

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

| | | | | |
|---|------------------------|--|------------------------------|---|
| 1. File Number: 21765 | 2. Status Change Date: | 3. Change Num: C7 | 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: 3/29/2022 |
| 8a. Applicant(s) New to system <input type="checkbox"/> DUANE E & KATHLEEN A KOSTER TRUSTS PO BOX 897 GARDEN CITY, KS 67846-0897 | | Person ID 34535 Add Seq# _____ | | |
| 8b. Landowner(s) New to system <input type="checkbox"/> 8a | | Person ID _____ Add Seq# _____ | | |
| 8c. Landowner(s) New to system <input type="checkbox"/> | | Person ID _____ Add Seq# _____ | | |
| 8d. WUC New to system <input type="checkbox"/> 8a | | Person ID _____ Add Seq# _____ | | |
| 9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2022 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2023 | | | | |
| <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 type="checkbox"/> Driller Copy <input 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: 3/30/2022 By: AM Date Entered: _____ By: _____ | | | | |

File No. **21765** 11. County: KE Basin: ARKANSAS RIVER Stream: Formation Code: 211/331 Special Use:

| 12. Points of Diversion | | | | | | | | | | Rate and Quantity | | | | | |
|-------------------------|-------|-----------|---|---|---|----|---|---|--------------------|-------------------|-------------|----------|-------------|------------------|--|
| ENT | PDIV | Qualifier | S | T | R | ID | N | W | Comment (AKA Line) | Rate gpm | Quantity af | Rate gpm | Quantity af | Overlap PD Files | |
| CHK | 76040 | | | | | | | | | | | | | | |
| CHK | 77691 | | | | | | | | | | | | | | |
| CHK | 78558 | | | | | | | | | | | | | | |
| CHK | 82202 | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

COMMENT:

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 | | NE 1/4 | | | | NW 1/4 | | | | SW 1/4 | | | | SE 1/4 | | | | Total | Owner | Chg? | Overlap Files | | | |
|------------------|-------|--------|-----|-----|----|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|------|---------------|---|----------|--|
| ENT | PUSE | S | T | R | ID | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 0 | | | | |
| ENT | 12607 | 30 | 25S | 34W | 2 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 544 | 8a | N | MULTIPLE | |
| ENT | 26062 | 24 | 25S | 35W | 2 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 544 | 8a | N | MULTIPLE | |
| CHK | 25766 | 25 | 25S | 35W | 1 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 544 | 8a | N | MULTIPLE | |
| ENT | 19197 | 36 | 25S | 35W | 1 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 34.00 | 544 | 8a | N | MULTIPLE | |
| | | | | | | | | | | | | | | | | | | | | 0 | | | | |
| | | | | | | | | | | | | | | | | | | | | | 0 | | | |
| | | | | | | | | | | | | | | | | | | | | | 0 | | | |

COMMENT:

Base Acres: Year: Minimum Reasonable Quantity:
 Comments: **OVERLAPPING WRs ON PU: 21765; 21766; 21767; 23454-D2 & 26082**

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

March 30, 2022

DUANE E & KATHLEEN A KOSTER TRUSTS
PO BOX 897
GARDEN CITY, KS 67846-0897

RE: Filed Office Application for Change
Water Right, File Nos. 21765; 21766; 21767; 23454-D2 & 26082

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 numbers.

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/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 that reads "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc: GROUNDWATER MANAGEMENT DISTRICT NO. 3

CERTIFICATE OF SERVICE

On this 30th day of March, 2022, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 21,765; 21,766; 21,767; 23,454-D2 & 26,082 dated 30th day of March, 2022 was mailed postage prepaid, first class, US mail to the following:

DUANE E & KATHLEEN A KOSTER TRUSTS
PO BOX 897
GARDEN CITY, KS 67846-0897

Pc:

GROUNDWATER MANAGEMENT DISTRICT NO. 3



Division of Water Resources Staff

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (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 _____ (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 Section _____, Township _____ South, Range _____ (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 _____ (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) CREATE A COMPLETE PLACE OF
USE OVERLAP UNDER FILE NUMBERS
21765; 21766; 21767; 23454-D2 & 26082

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

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

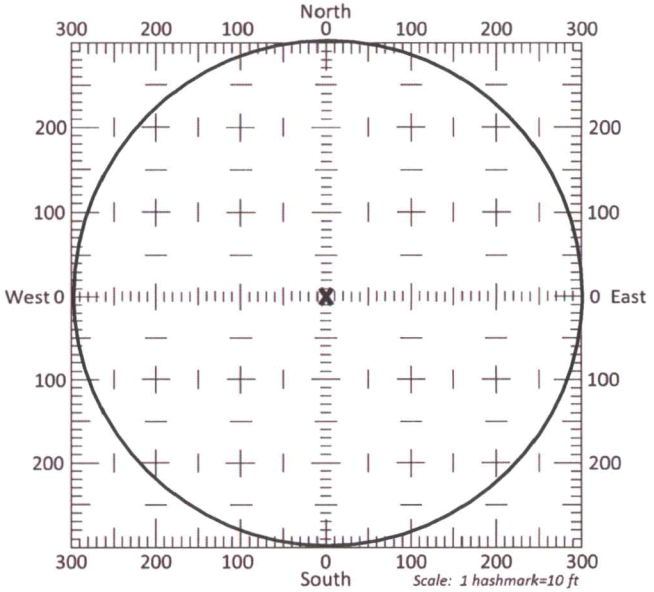
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
N / A

(b) When will this be done? N / A

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 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
SUPPLEMENTAL SHEET
FILE NO. 21765; 21766; 21767; 23454-D2 & 26082
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: DUANE E & KATHLEEN A KOSTER TRUSTS
ADDRESS: PO BOX 897 GARDEN CITY KS 67846-0897

| 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 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 25S | 34W | 34 | 34 | 34 | 34 | 34 | L-1 | L-2 | 34 | 34 | 34 | 34 | 34 | L-3 | L-4 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 544 |
| 24 | 25S | 35W | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 544 |
| 25 | 25S | 35W | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 544 |
| 36 | 25S | 35W | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 34 | 544 |

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 | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 29 day of March, 2022.

[Signature]

 (Owner)
Duane E Koster

 (Please Print)

 (Owner)

 (Please Print)

 (Owner)

 (Please Print)

[Signature]

 (Spouse)
Kathleen A Koster

 (Please Print)

 (Spouse)

 (Please Print)

 (Spouse)

 (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 29th day of March, 2022.



[Signature]

 Notary Public

My Commission Expires 12-21-24

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

