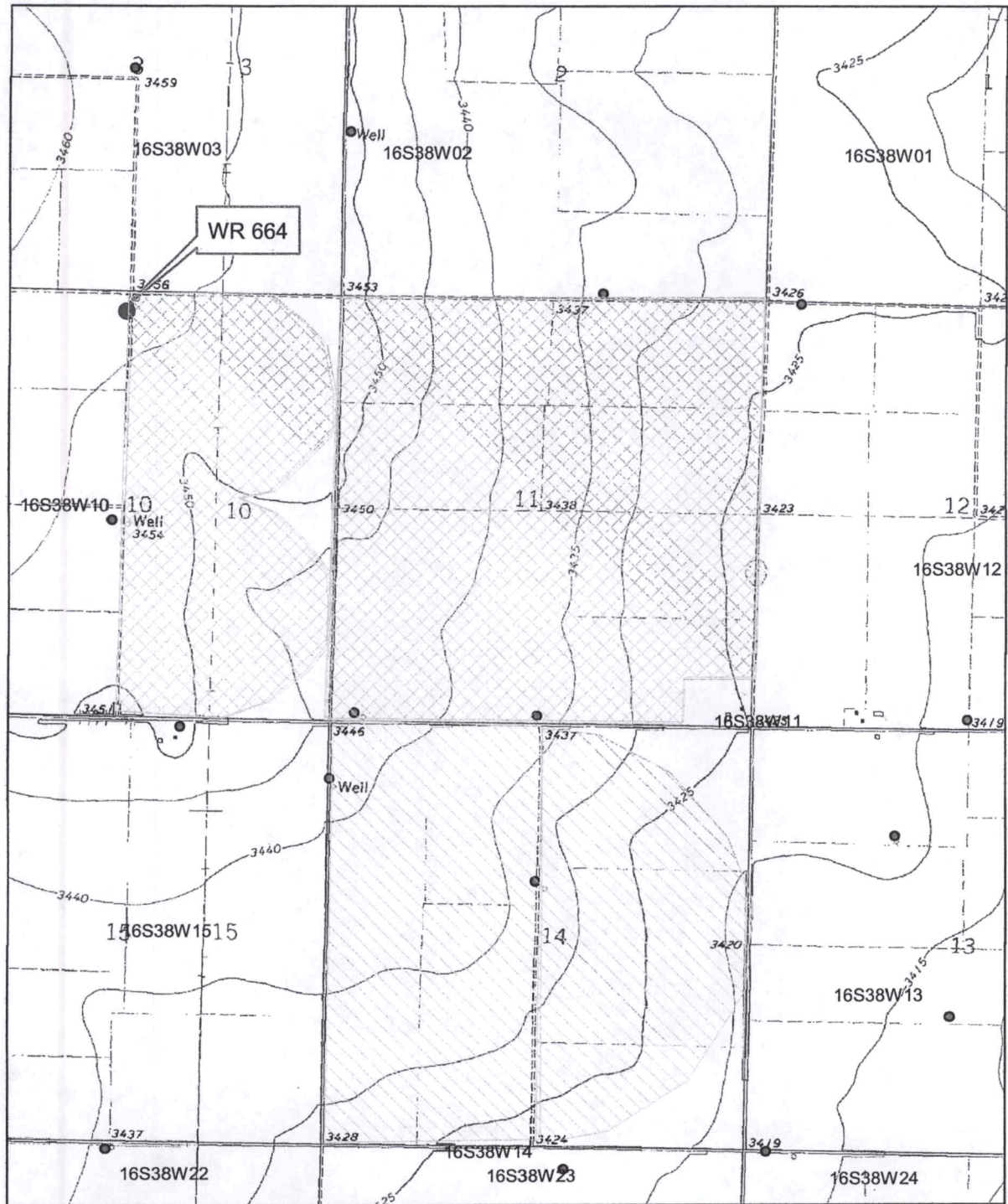
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate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



FEE SCHEDULE

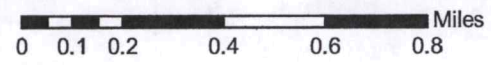
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (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

Change in Place of Use for Water Right 664 ⁶⁸¹⁵



-  Authorized place of use
-  Proposed palce of use



All wells within 1/2 miles are on this map

X _____