

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

1. File Number: 3249	2. Status Change Date:	3. Change Num: C1	4. Field Office: 4	5. GMD: 1	
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: 6/5/2023	
8a. Applicant(s) New to system <input type="checkbox"/> DONALD E & FRANCES L PLETCHER PO BOX 303 SHARON SPRINGS, KS 67758-0303		Person ID <u>29987</u> Add Seq# _____			8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
8b. Landowner(s) New to system <input type="checkbox"/> 8a		Person ID _____ Add Seq# _____			8d. WUC New to system <input type="checkbox"/> 8a
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2023</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2024</u> <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: 6/20/2023 By: AM Date Entered: _____ By: _____					

File No. **3249** 11. County: **WA** Basin: **LADDER CREEK** Stream: Formation Code: Special Use:

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

CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
CHK					41099												

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					
						L-1	L-2			L-3	L-4	L-5			L-6	L-7										
CHK	6097	6				15S39W	1																			
						L-1	L-2			L-3	L-4															
ENT	28667	5				15S39W	1																			

Base Acres: Year: Minimum Reasonable Quantity:
 Comments: **OVERLAPPING WR ON PLACE OF USE: 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114**

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

June 21, 2023

DONALD E & FRANCES L PLETCHER
PO BOX 303
SHARON SPRINGS, KS 67758-0303

RE: Filed Office Application for Change
Water Right, File Nos. 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114

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. Note: this approval does not allow any single point of diversion to exceed its annual authorized quantity.

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: GMD 1

CERTIFICATE OF SERVICE

On this 21st day of June, 2023, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 2,398, 3,249, 7,543, 8,260, 9,063, 12,493, 12,582 and 22,114 dated 21st day of June, 2023 was mailed postage prepaid, first class, US mail to the following:

DONALD E & FRANCES L PLETCHER
PO BOX 303
SHARON SPRINGS, KS 67758-0303

Pc:

GMD 3



Division of Water Resources Staff

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of the _____
 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 the _____
 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 the _____
 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 the _____
 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) _____

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

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

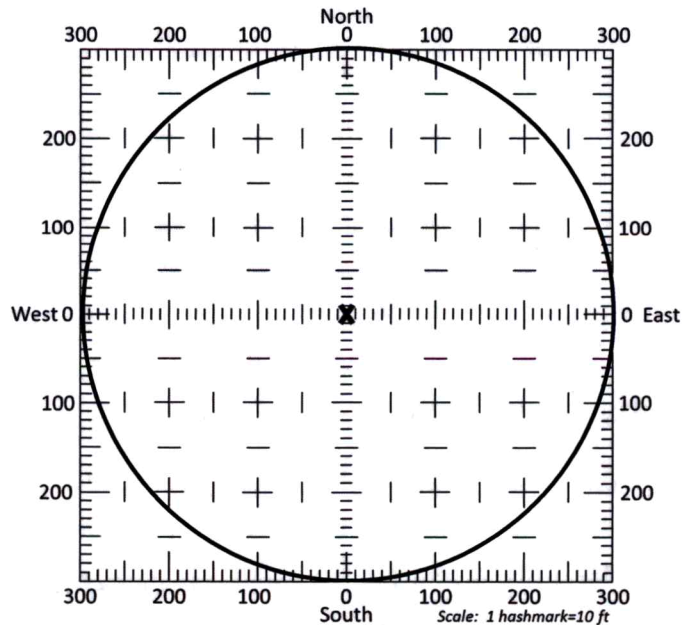
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

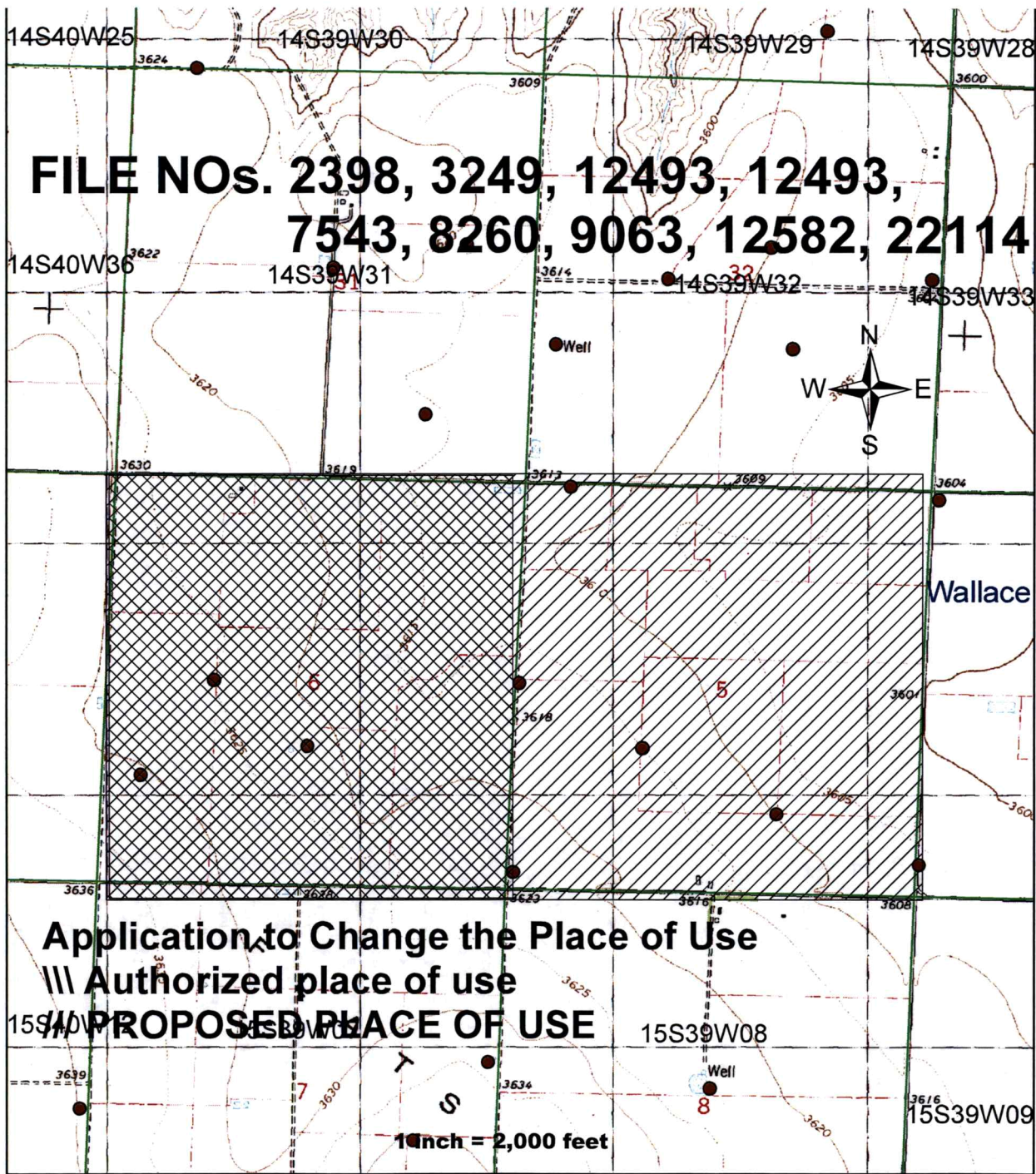
11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by CI, 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.)**



(2006 Scaled :



WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO.1

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846

June 20th, 2023

Re: Request for Recommendation,
File No. 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114

Dear Sir or Madam:

The Western Kansas Groundwater Management District No. 1 Staff has reviewed the Change of Place of Use applications for the above referenced water right numbers and is providing recommendation.

If you have any questions or concerns, please feel free to reach out to District staff.

Regards,

Katie Durham
District Manager
GMD1

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846

Mike Beam, Secretary



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Laura Kelly, Governor

June 5, 2022

GROUNDWATER MANAGEMENT DISTRICT #1
906 W. 5TH
P.O. BOX 604
SCOTT CITY KS 67871

Re: Request for Recommendation,
File No. 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114

Dear Sir or Madam:

We are enclosing a copy of the referenced application, which was submitted by Donald Pletcher and appears to be in proper form, for your review.

We are delaying any further action for a period of 15 days from the date of this letter to allow you time to submit your recommendation concerning this application. Please submit your recommendation within the allotted time, or any authorized extension of time thereof.

If you have any questions, please contact me at (620) 276-2901. If you wish to discuss a specific file, please have the file number ready to that I may help you more efficiently.

Sincerely,

A handwritten signature in black ink, appearing to read "Austin McColloch".

Austin McColloch
Assistant Water Commissioner

Enclosure
pc: