

NOTICE

This scan only represents the application as filed. The information contained herein meets the requirements of K.A.R. 5-3-1 or K.A.R. 5-5-1, and has been found acceptable for filing in the office of the Chief Engineer. The application should not be considered to be a complete application as per K.A.R. 5-3-1b or K.A.R. 5-5-2a.

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. 14640

RECEIVED
 8:00 am
 DEC 02 2024

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

Garden City Field Office
 Division of Water Resources

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: CLAYTON GEISINGER 1430 GARFIELD DRIVE HOLDREDGE, NE 68949

Phone Number: () _____ Email address: _____

Name and address of Water Use Correspondent: DANIEL & JAMIE J EAKES PO BOX 487 PLAINS, KS 67869-0487

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land --- NAME: VICKI L COX ET AL

ADDRESS: 4219 CHARLESTON AVE HUTCHINSON, KS 67502

(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 CGT Fee \$ 200.00 TR # _____ Receipt Date 12-2-24 Check # 1023

5. **Presently authorized point of diversion:**
 One in the SW Quarter of the NW Quarter of the SE Quarter of Section 12, Township 32 South, Range 30 W, in Meade County, Kansas, 1495 feet North 2600 feet West of Southeast corner of section.
 Authorized Rate 615 AF Authorized Quantity 1605 GPM Depth of well _____ (feet)
 (DWR use only: Computer ID No. 1 GPS 1524 feet North 2694 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 NE Quarter of the NE Quarter of the SE Quarter of Section 12, Township 32 South, Range 30 W, in Meade County, Kansas, 2514 feet North 410 feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 565.
 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) _____

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

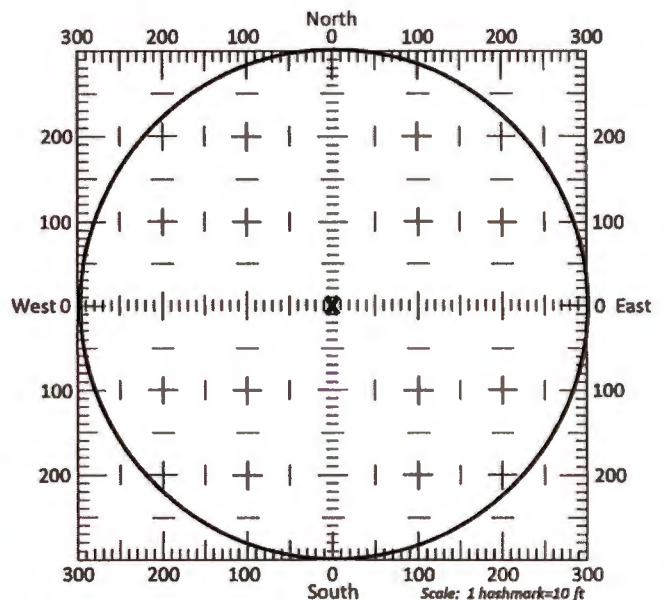
9. The change(s) (was)(will be) completed by?
As soon as possible

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? As soon as possible

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by PE/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.)

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.)

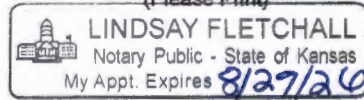
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 Hutchinson, Kansas, this 26th day of November, 2024.

<u>Michael Cox</u> (Owner)	
	(Spouse)
<u>Michael Cox</u> (Please Print)	
	(Please Print)
	(Owner)
	(Spouse)
	(Please Print)
	(Please Print)
	(Owner)
	(Spouse)
	(Please Print)

State of Kansas }
 County of Reno } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 26th day of November, 2024.

Lindsay Fletchall
Notary Public

My Commission Expires 8/29/26

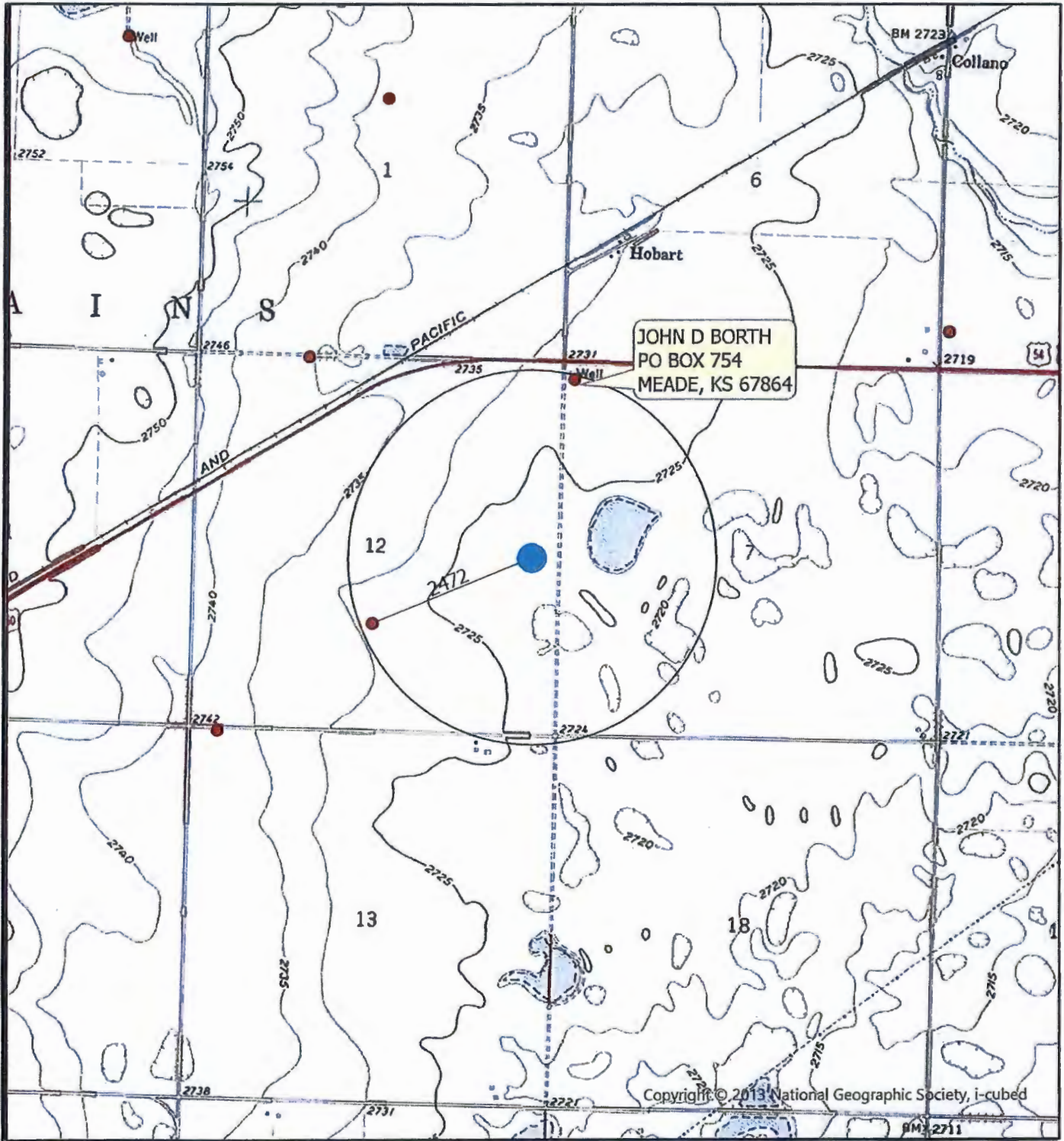
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate 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

WR #14640
Change in Point of Diversion



1/2 Mile from Proposed Well

Existing Well

Proposed Well

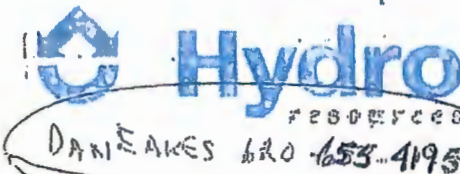
All wells within 1/2 mile are shown.

X _____



Created By: PE/GCFO

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



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

308 999 3101

DANEAKES BRO 620-4195

Tenant

Customer Name: Clayton Geisinger WO#: 24431 Date: 7-30-22
 Street Address: 1430 GARFIELD DRIVE Test #: 1 E LOG: No
 City, State: HONDRENE NEBRASKA 68749 Driller: Dale Guinn
 County: Madison Quarter: SE Section: 12 Township: 32 Range: 30
 Location: GPS: N37.27812 W100.52758
 Rig #: 10004 Elevation: 2743' Static WL: Estimated? 270FT
 Proposed Well Depth 53'

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil
	2		8	Brown Sandy Clay
	8		24	Brown Sandy Clay w/some Caliche
	24		36	Caliche
	36		54	Sand Fine Med Course Small Some Med Gravel
	54		65	Brown Sandy Clay & Caliche
	65		71	Brown, Grey & Some Yellow Clay
	71		82	Brown & White Clay
	82		104	Sand Fine Med Course Small Gravel
	104		109	Brown Sandy Clay
	109		182	Sand Fine Med Course Some Small Gravel
	182		223	Sand Fine Med Course Small Gravel
30	223	168	432	Sand Fine Med Course Fine Small Gravel "Drilled Loose"
15	432	34	466	Sand Fine Med w/Few Clay Layers
15	466	11	477	Sand Fine w/Few Clay Layers
15	477	43	520	Sand Fine w/comp. clay layers "Loose In Places"
10	520	20	540	Sand Fine w/some Lime Rock Strips
15	540	5	545	Sand Fine & Brown Rock
	545		560	Red Bed
				Super Gel X -3
				Grout -5
				Hole Plug -10
				Perm Plug -1

