

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. 26383-00

RECEIVED
 9:30 AM
 OCT 18 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

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: Henry J & Grace K Dyck

2143 Road 130, Lakin, KS 67860

Phone Number: (620) 290-1576 Email address: _____

Name and address of Water Use Correspondent: Same as Above

Same as Above

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 C6T Fee \$ 200.00 TR # _____ Receipt Date 10-18-24 Check # 1204

5. **Presently authorized point of diversion:**
 One in the SE Quarter of the SE Quarter of the NW Quarter of Section 4, Township 25 South, Range 35 W, in Kearny County, Kansas, 2667 feet North 3023 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 103 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 Quarter of the NW Quarter of the NE Quarter of Section 4, Township 25 South, Range 35 W, in Kearny County, Kansas, 5004 feet North 2064 feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 620'
 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 NC Quarter of the NW Quarter of Section 4, Township 25 South, Range 35 W, in Kearny County, Kansas, 3996 feet North 3913 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 06 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) _____

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

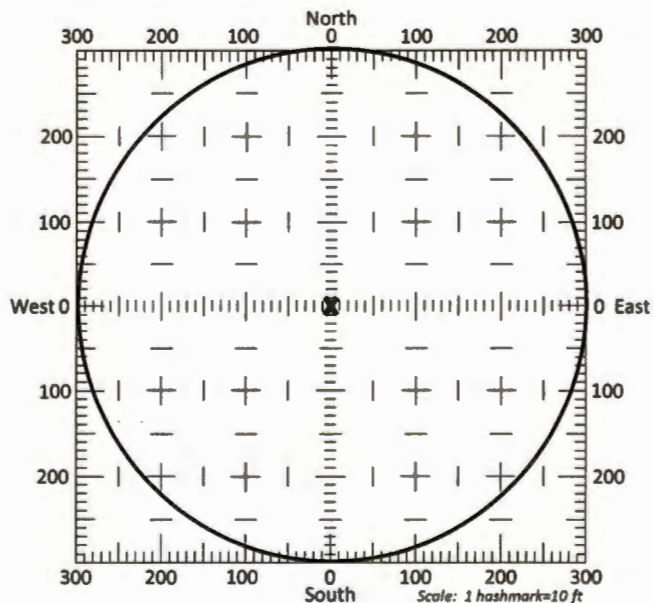
9. The change(s) (was)(will be) completed by?

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 JG/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 GARDEN CITY, Kansas, this 18TH day of OCTOBER, 2024.

Henry Dyck
(Owner)

Grace Dyck
(Spouse)

HENRY DYCK
(Please Print)

Grace Dyck
(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

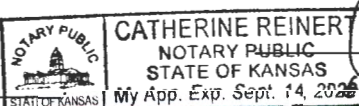
(Spouse)

(Please Print)

(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 18TH day of OCT, 2024.

My Commission Expires 9-14-26

Catherine Reinert
Notary Public

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.

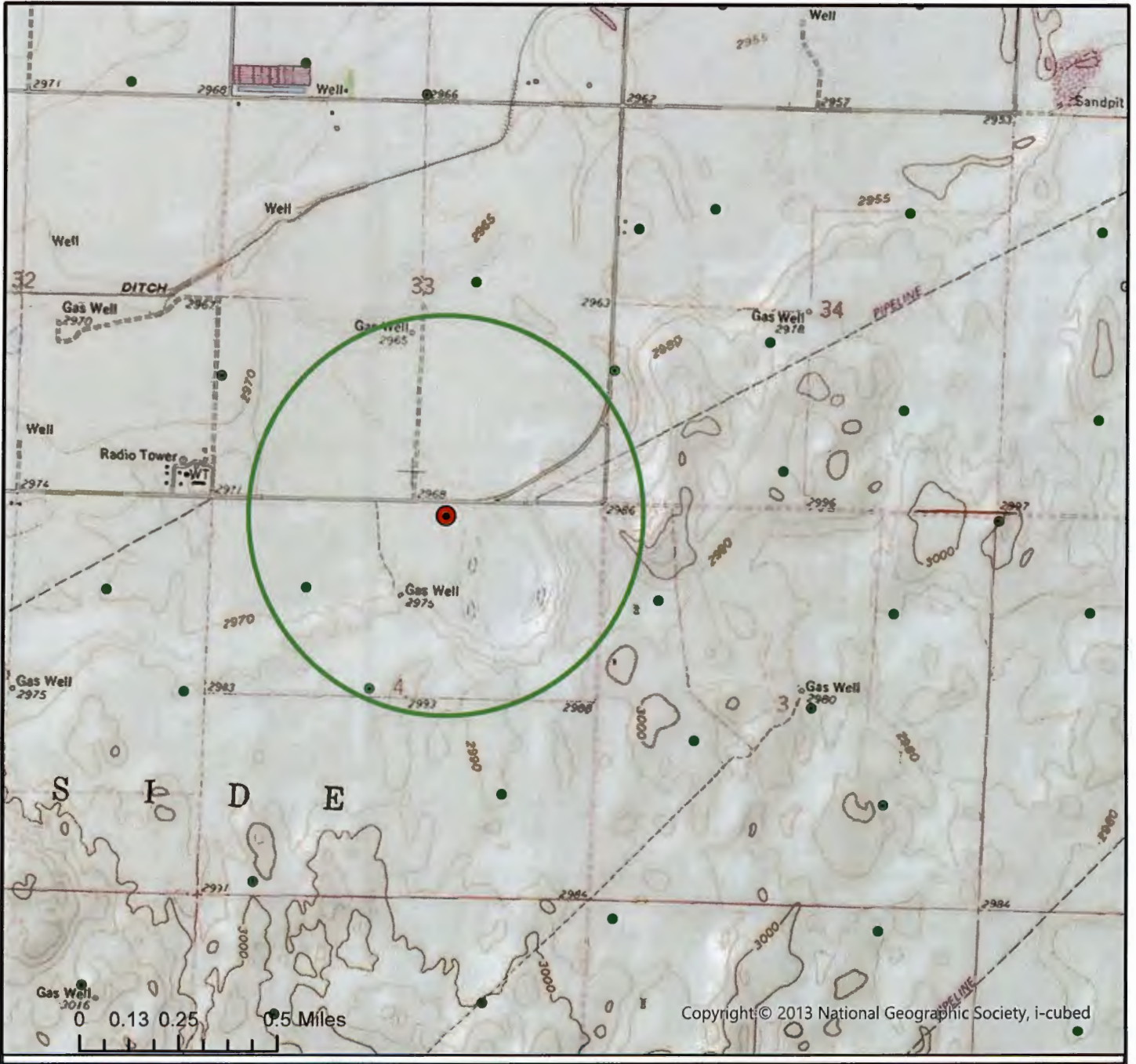
FEE SCHEDULE

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

CHANGE IN PLACE OF DIVERSION WATER RIGHT, FILE NO. 26383

NW 1/4 of Section 4 Township 25 South Range 35 West Kearny County



- Authorized Point of Diversion
- Proposed Point of Diversion
- Domestic Well within 1/2 mile
- 1/2 mile buffer

List of owner name and addresses within 1/2 mile:



All wells of any kind within 1/2 mile of the requested place of use have been plotted.

(Signature)

Date

JG/GCFO
1:24,000 Scale

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



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

HENRY DYCK 620-290-576

Customer Name: Henry Dyck WO#: 27630 Date: 10-15-24
 Street Address: 2143 Road 130 Test #: 3 E LOG: Yes
 City, State: Lakin, KS. 67860 Driller: Dale Guinn
 County: Kearny Quarter: NE Section: 4 Township: 25 Range: 35
 Location: GPS: N37.91507 W101.16539
 Rig #: 10002 Elevation: 2954' Static WL: 170ft Estimated? Yes
 Proposed Well Depth 631

Need Surface Casing REPLACEMENT WELL LOCATION 20' sump

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil
	2		32	Sand Fine Med Course Small Med Large Gravel
	32		40	Sand Fine Med Course w/Few Thin clay Strips
	40		64	Brown Sandy Clay
	64		79	Blue Clay
	79		94	Sand Fine w/Many clay Layers
	94		105	Sand Fine Med Course
	105		121	Brown + Blue Clay
	121		134	Sand Fine
	134		142	Sand Fine Med
	142		160	Blue + Brown Clay w/Few Fine Sand Layers
	160		193	Blue Clay w/Couple Fine Sand Strips
10	193	8	201	Sand Fine Med w/Many Brown clay Layers
25	201	40	241	Sand Fine Med Course
15	241	23	264	Sand Fine w/Some White Rock + couple Caliche Strips
20	264	13	277	Sand Fine Med w/Some White Rock
30	277	18	295	Sand Fine Med Course w/Tan + Some Brown Rock
	295		299	Brown Sandy Clay
10	299	10	309	Sand Fine Fin Med w/Few clay Strips
10	309	25	334	Sandstone w/Few Soapstone w/Some Brown Rock
	334		336	Black Shale
20	336	6	342	Sandstone "Loose"
	342		390	Soapstone w/couple Sandstone Strips
10	390	49	439	Sandstone
5	439	61	500	Soapstone + Sandstone
10	500	10	510	Sandstone
	510		518	Shale
10	518	93	611	Sandstone w/Few Soapstone Strips
	611		630	Shale "Hard"
				Super Gel X -12
				Platinum Drill Pipe Reg -2
				Grout -6
				Hole Plug -6
				Perma Plug -1
				5/4 Drag Blade -1

Henry Dyck

TestHole # 3 of 10-15-24

NE 4-25-35 KE

Replacement well location

FILE # 26383

Legend

 37.91507 N 101.16539 W



Rd 130 37.91507 N 101.16539 W

Google Earth

3000 ft



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

October 18, 2024

MARILYN WOLFE TRUST
PO BOX 334
DEERFIELD KS 67838

RE: Application for Change
Water Right, File Nos. 26383

Dear Sir or Madam:

This is to advise you that Henry Dyck 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 NW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 4, Township 25 South, Range 35 West, Kearny 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: