

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

1. File Number: 21386	2. Status Change Date: <u>9-22-2021</u>	3. Change Num: C3	4. Field Office: 4	5. GMD: 3
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: 8/30/2021
8a. Landowner, New to system <input type="checkbox"/> LOEWEN FAMILY FARMS LLC PO BOX 67 SEMINOLE, TX 79360-0067		8c. Landowner(s) New to system <input type="checkbox"/> JACOB R & SUSANA P LOEWEN PO BOX 67 SEMINOLE, TX 79360-0067		
8b. Landowner(s), correspondent New to system <input type="checkbox"/>		8d. WUC, applicant New to system <input type="checkbox"/>		
Person ID 67796 Add Seq# _____		Person ID _____ Add Seq# _____		
Person ID _____ Add Seq# _____		Person ID 67428 Add Seq# _____		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2021 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2022				
<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: _____				
See attached deed		Date Prepared: 8/30/2021 By: MAM Date Entered: _____ By: _____		

File No. **21386** 11. County: FI Basin: ARKANSAS RIVER Stream: Formation Code: 211/331 Special Use:

12. Points of Diversion										Rate and Quantity						
CHK	MOD	DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Authorized		Additional		Overlap PD Files
ENT												Rate gpm	Quantity af	Rate gpm	Quantity af	
DEL				779												
ENT				SWNWSW	5	25S	34W		1516	4655		830	265	830	265	NONE
DEL	84401			SWSWSE	5	25S	34W		374	2037						
CHK	3058			NCNE	5	25S	34W		3960	1320		870	279	870	279	NONE
CHK	81805			NESWNW	5	25S	34W		3900	4020		855	274	855	274	NONE
ENT				SWSWSE	5	25S	34W		374	2037		845	270	845	270	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																		Total	Owner	Chg?	Overlap Files							
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID		NE¼				NW¼								SW¼				SE¼		
										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				38633																								

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

September 23, 2021

JACOB R & SUSANA P LOEWEN
PO BOX 67
SEMINOLE, TX 79360-0067

RE: Field Office Application for Change
Water Right, File No. 21386

Dear Sir:

Enclosed is an 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 the approval for change. Conditions of these approval are 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.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment

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 blue ink signature of Michael A. Meyer, written in a cursive style.

Michael A. Meyer
Water Commissioner

MAM
enclosures
pc:
GMD3

CERTIFICATE OF SERVICE

On this 23rd day of September 2021, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 21,386 dated 22nd day of September 2021 was mailed postage prepaid, first class, US mail to the following:

JACOB R & SUSANA P LOEWEN
PO BOX 67
SEMINOLE, TX 79360-0067

Pc:

LOEWEN FAMILY FARMS LLC
PO BOX 67
SEMINOLE, TX 79360-0067

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.

RECEIVED
 11:30 AM
 AUG 27 2021

File No. 21386

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: _____

Phone Number: () _____ Email address: _____

Name and address of Water Use Correspondent: JACOB R & SUSANA P LOEWEN
PO BOX 67 SEMINOLE TX 79360 - 0067

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 \$ <u>100.00</u> TR # _____ Receipt Date <u>8-27-21</u> Check # <u>Visacard</u>
--

5. **Presently authorized point of diversion:**
 One in the CS Quarter of the NW Quarter of the SW Quarter of Section 5, Township 25 South, Range 34 W, in Finney County, Kansas, 1400 feet North 4600 feet West of Southeast corner of section. Authorized Rate 830 GPM Authorized Quantity 265 AF Depth of well 7460 (feet)
 (DWR use only: Computer ID No. 04 GPS 1439 feet North 4503 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 SW Quarter of the NW Quarter of the SE SW Quarter of Section 5, Township 25 South, Range 34 W, in Finney County, Kansas, 1516 feet North 4655 feet West of Southeast corner of section. Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 600.
 This point is: Additional Well Geo Center List other water rights that will use this point _____

* APPROXIMATE LOCATION

6. **Presently authorized point of diversion:**
 One in the --- Quarter of the NC Quarter of the NE Quarter of Section 5, Township 25 South, Range 34 W, in Finney County, Kansas, 3960 feet North 1320 feet West of Southeast corner of section. Authorized Rate 870 GPM Authorized Quantity 279 AF 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 _____ 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?

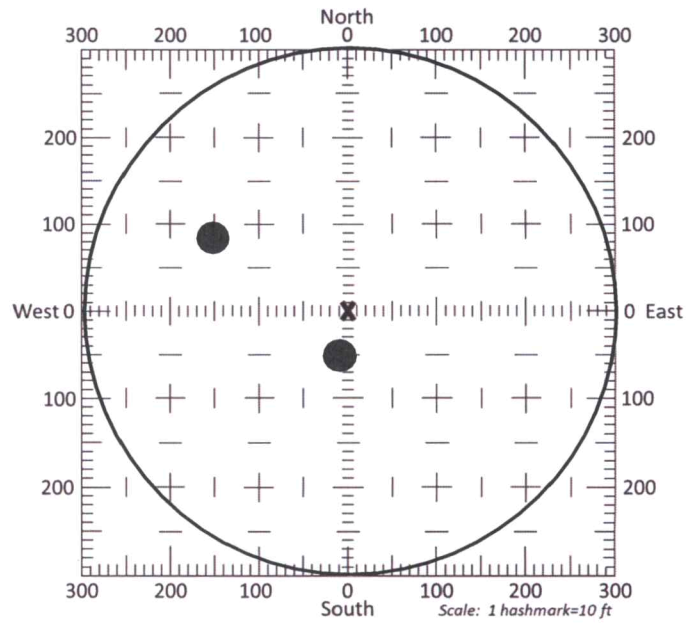
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by _____

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 a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. (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. 21386

Presently authorized point of diversion:
One in the NE Quarter of the SW Quarter of the NW Quarter
of Section 5, Township 25 South, Range 34 W,
in Finney County, Kansas, 3700041 feet North 4020003 feet West of Southeast corner of section.
Authorized Rate 855 GPM Authorized Quantity 274 AF Depth of well _____ (feet)
(DWR use only: Computer ID No. 05 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 SW Quarter of the SW Quarter of the SE Quarter
of Section 5, Township 25 South, Range 34 W,
in Finney County, Kansas, 341423 feet North 2030 feet West of Southeast corner of section.
Authorized Rate 845 GPM Authorized Quantity 270 AF Depth of well 5460 (feet)
(DWR use only: Computer ID No. 06 GPS 923 feet North 2031 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 SW Quarter of the SW Quarter of the SE Quarter
of Section 5, Township 25 South, Range 34 W,
in Finney County, Kansas, 374 feet North 2037 feet West of Southeast corner of section.
Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 600
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 _____

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).

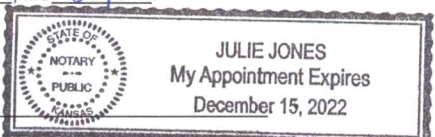
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application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

Dated at Warden City, Kansas, this 27th day of August, 20 21.

<p><u>Jacob Loeven</u> (Owner)</p> <p>_____</p> <p><u>Jacob Loeven</u> (Please Print)</p> <p>_____</p> <p>(Owner)</p> <p>_____</p> <p>(Please Print)</p> <p>_____</p> <p>(Owner)</p> <p>_____</p> <p>(Please Print)</p>	<p>(Spouse)</p> <p>_____</p> <p>(Please Print)</p> <p>_____</p> <p>(Spouse)</p> <p>_____</p> <p>(Please Print)</p> <p>_____</p> <p>(Spouse)</p> <p>_____</p> <p>(Please Print)</p>
---	--

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 27th day of August, 20 21.



Julie Jones
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

Well Log Test hole

County Finney co.
Gps

Date 20/09/21

SE-5-25-34W

From	To	Type	Hardness	Color
0	60	Topsoil, Fine Sand	Soft	Tan
60	90	Med-course Gravel	Soft	Red
90	120	Clay and Gravel	Soft	Red
120	180	Med-course Gravel	Soft	Red
180	250	Fine Gravel	Soft	Red
250	320	Fine, Med course Gravel	Soft	Tan
320	380	Clay and fine Gravel	Soft	Brown
380	460	Clay	Soft	Black
460	590	Black Shell	Firm	Red
590	630	Red Clay	Firm	Black
630	726	Black Shell	Firm	