120-277-2389
-800-742-5889
120-277-0224 Fax

HYDRO
RESOURCES
P.O. Box 639 • 3795 W. Jones Ave.
Garden City, KS 67846

www.hydroresources.com

CLAYTON GREENHORN

SF 10-30-30 ME

TESTING #1 9-30-99

PROPOSED WELL DESIGN

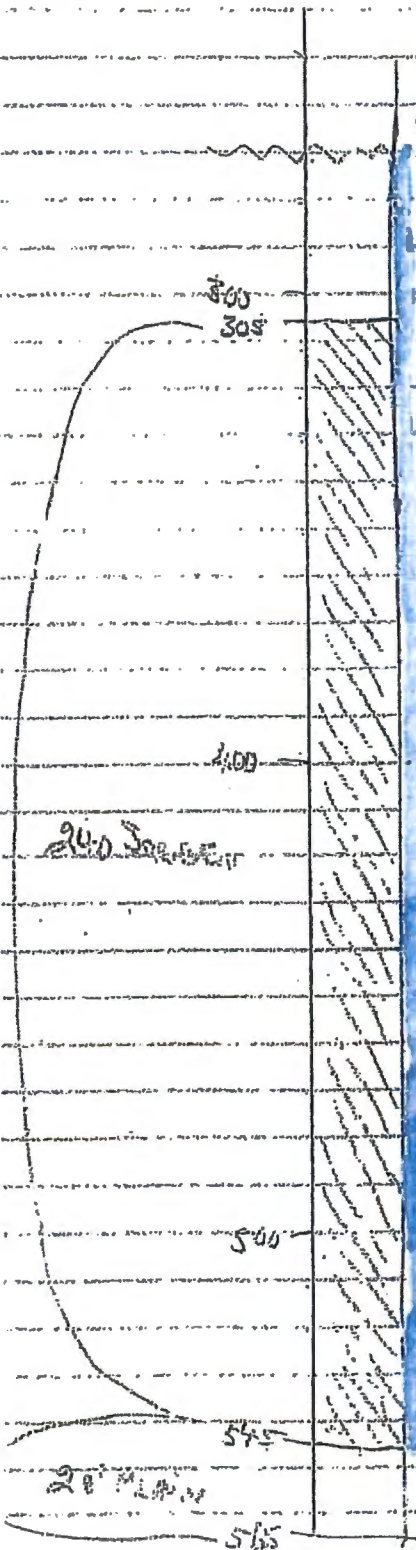
TOTAL DEPTH

565'

INCLINE 20' SLOPE

24" BORE HOLE

15" STEEL CASING



Static Water Level
1- PEROP 279

169 FINE MEDIUM SAND
DRYER LOOSE 30%

432

37 FINE MED w/ clay 15%

466
477 11 FINE w/ clay 15%

483 FINE MEDIUM SAND
LOOSE IN PLACE 15%

520

80 FINE w/ clay 10%

540
542 5 FINE w/ clay 15%

TOTAL DEPTH 565'

70565

Clayton Geisinger

SE 12-32S-30W Meade Co.

37.285710, W 100.538909

1 NW 12-32-30W Meade Co. WR# 33699-3

Legend

160

54

54

7 Rd

TH#2 37.278314, -100.534178

Hydro TH# 1 37.27812, -100.52758

TH#1 37.276020, -100.535300

Clayton Geisinger SE 12-32S-30W Meade Co. WR# 14640

Google Earth



2000 ft

Image © 2024 Airbus

© Rd

© Rd

© Rd

© Rd

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

December 4, 2024

J D BORTH FARMS LTD
PO BOX 754
MEADE, KS 67864

RE: Application for Change
Water Right, File Nos. 14640

Dear Sir or Madam:

This is to advise you that Michael Cox has filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the point of diversion under the above referenced applications. An irrigation well is proposed to be relocated to the SE $\frac{1}{4}$ of Section 12, Township 32 South, Range 30 West, Meade County.

You can find the complete applications posted by water right file number as referenced above at: www.Agriculture.ks.gov/DWRNotices

You are notified on this proposed point of diversion (well) so that you may furnish this office with any comments or other information you want to submit. Such comments or other information must be received in this office within 15 days from the date of this letter.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,

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

Austin J. McColloch
Assistant Water Commissioner

AM:

pc: