

File No. **SC-017** 11. County: **SC** Basin: **WHITEWOMAN CREEK** Stream: Formation Code: **211** Special Use:

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

DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
DEL	49658													
ENT		SW NW SW	17	18S	32W		1280	4899		1000	192	1000	192	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	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	5248																								

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

April 18, 2022

CITY OF SCOTT CITY
221 W 5TH
SCOTT CITY, KS 67871

RE: Filed Office Application for Change
Vested Right, File No. SC-017

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.

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. 1

CERTIFICATE OF SERVICE

On this 18th day of April, 2022, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Vested Right, File No. SC-017 dated 18th day of April, 2022 was mailed postage prepaid, first class, US mail to the following:

CITY OF SCOTT CITY
221 W 5TH
SCOTT CITY, KS 67871

Pc:

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.

RECEIVED
 1000 pm
 FEB 28 2022

File No. SC017

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

Place of Use is being changed on Change Application that has been submitted to the main office.

2. Name and address of Applicant: City of Scott City; Bradley Pendergast, City Administrator; 221 W. 5th Street, Scott City, KS 67871

Phone Number: (620) 872 - 5322 Email address: cityadmin@scottcityks.org

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: City of Scott City

ADDRESS: 221 W. 5th Street, Scott City, KS 67871

(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					
17	18S	32W									8	8	40	40									96

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: No Change

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 2-28-22 Check # 030309

5. **Presently authorized point of diversion:**
 One in the Southwest Quarter of the Northwest Quarter of the Southwest Quarter of Section 17, Township 18 South, Range 32 (E/W), in Scott County, Kansas, 1,352 1,340 feet North 1,967 4,610 feet West of Southeast corner of section. Authorized Rate 1,000 gpm Authorized Quantity 192 acre feet Depth of well 181 (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 Southwest Quarter of the Northwest Quarter of the Southwest Quarter of Section 17, Township 18 South, Range 32 (E/W), in Scott County, Kansas, 1,352 1,280 feet North 1,997 4,899 feet West of Southeast corner of section. Proposed Rate 1,000 gpm Proposed Quantity 192 acre feet Proposed well depth (feet) 181.
 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) _____

Existing well may have been contaminated.

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

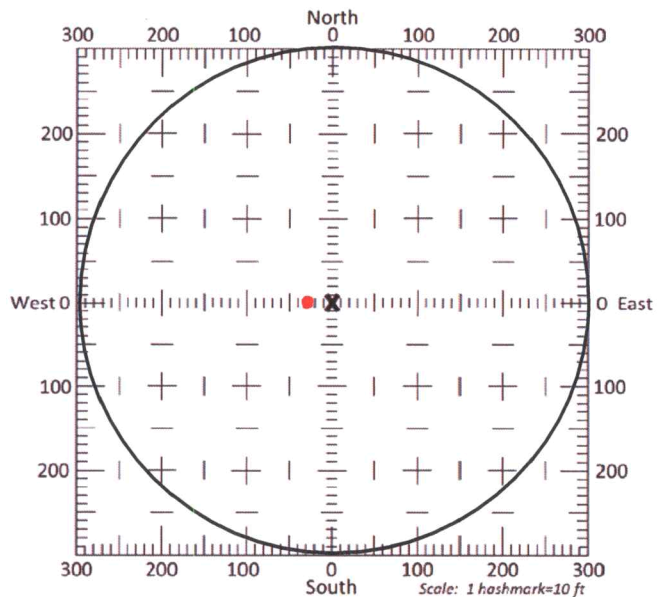
9. The change(s) (was)(will be) completed by?
December 2022 December 2023

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
 Old well will be plugged
 (b) When will this be done? 2022 2023

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.)**

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 Scott City, Kansas, this 9th day of February, 20 22.

Bradley Pendergast

 (Owner)

 (Spouse)

Bradley Pendergast, City Administrator, Scott City, KS

 (Please Print)

N/A

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

NOTARY PUBLIC-State of Kansas

 **RUTH A. BECKER**
 My Appt. Exp 12-5-25

State of Kansas }
 County of Scott } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 8th day of February, 20 22.

Ruth A. Becker

 Notary Public

My Commission Expires 12-5-25.

