

NOTICE

This scan only represents the application as filed. The information contained herein meets the requirements of K.A.R. 5-3-1 or K.A.R. 5-5-1, and has been found acceptable for filing in the office of the Chief Engineer. The application should not be considered to be a complete application as per K.A.R. 5-3-1b or K.A.R. 5-5-2a.

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. 10940-00

RECEIVED
 4:00 pm
 SEP 20 2021

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: DAN M. BROWN

17495 RD 7, LIBERAL, KS

Phone Number: (620) 655-4946

Email address: ambrown67901@gmail.com

Name and address of Water Use Correspondent: Dan Brown

17495 RD 7 LIBERAL, KS 67901

Phone Number: (620) 655-4946

Email address: ambrown67901@gmail.com

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 \$ <u>200.00</u> TR # _____ Receipt Date <u>9-20-21</u> Check # <u>1960</u>
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5. **Presently authorized point of diversion:**

One in the North Center NC Quarter of the N/2 Quarter of the NW Quarter of Section 14, Township 33 South, Range 36 (E/W) in STEVENS County, Kansas, 4560 feet North 4050 feet West of Southeast corner of section. Authorized Rate N/A Authorized Quantity N/A Depth of well N/A ± 360' (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 North East SW Quarter of the NW Quarter of the NW Quarter of Section 14, Township 33 South, Range 36 (E/W) in STEVENS County, Kansas, 4465 feet North 4809 feet West of Southeast corner of section. Proposed Rate N/A Proposed Quantity N/A Proposed well depth (feet) 620. 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) HOLES IN CASING

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

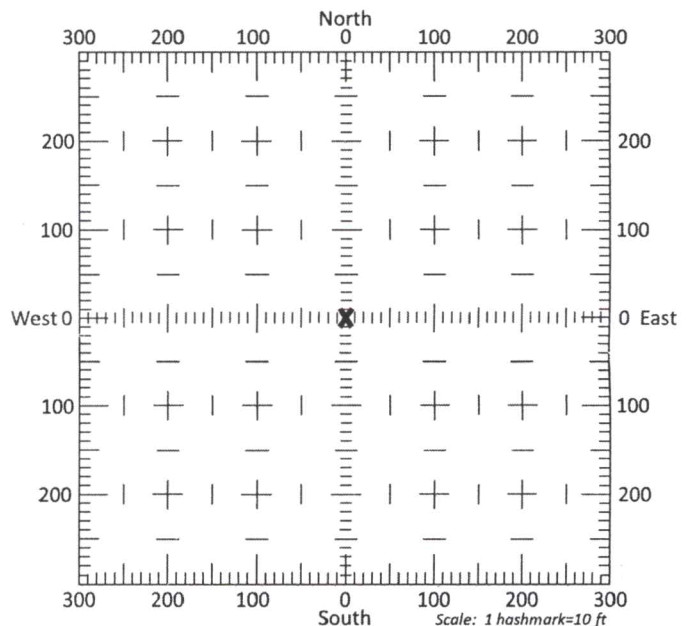
9. The change(s) (was)(will) be completed by? BURKETT DRILLING CO.

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

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by ALEX (AT)

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.)

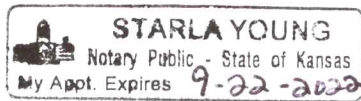
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 Sept Liberal, Kansas, this 16th day of Sept, 2021.

<u>Dan M. Brown</u>	
(Owner)	(Spouse)
<u>Dan M. Brown</u>	
(Please Print)	(Please Print)
<u>Dean K Brown</u>	
(Owner)	(Spouse)
<u>DEAN K. Brown</u>	
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)

State of Kansas }
 County of _____ } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 16 day of September, 2021.

Starla Young
 Notary Public

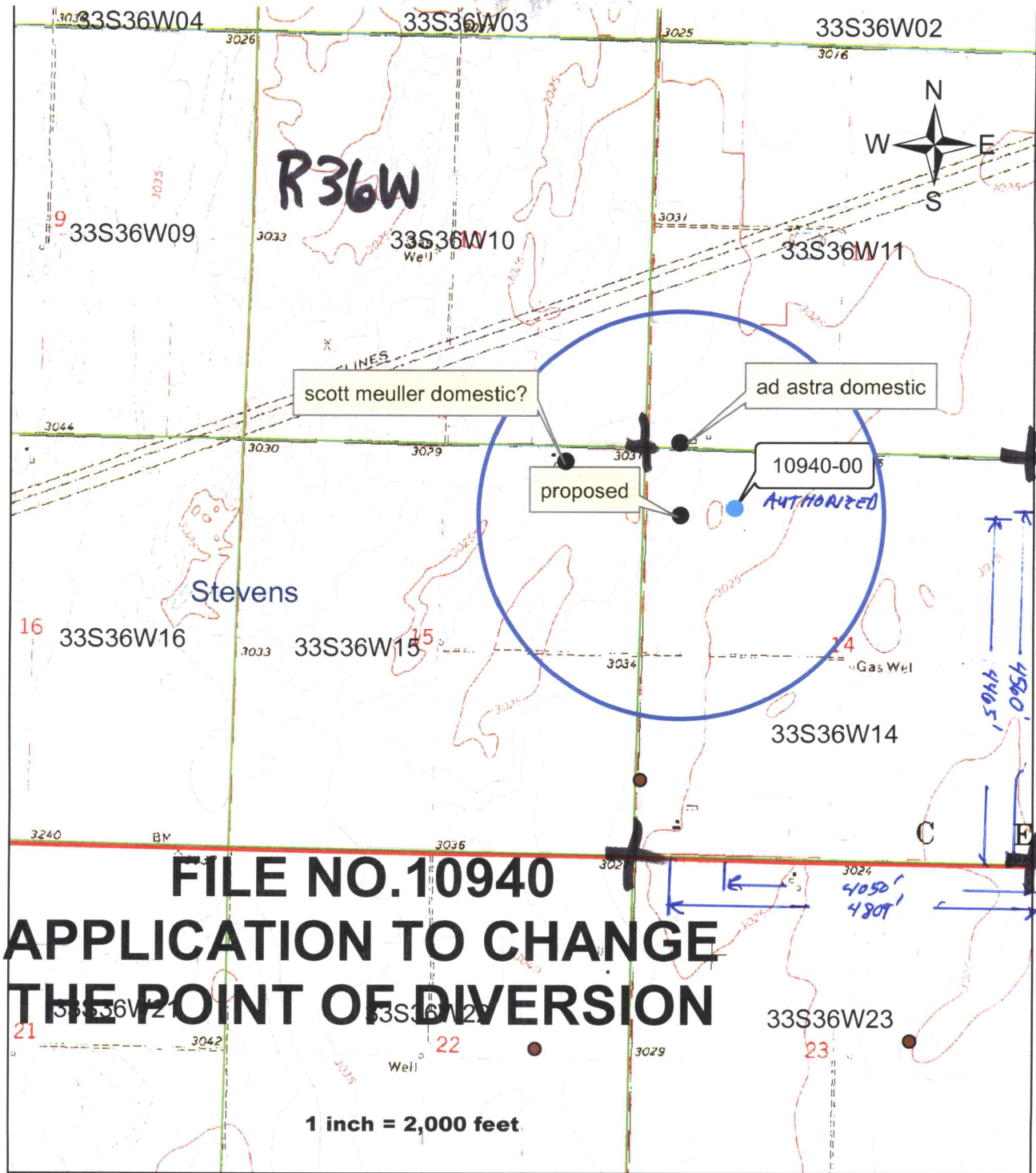
My Commission Expires 9/22/2022.

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



X
 APPLICANT SIGNATURE
 ALL WELLS WITHIN 1/2 MILE HAVE BEEN PLOTTED

26142

L.C. BURKETT, JR. DRILLING COMPANY

(WE TEST THE EARTH)
PHONE 806-948-4252
P.O. Box 630
SUNRAY, TEXAS 79086

Sec.

Blk.

Sur.

14

33

34

Dan + Dean Brown

75 E of # 3

1-26-21

N 37 ° 10 ' 56.5 "

W 101 ° 12 ' 38.9 "

Test No.

5

County

Stevens

x	
	x

FROM	TO	DESCRIPTION	SAND
0	240	Surface sand + clay little firm fairly loose	
240	260	brown clay w/ occ fine sand streaks little firm little tight	6
260	280	sandy brown clay w/ occ fine to med sand streaks little tight fairly loose	8
280	300	med-coarse sand + gravel w/ occ brown clay stringers	20
300	320	fine-coarse sand w/ occ brown clay stringers fairly loose little tight	18
320	340	fine-coarse sand w/ occ brown clay stringers fairly loose little tight	18
340	360	fine-coarse sand + gravel w/ occ brown clay stringers fairly loose	20
360	380	fine to coarse sand + gravel fairly loose	20
380	400	fine to coarse sand + gravel fairly loose	20
400	420	med-coarse sand + gravel w/ red clay stringers fairly loose	20
420	440	med-coarse sand + gravel fairly loose	20
440	460	med-coarse sand + gravel fairly loose	20
460	480	med-coarse sand + gravel fairly loose	20
480	500	med-coarse sand + gravel w/ occ brown clay stringers fairly loose	20
500	520	med-coarse sand + gravel fairly loose	20
520	540	med-coarse sand + gravel w/ occ brown clay stringers fairly loose	20

400	420	med- ^{fairly loose} coarse sand & gravel w/ red clay stringers	20
420	440	med- ^{fairly loose} coarse sand & gravel	20
440	460	med- ^{fairly loose} coarse sand & gravel	20
460	480	med- ^{fairly loose} coarse sand & gravel	20
480	500	med- ^{fairly loose} coarse sand & gravel w/ brown clay stringers	20
500	520	med- ^{fairly loose} coarse sand & gravel	20
520	540	med- ^{fairly loose} coarse sand & gravel w/ occ brown & red clay stringers	20
540	560	fine- ^{fairly loose} coarse sand & gravel w/ brown & red clay stringers	20
560	580	fine- ^{fairly loose} to coarse sand & gravel w/ brown & red clay stringers	20
580	600	fine- ^{fairly loose} to coarse sand w/ brown & red clay stringers	16
600	620	fine- ^{little tight} to coarse sand w/ red clay w/ thin silt stringers	4

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

September 20, 2021

AD ASTRA AG LLC
PO BOX 914
JOHNSON KS 67855

RE: Application for Change
Water Right, File No. 10940

Dear Sir:

This is to advise you that Dan Brown has filed applications for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, for change in point of diversion under the above referenced application.

You can find the complete application posted by water right file number as referenced above at www.agriculture.ks.gov/divisions-programs/dwr/water-appropriation/notices .

You are notified of this proposed point of diversion (well) so that you may furnish this office with any comments or other information you may want to submit. Such comments or other information must be received in this office within 15 days from the date of this letter.

Should you have any questions, please feel free to call this office. If you would prefer, an appointment could be arranged for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,

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

Michael A. Meyer
Water Commissioner

MAM

pc: Groundwater Management District No. 3

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

September 20, 2021

SCOTT MUELLER
1979 ROAD P
HUGOTON KS 67951

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Sincerely,

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

Michael A. Meyer
Water Commissioner

MAM

pc: Groundwater Management District No. 3