

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

1. File Number: 14265	2. Status Change Date:	3. Change Num: C4	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: 4/21/2023
--	---

8a. Applicant(s) / Landowner(s) / WUC Person ID **55237**
 New to system Add Seq# _____

FRED RITSEMA & YOKA RODENHUIS TRUSTS
Attn: LAKIN DAIRY
PO BOX 389
LAKIN, KS 67860-0389

8c. Landowner(s) Person ID **34911**
 New to system Add Seq# _____

CORWIN & MELODEE SMITH
1604 ROAD 45
LAKIN, KS 67860-6205

8b. Landowner(s) Person ID **33827**
 New to system Add Seq# _____

MARK DALE & DIANE G WEDEL
262516 E CR 53
ISABELLA, OK 73747

8d. Landowner(s) Person ID **62538**
 New to system Add Seq# _____

RYAN KARL & KEYLA RAE MAYESKE
497 ROAD T
LAKIN, KS 67860

8e. Landowner(s) Person ID **62538**
 New to system Add Seq# _____

QUALITY HAY LLC
Attn: DARIN SMITH
1707 ROAD 45
LAKIN, KS 67860

9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/2023** N & P Date to Comply: **3/1/2024**

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: _____

Date Prepared: **4/25/2023** By: **AM**
 Date Entered: _____ By: _____

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 25, 2023

FRED RITSEMA & YOKA RODENHUIS TRUSTS
Attn: LAKIN DAIRY
PO BOX 389
LAKIN, KS 67860-0389

RE: Filed Office Application for Change
Water Right, File No. 14265

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.

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 handwritten signature in blue ink that reads "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc: Quality Hay LLC

CERTIFICATE OF SERVICE

On this 25th day of April, 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 14,265 dated 25th day of April, 2023 was mailed postage prepaid, first class, US mail to the following:

FRED RITSEMA & YOKA RODENHUIS TRUSTS

Attn: LAKIN DAIRY

PO BOX 389

LAKIN, KS 67860-0389

Pc:

QUALITY HAY LLC

Attn: DARIN SMITH

1707 ROAD 45

LAKIN, KS 67860



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. 14265

RECEIVED

10:30 AM
 APR 21 2023

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: QUALITY HAY LLC, Attn: DARIN SMITH FRED RITSEMA

~~1707 ROAD 45, LAKIN, KS 67860~~ P.O. Box 389 LAKIN, KS 67860

Phone Number: (620) 271-1098 Email address: _____

Name and address of Water Use Correspondent: SAME

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 \$ 100.00 TR # _____ Receipt Date 4-21-23 Check # 001135

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ NC Quarter of the _____ NE Quarter
 of Section _____ 8 _____, Township _____ 26 _____ South, Range _____ 36 _____ W,
 in KE _____ County, Kansas, _____ 3990 _____ feet North _____ 1320 _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ 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 _____ NW SE Quarter of the _____ SE NW Quarter of the _____ NE Quarter
 of Section _____ 8 _____, Township _____ 26 _____ South, Range _____ 36 _____ W,
 in KE _____ County, Kansas, _____ 4277 _____ feet North _____ 1368 _____ 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 _____ SE Quarter of the _____ NW Quarter of the _____ SE Quarter
 of Section _____ 8 _____, Township _____ 26 _____ South, Range _____ 36 _____ W,
 in KE _____ County, Kansas, _____ 1395 _____ feet North _____ 1729 _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 07 _____ 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 _____ (EW),
 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

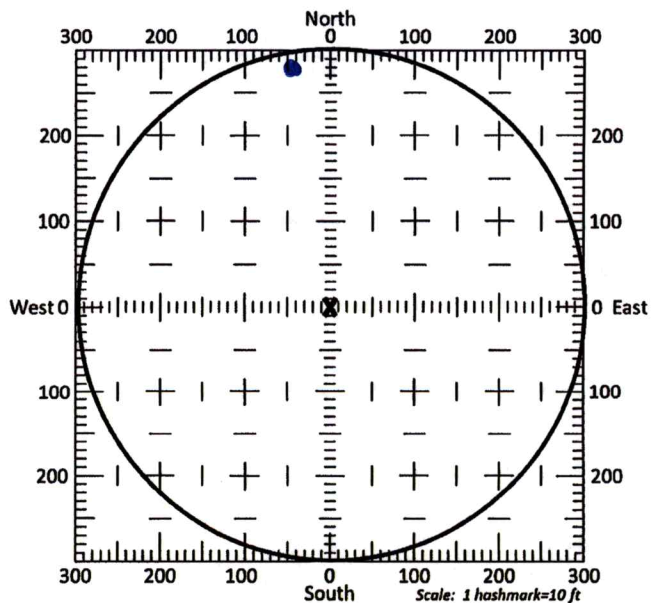
9. The change(s) (was)(will be) completed by?

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

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).

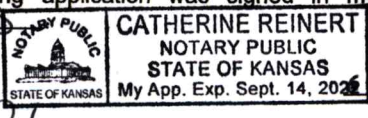
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application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

Dated at GARDEN CITY, Kansas, this 21ST day of APRIL, 2023.

<p><u>Ah</u> _____ (Owner)</p> <p><u>Alex Redger</u> _____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p>	<p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p>
---	---

State of Kansas }
 County of KANSAS } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 21ST day of APRIL, 2023.



Catherine Reinert
Notary Public

My Commission Expires 9-14-26.

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


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 25th day of April, 2023.



 (Owner)
Fred Ritsema

 (Please Print)

 (Spouse)

 (Please Print)

 (Owner)

 (Please Print)

 (Spouse)

 (Please Print)

 (Owner)

 (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 25th day of April, 2023.





 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

3795 W. Jones Ave.
 Garden City, KS 67846
 PH: 620-277-2389



PO Box 639
 Garden City, KS 67846
 Fax: 620-277-0224

Alex Rodger 620-290-0915

Customer Name: Alex Rodger WO#: 25100 Date: 4-12-23
 Street Address: 1955 ROAD 45 Test #: 1 E LOG: _____
 City, State: LAKIN, KS 67866 Driller: Dale Ginn
 County: Kearny Quarter: NE Section: 8 Township: 26 Range: 36
 Location: 153FT. North + 131FT. West of Existing Well GPS: N37.80574 W101.27665
 Rig #: 10002 Elevation: 3035' Static WL: 172' Estimated? _____
 Proposed Well Depth 527

REPLACEMENT WELL LOCATION 20' SUMP 14265

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil "Sandy"
	2		6	Sand Fine
	6		23	Sand Fine Med Course Small Med Gravel
	23		75	Sand Fine Med Course Small Med Few Large Gravel
	75		78	Tan Sandy Clay
	78		88	Sand Fine Med Course Small Med Few Large Gravel
	88		95	Brown Clay
	95		116	Blue Clay
	116		135	Brown Sand Clay
25	135	2	174	Sand Fine Med Course Small Gravel
	174		178	Brown Sandy Clay
35	178	23	201	Sand Fine Med Course Small Med Gravel
25	201	10	211	Sand Fine Med Course Small Gravel
20	211	9	220	Sand Fine Med Course Pen Gravel w/Few Clay Layers
	220		226	Tan Sandy Clay
5	226	14	240	Sand Fine w/Clay mixed
15	240	40	280	Sand Fine Med w/Some Clay Stringers
	280		294	Brown Sandy Clay
10	294	6	300	Sand Fine
20	300	17	317	Sandstone + Brown Rock w/Little Soapstone
10	317	76	393	Sandstone w/Little Soapstone "Lost Circ. @ 353ft Mixed & Bran"
20	393	114	507	Sandstone w/Brown Rock
	507		520	Blue Shale
				Super Gel X -8
				Bran -2
				Grout -5
				Hole Plug 3/4 -12
				Perma Plug -1
				Soda Ash -1

Alex Redger

Test Hole # 1 of 4-12-23


NE 8-26-36 KE

REPLACEMENT WELL LOCATION

FILE 14265

Legend

 37.80574 N 101.27665 W

 37.80574 N 101.27665 W