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

Nearby Well

Page 1 of 2

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

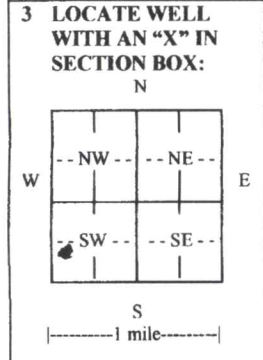
[Empty box for application number]

1 LOCATION OF WATER WELL: County: Scott County	Fraction ¼ NW ¼ SW ¼ SW ¼	Section Number 17	Township No. T 18 S	Range Number R 32 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
96 & 83 Junction Scott City, KS (1 mile east on 96, 1070' north on field road, 401' east)

Global Positioning System (GPS) information:
 Latitude: (in decimal degrees)
 Longitude: (in decimal degrees)
 Elevation:
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Gabe Lawrence
 RR#, Street Address, Box #: 1710 West 9th Street
 City, State, ZIP Code : Scott City, KS 67871



4 DEPTH OF COMPLETED WELL 181 ft.
 Depth(s) Groundwater Encountered (1) 130 ft. (2) ft. (3) ft.
 WELL'S STATIC WATER LEVEL 130 ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was 131.7" ft. after 12 hours pumping 68 gpm
 EST. YIELD 400 gpm. Well water was ft. after hours pumping gpm
 Bore Hole Diameter 9 in. to 181 ft., and in. to ft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted 6/29/09
 Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter .4 in. to 181 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface 48 in., Weight 200 lbs./ft., Wall thickness or gauge No. SDR21
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
 SCREEN-PERFORATED INTERVALS: From 141 ft. to 181 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From 131 ft. to 181 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From 0 ft. to 131 ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Oil well/gas well Irrigation well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage
 Direction from well East Distance from well 295'

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Top Soil			Clay Streaks
2	27	Soft Brown Clay	71	72	Brown Clay
27	28	Dark Brown Clay	72	77	Coarse Sand, Small Gravel, White
28	42	Light Brown Clay, Sandy			Rock Chips, Brown Clay Streaks
42	47	Brown Clay	77	92	Brown Clay, Gypsum Mix, Soft
47	56	Brown Clay, Coarse Sand Streaks,	92	96	Brown Clay, Cemented Sand
		White Rock Chips	96	104	Coarse Sand Small Gravel, Few White
56	69	Coarse Sand, Small Gravel, White			Rock Chips, Loose
		Rock Chips	104	114	Cemented Sand, Few Loose Sand Strks
69	71	Coarse Sand, Small Gravel, Brown	114	119	Brown Clay, Cemented Sand, Few (Cont.)

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 06/03/09 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 532 This Water Well Record was completed on (mo/day/year) 07/10/09
 under the business name of Midwest Well & Pump, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

WATER WELL RECORD

Form WWC-5

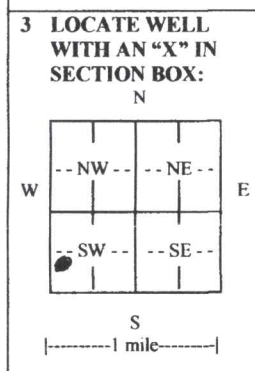
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Scott County	Fraction ¼ NW ¼ SW ¼ SW ¼	Section Number 17	Township No. T 18 S	Range Number R 32 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
96 & 83 Junction Scott City, KS (1 mile east on 96, 1070' north on field road, 401' east)

Global Positioning System (GPS) information:
Latitude: (in decimal degrees)
Longitude: (in decimal degrees)
Elevation:
Datum: WGS 84, NAD 83, NAD 27
Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **Gabe Lawrence**
RR#, Street Address, Box #: **1710 West 9th Street**
City, State, ZIP Code : **Scott City, KS 67871**



4 DEPTH OF COMPLETED WELL **181** ft.

Depth(s) Groundwater Encountered (1) **130** ft. (2) ft. (3) ft.

WELL'S STATIC WATER LEVEL **130** ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was **131.7"** ft. after **12** hours pumping. **68** gpm

EST. YIELD **400** gpm. Well water was ft. after hours pumping gpm

Bore Hole Diameter **9** in. to **181** ft., and in. to ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted **6/29/09**.....
Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **4** in. to **181** ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **48** in., Weight **200** lbs./ft., Wall thickness or gauge No. **SDR21**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From **141** ft. to **181** ft., From ft. to ft.
From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **131** ft. to **181** ft., From ft. to ft.
From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **0** ft. to **131** ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Irrigation well

Direction from well **East**..... Distance from well **295'**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
114	119	(cont. from previous pg.) Loose Sand Streaks	182	185	Yellow Soapstone
			185	187	Gray Shale
119	153	Coarse Sand, Small Gravel, Few White Rock Chips, Loose	187		Black Shale
153	167	Cemented Sand, Few Brown Clay Streaks, Semi-Hard			
167	180	Coarse to Very Coarse Sand, Small Gravel			
180	182	Coarse to Very Coarse Sand, Small Gravel, Yellow Soapstone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **06/03/09**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **532**..... This Water Well Record was completed on (mo/day/year) **07/10/09**..... under the business name of **Midwest Well & Pump, Inc.**..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.