

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

1. File Number: 8630	2. Status Change Date: 7-24-2024	3. Change Num: C5	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: 7/22/2024
8a. Applicant(s), Landowner, WUC New to system <input type="checkbox"/>		Person ID <u>23270</u> Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/>	
POKY FEEDERS INC Attn: JOE MORGAN 600 E ROAD 30 SCOTT CITY, KS 67871-5043				
8b. Landowner(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____	8d. Landowner New to system <input type="checkbox"/>	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2024</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2025</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 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: 7/24/2024 By: MAM Date Entered: _____ By: _____				

File No. **8630** 11. County: **SC** Basin: **ARKANSAS RIVER** Stream: _____ Formation Code: **211** Special Use: _____

12. Points of Diversion										Rate and Quantity							
CHK	MOD	DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Authorized		Additional		Overlap PD Files	
ENT												Rate gpm	Quantity mgy	Rate gpm	Quantity mgy		
DEL				49060													
ENT				NESESE	16	20S	32W		1232	83		250	20.52	250	20.52	20199064	
CHK				18629													
CHK				35174													

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																									
CHK																									
CHK																									
CHK																									
CHK																									

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

July 24, 2024

POKY FEEDERS INC
Attn: JOE MORGAN
600 E ROAD 30
SCOTT CITY, KS 67871-5043

RE: Filed Office Application for Change
Water Right, File No. 8630

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 "Michael A. Meyer".


Michael A. Meyer
Water Commissioner

MAM:

CERTIFICATE OF SERVICE

On this 25th day of July 2024, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 8,630 dated 24th day of July 2024 was mailed postage prepaid, first class, US mail to the following:

POKY FEEDERS INC
Attn: JOE MORGAN
600 E ROAD 30
SCOTT CITY, KS 67871-5043


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. 8630

RECEIVED
 4:30 PM
 JUL 22 2024

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: Poky Feeders Inc attn Joe Morgan
600 E Road 30, Scott City, KS 67871

Phone Number: () Email address: _____

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: _____

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 CLT **Fee** \$ 100.00 **TR #** _____ **Receipt Date** 7-22-24 **Check #** 232673

SEE ATTACHED

5. Presently authorized point of diversion:

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.

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 _____ (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 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 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

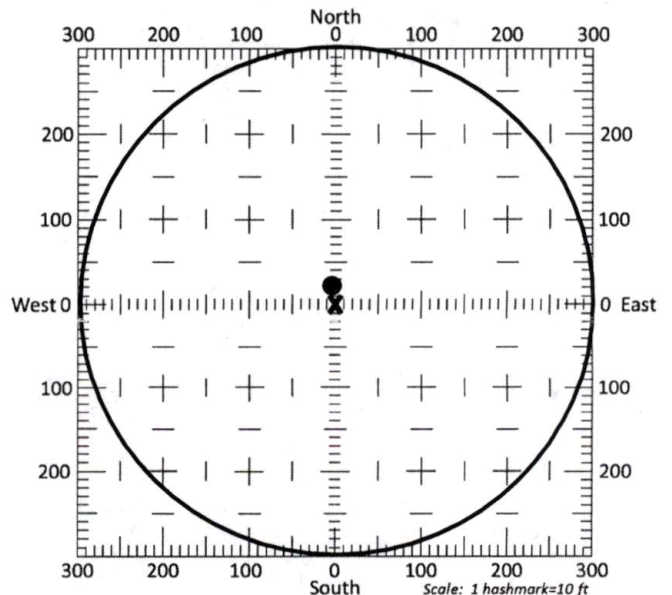
9. The change(s) (was)(will be) completed by? _____
As soon as possible

10. If the point of diversion is a well:
(a) What are you going to do with the old well?
Plug it
(b) When will this be done? As soon as possible

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.)

APPLICATION FOR APPROVAL TO CHANGE
 THE PLACE OF USE AND/OR POINT OF DIVERSION
 SUPPLEMENTAL SHEET
 FILE NO. 8630

Presently authorized point of diversion:
 One in the NE Quarter of the SE Quarter of the SE Quarter of Section 16, Township 20 South, Range 32 West, in Scott County, Kansas, 1243 feet North 52 feet West of Southeast corner of section.
 Authorized Rate 250 gpm Authorized Quantity 20.52 MGY Depth of well _____ (feet)
(DWR use only: Computer ID No. 3 GPS 1265 feet North 89 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)
 One in the NE Quarter of the SE Quarter of the SE Quarter of Section 16, Township 20 South, Range 32 West, in Scott County, Kansas, 1232 feet North 83 feet West of Southeast corner of section.
 Proposed Rate no change Proposed Quantity no change Proposed well depth (feet) 160.
 This point is: Additional Well Geo Center List other water rights that will use this point _____

Presently authorized point of diversion:
 One in the SW Quarter of the SW Quarter of the SE Quarter of Section 16, Township 20 South, Range 32 West, in Scott County, Kansas, 78 feet North 2393 feet West of Southeast corner of section.
 Authorized Rate 325 gpm Authorized Quantity 29.31 MGY Depth of well _____ (feet)
(DWR use only: Computer ID No. 1 GPS 70 feet North 2393 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)
 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 _____

Presently authorized point of diversion:
 One in the SE Quarter of the SE Quarter of the NE Quarter of Section 16, Township 20 South, Range 32 West, in Scott County, Kansas, 2660 feet North 161 feet West of Southeast corner of section.
 Authorized Rate 225 gpm Authorized Quantity 8.79 MGY Depth of well _____ (feet)
(DWR use only: Computer ID No. 2 GPS 2678 feet North 207 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)
 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 _____

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)
 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 _____

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 18 day of July, 2024.

<u>[Signature]</u> (Owner)	_____ (Spouse)
<u>Poky Feeders Inc Kirk Dechant CFO</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }
 County of Scott } SS

NOTARY PUBLIC-State of Kansas
 **Susan A. Kite**
 My Appt. Exp 12/14/2024

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 18th day of July, 2024.

Susan A. Kite
 Notary Public

My Commission Expires 12/14/2024.

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

East Well

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: THOMAS Fraction SE 1/4 SE 1/4 NE 1/4 NE 1/4 Section Number 16 Township Number T 20 S Range Number R 32 E W

2 WELL OWNER: Last Name: POKEY FEEDERS Business: POKEY FEEDERS Address: 600 E ROAD 30 City: SCOTT CITY State: KS ZIP: 67871 Street or Rural Address where well is located

3 LOCATE WELL WITH 'X' IN SECTION BOX: [Diagram] 4 DEPTH OF COMPLETED WELL: 160 ft. Depth(s) Groundwater Encountered: 1) 130 ft. 2) 130 ft. 3) 130 ft. or 4) Dry Well WELL'S STATIC WATER LEVEL: 130 ft. below land surface, measured on (mo-day-yr) 6/25/2024

5 Latitude: 38.31183 (decimal degrees) Longitude: -100.85036 (decimal degrees) Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: GPS (unit make/model: GARMIN) (WAAS enabled? Yes No) Land Survey Topographic Map Online Mapper: Elevation: ft. Ground Level TOC Source: Land Survey GPS Topographic Map Other

7 WELL WATER TO BE USED AS: 1. Domestic: Household Lawn & Garden Livestock Irrigation Feedlot Industrial 5. Public Water Supply: well ID 6. Dewatering: how many wells? 7. Aquifer Recharge: well ID 8. Monitoring: well ID 9. Environmental Remediation: well ID Air Sparge Soil Vapor Extraction Recovery Injection 10. Oil Field Water Supply: lease 11. Test Hole: well ID Cased Uncased Geotechnical 12. Geothermal: how many bores? a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 6 5/8 in. to 7 ft., Diameter 6 in. to 160 ft., Diameter in. to ft. Casing height above land surface 12 in. Weight SCH 40 lbs./ft. Wall thickness or gauge No. 188 TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass PVC Other (Specify) Brass Galvanized Steel Concrete tile None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole) SCREEN-PERFORATED INTERVALS: From 120 ft. to 160 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 20 ft. to 160 ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 0 ft. to 20 ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well Other (Specify) NONE IN VIEW WITHIN 500' Direction from well? Distance from well? ft.

Table with columns: 10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-40 CLAY, 40-60 CLAY, SAND, 60-70 CLAY, 70-130 GRAVEL, 130-132 GRAVEL, CLAY, 132-152 GRAVEL, 152-153 YELLOW SHALE, 153-160 BLACK SHALE. Includes Notes section.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/25/2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 938 This Water Well Record was completed on (mo-day-year) 7/10/2024 under the business name of SCHAAL DRILLING LTD. Signature

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015