

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 To: CHIEF ENGINEER
 Division of Water Resources
 Kansas Department of Agriculture
 109 SW 9th Street, 2nd Floor
 Topeka, KS 66612-1283
www.ksda.gov/dwr

**APPLICATION FOR APPROVAL TO
 CHANGE THE PLACE OF USE, THE
 POINT OF DIVERSION OR THE USE
 MADE OF THE WATER UNDER AN
 EXISTING WATER RIGHT**



State of Kansas

*Filing Fee Must Accompany the Application
 (Please refer to Fee Schedule on signature page of application form.)*

Paragraph Nos. 1, 2, 3, 4 & 8 must be completed. Complete all other applicable portions. A topographic map or detailed plat showing the authorized and proposed points(s) of diversion and /or place of use must accompany this application.

1. Application is hereby made for approval of the Chief Engineer to change the
- (Check one or more)
- Place of Use
 - Point of Diversion
 - Use Made of Water

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 JUN 14 2017 4:00
 KS DEPT OF AGRICULTURE
 UNACCEPTABLE FOR PRIORITY
 MAY 22 2017
 KS DEPT OF AGRICULTURE

File No. 46878

2. Name of applicant: John Baldwin Family Trust # 1
 Address: 002 N Main
 City, State and Zip: Hutchinson, KS 67504
 Phone Number: (620) 694-2263 E-mail address: robby.gray@fwbhutch.bank
 What is your relationship to the water right; owner tenant agent other? If other, please explain. _____

Name of water use correspondent: John Baldwin Family Trust # 1 in care of
First National Bank of Hutchinson
 Address: 002 North Main
 City, State and Zip: Hutchinson, KS 67504
 Phone Number: (620) 694-2263 E-mail address: robby.gray@fwbhutch.bank

3. The change(s) proposed herein are desired for the following reasons (please be specific):
Applicant purchased additional ground and wants to swing pivot all way around and do full circle.
Filling new application for additional quantity and acres, change required to form complete PU overlap with new app.
Change on upon approval of new app.
 The change(s) (was) (will be) completed by ASAP (Date)

For Office Use Only:							
F.O. <u>2</u>	GMD <u>2</u>	Meets K.A.R. 5-5-1 <u>(YES)</u> / NO	Use <u>FRR</u>	Source <u>(G)</u> S	County <u>RF</u>	By <u>Adw</u>	Date <u>7/5/17</u>
Code _____	Fee \$ _____	TR # _____	Receipt Date _____	Check # _____			

7/6/17 DW

4. The presently authorized place of use is:

Owner of Land — NAME: John Baldwin Family Trust # 1
 ADDRESS: _____

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	
17	20S	10W		2			35	29										66	

List any other water rights that cover this place of use. _____

Owner of Land — NAME: _____
 ADDRESS: _____

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	

List any other water rights that cover this place of use. _____

(If there are more than two landowners, attach additional sheets as necessary.)

5. It is proposed that the place of use be changed to:

Owner of Land — NAME: John Baldwin Family Trust # 4
 ADDRESS: _____

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	
17	20S	10W		2	2		35	29	29	36								133	

List any other water rights that cover this place of use. _____

Owner of Land — NAME: _____
 ADDRESS: _____

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	

List any other water rights that cover this place of use. _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AS NECESSARY FOR PRIORITY

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- 6. The presently authorized point(s) of diversion (is) (are) Battery of 4 wells
(Provide description and number of points)
- 7. The proposed point(s) of diversion (is) (are) Not Changing
(Provide description and number of points)

List all presently authorized point(s) of diversion:

8. **Presently authorized point of diversion:**
 One in the NW Quarter of the NE Quarter of the NW Quarter of Section 17, Township 20 South, Range 10 W, in Rice County, Kansas, 5155 feet North 3531 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed 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 _____, in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

9. **Presently authorized point of diversion:**
 One in the NW Quarter of the NE Quarter of the NW Quarter of Section 17, Township 20 South, Range 10 W, in Rice County, Kansas, 5236 feet North 3515 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed 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 _____ (EW), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

10. **Presently authorized point of diversion:**
 One in the NW Quarter of the NE Quarter of the NW Quarter of Section 17, Township 20 South, Range 10 W, in Rice County, Kansas, 5214 feet North 3736 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed 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 _____ (EW), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

- 11. Describe the current condition of and future plans for any point(s) of diversion which will no longer be used. N.A.

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12. The presently authorized use of water is for irrigation purposes.
It is proposed that the use be changed to N.A. purposes.

13. If changing the place of use and/or use made of water, describe how the consumptive use will not be increased.
New application will add additional quantity and acres.

(Please show any calculations here.)

14. It is requested that the maximum annual quantity of water be reduced to N.A. (acre-feet or million gallons).

15. It is requested that the maximum rate of diversion of water be reduced to N.A. gallons per minute (____ c.f.s.).

16. The application must include either a topographic map or detailed plat. A U.S. Geological Survey Topographic Map, scale 1:24,000, is available through the Kansas Geological Survey, 1930 Constant Avenue, University of Kansas, Lawrence, Kansas 66047-3726 (www.usgs.gov). The map should show the location of the presently authorized point(s) of diversion. Distances North and West of the Southeast corner of the section must be shown. The presently authorized place of use should also be shown. Identify the center of the section, the section lines and the section corners and show the appropriate section, township, and range numbers on the map. In addition the following information must also be shown on the map.

- a. If a change in the location of the point(s) of diversion is proposed, show:
 - 1) The location of the proposed point(s) of diversion. Distances North and West of the Southeast corner of the section must be shown. Please be certain that the information shown on the map agrees with the information shown in Paragraph Nos. 9, 10 and 11 of the application.
 - 2) If the source of supply is groundwater, please show the location of existing water wells of any kind, including domestic wells, within 1/2 mile of the proposed well or wells. Identify each well as to its use and furnish name and mailing address of the property owner or owners. If there are no wells within 1/2 mile, please indicate so on the map.
 - 3) If the source of supply is surface water, the names and mailing addresses of all landowner(s) 1/2 mile downstream and 1/2 mile upstream from your property lines must be shown.
- b. If a change in the place of use is desired, show the proposed place of use by crosshatching on the map. Please be certain that the information shown on the map agrees with the information shown in Paragraph No. 5 of the application.

17. Attach documentation to show the change(s) proposed herein will not impair existing water rights and relates to the same local source of supply as to which the water right relates. This information may include statements, plats, geology reports, well logs, test hole logs, and other information as necessary information to show the above. Additional comments may be made below.

18. If the proposed change(s) does not meet all applicable rules and regulations of the Kansas Water Appropriation Act, please identify the rules and regulations for which you request a waiver. State the reason why a waiver is needed and why the request should be granted. Attach documentation showing that granting the request will not impair existing water rights and will not prejudicially and unreasonably affect the public interest.

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Any use of water that is not as authorized by the water right or permit to authorize water **before** the chief engineer approves this application is a violation of the Kansas Water Appropriation Act for which criminal or civil penalties may be assessed. Such violation is a class C misdemeanor, punishable by a fine not to exceed \$500 and/or a term of confinement not to exceed one month in the county jail. K.S.A. 82a-728(b). Civil penalties shall be not less than \$100 nor more than \$1,000 per violation. In the case of a continuing violation, each day such violation continues may be deemed a separate violation. In addition to these penalties the water right may be modified or suspended. K.S.A. 82a-737, as amended.

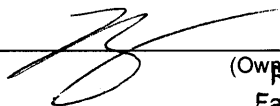
The application must be signed by all owners of the place of use authorized under the water right and his or her spouse, if married. Please indicate if there is no spouse. If land is being purchased under contract, the seller must sign as landowner until such time as the contract is completed.

In the event that all applicants cannot appear before one notary public, they may as necessary sign separate copies of the application before any notary public conveniently available to them. All copies signed in this manner shall be considered to be valid parts of the application.

If the request is signed on behalf of any Owner by someone with legal authority to do so (for example, an agent, one who has power of attorney, or an executor, executrix, conservator), it will be necessary to attach proper documents showing such authority.

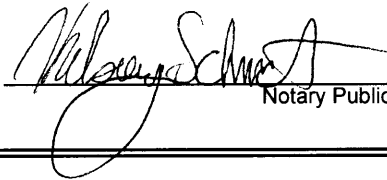
I declare that I am an owner of the currently authorized place of use as identified herein, or that I represent all such owners and am authorized to make this application on their behalf, and declare further that the statements contained herein are true, correct, and complete. By filing this application I authorize the chief engineer to permanently reduce the quantity of water and/or rate of diversion as specified in sections 14 and 15 of this application.

Dated at Hutchinson, Kansas, this 31 day of May, 2017.

	(Owner)		(Spouse)
<u>Robby Gray</u>	Farm Manager		
<u>First National Bank of Hutchinson</u>	(Please Print)		(Please Print)
	(Owner)		(Spouse)
	(Please Print)		(Please Print)
	(Owner)		(Spouse)
	(Please Print)		(Please Print)

State of Kansas }
County of Renov } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 31st day of May, 2017.


Notary Public

My Commission Expires 2/12/2020.

FEE SCHEDULE

Each application to change the place of use, the point of diversion or the use made of the water under this section shall be accompanied by the application fee set forth in the schedule below:

- (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
- (4) Application to change the use made of the water \$300

Make check payable to **Kansas Department of Agriculture.**

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Any use of water that is not as authorized by the water right or permit to authorize water before the chief engineer approves this application is a violation of the Kansas Water Appropriation Act for which criminal or civil penalties may be assessed. Such violation is a class C misdemeanor, punishable by a fine not to exceed \$500 and/or a term of confinement not to exceed one month in the county jail. K.S.A. 82a-728(b). Civil penalties shall be not less than \$100 nor more than \$1,000 per violation. In the case of a continuing violation, each day such violation continues may be deemed a separate violation. In addition to these penalties the water right may be modified or suspended. K.S.A. 82a-737, as amended.


The application must be signed by all owners of the place of use authorized under the water right and his or her spouse, if married. Please indicate if there is no spouse. If land is being purchased under contract, the seller must sign as landowner until such time as the contract is completed.

In the event that all applicants cannot appear before one notary public, they may as necessary sign separate copies of the application before any notary public conveniently available to them. All copies signed in this manner shall be considered to be valid parts of the application.

If the request is signed on behalf of any Owner by someone with legal authority to do so (for example, an agent, one who has power of attorney, or an executor, executrix, conservator), it will be necessary to attach proper documents showing such authority.

I declare that I am an owner of the currently authorized place of use as identified herein, or that I represent all such owners and am authorized to make this application on their behalf, and declare further that the statements contained herein are true, correct, and complete. By filing this application I authorize the chief engineer to permanently reduce the quantity of water and/or rate of diversion as specified in sections 14 and 15 of this application.

Dated at Hutchinson, Kansas, this 10 day of May, 2017.

	Robby Gray Farm Manager	
(Owner)		(Spouse)
First National Bank of Hutchins		
(Please Print)		(Please Print)
(Owner)		(Spouse)
(Please Print)		(Please Print)
(Owner)		(Spouse)
(Please Print)		(Please Print)

State of Kansas)
County of _____) SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this _____ day of _____, 20_____.

My Commission Expires _____ Notary Public

FEE SCHEDULE

Each application to change the place of use, the point of diversion or the use made of the water under this section shall be accompanied by the application fee set forth in the schedule below:

- (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
- (4) Application to change the use made of the water \$300

Make check payable to Kansas Department of Agriculture.

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MAY 22 2017
KS DEPT OF AGRICULTURE

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. _____
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

Owner of Land ---- NAME: _____
ADDRESS: _____

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		

Owner of Land ---- NAME: _____
ADDRESS: _____

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			

Owner of Land ---- NAME: _____
ADDRESS: _____

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. *Continued:* 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: _____

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					

Owner of Land ---- NAME: _____
ADDRESS: _____

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						

Owner of Land ---- NAME: _____
ADDRESS: _____

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						

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MAY 28 2017
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APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 46878

Presently authorized point of diversion:
One in the NW Quarter of the NE Quarter of the NW Quarter
of Section 17, Township 20 South, Range 10 W,
in Rice County, Kansas, 5236 feet North 3340 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 redrill, 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 _____ (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 _____

Presently authorized point of diversion:
One in the NW Quarter of the NE Quarter of the NW Quarter
of Section 17, Township 20 South, Range 10 W,
in Rice County, Kansas, 4934 feet North 3535 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 redrill, 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 _____ (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 _____

Presently authorized point of diversion:
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.
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 redrill, 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 _____ (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 _____

Presently authorized point of diversion:
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.
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 redrill, 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 _____ (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 _____

1 LOCATION OF WATER WELL: County: Rice	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
--	----------------------------------	----------------------	---------------------------	-----------------------------------

Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 miles west of Raymond

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.317346
 Longitude: -98.455258
 Elevation: Unknown
 Datum: NAD83
 Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: Mike Ringwald
 RR#, St. Address, Box # : 655 3rd Road
 City, State, ZIP Code : Ellinwood, KS 67526

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

	x		
--NW--		--NE--	
--SW--		--SE--	

4 DEPTH OF COMPLETED WELL 91 ft.

Depth(s) Groundwater Encountered (1) 11 ft. (2) ft. (3) ft.
 WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr 06-06-08
 Pump test data: Well water was Not checked ft. after hours pumping gpm
 Est. Yield Unknown gpm: Well water was ft. after hours pumping gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
(2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr
 Sample was submitted Water well disinfected? Yes No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
(2) PVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter 12 in. to 60 ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface 12 in., weight 12.71 lbs./ft. Wall thickness or gauge No. 490

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass **(7)** PVC 9 ABS 11 Other (Specify)
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **(3)** Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify)

SCREEN-PERFORATED INTERVALS: From 60 ft. to 90 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From 20 ft. to 93 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout **(3)** Bentonite 4 Other

Grout Intervals: From ft. to ft., From 0 ft. to 20 ft., From ft. to ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage **(15)** Oil well/gas well
 Direction from well? Southeast How many feet? Approximately 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	11	Clay, brown			
11	17	Sand, coarse to fine, loose			
17	31	Clay, brown and white, sandy, soft			
31	34	Sand and gravel, medium to fine, drift			
34	51	Clay, yellow and tan, hard			
51	56	Sandstone, dark brown, hard			
56	59	Sandstone, brown, hard			
59	62	Sandstone, dark brown, hard			
62	88	Sandstone, brown and tan, mix, hard			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-06-08 and this record is true to the best of my knowledge and belief
 Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 06-06-08
 Under the business name of Clarke Well & Equipment, Inc. by (signature) *[Signature]* JUN 14 2017

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

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 KS DEPT OF AGRICULTURE

1 LOCATION OF WATER WELL: County: Rice		Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 miles west of Raymond			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.318154 Longitude: -98.454577 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit		
2 WATER WELL OWNER: Mike Ringwald RR#, St. Address, Box # : 655 3rd Road City, State, ZIP Code : Ellinwood, KS 67526					

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 105 ft.				
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.				
	WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr. 06-09-08 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) (2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yrs Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No				

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded _____	
(2) PVC	4 ABS	7 Fiberglass		Threaded _____	
Blank casing diameter 12 in. to 74 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.		Casing height above land surface 12 in., weight 12.71 lbs./ft. Wall thickness or gauge No. 490			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	3 Stainless Steel	5 Fiberglass	(7) PVC	9 ABS	11 Other (Specify) _____
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot	(3) Mill slot	5 Gauzed wrapped	7 Torch cut	9 Drilled holes	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (Specify) _____	
SCREEN-PERFORATED INTERVALS: From 74 ft. to 104 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 105 ft., From _____ ft. to _____ ft.					

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout (3) Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide Storage	16 Other (specify below)
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	14 Abandoned water well	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer Storage	(15) Oil well/gas well	

Direction from well? _____ How many feet? _____ Approximately 300'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil	78	97	Sandstone, soft, tan
5	16	Sand, coarse to very fine, loose	97	98	Clay, yellow, with streaks of sandstone
16	19	Clay, brown, sandy, soft	98	100	Sandstone, with iron pyrite streaks
19	33	Sand, coarse to very fine, loose	100	102	Clay, dark, hard
33	36	Clay, brown, white, hard	102	105	Shale, dark, hard
36	52	Clay, grayish, white, hard, sandy, with streaks of sandstone			
52	74	Clay, brown, medium, soft			
74	76	Sandstone, fine, soft, tan			
76	78	Clay, yellow and white, hard, with streaks of limestone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-09-08 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 06-18-08

Under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send, top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

WATER RESOURCES RECEIVED
 MAY 22 2017
 ACCESSIBLE FOR PRIORITY
 KS DEPT OF AGRICULTURE

1 LOCATION OF WATER WELL: County: Rice	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
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Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 mile west of Raymond

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.318157
 Longitude: -98.318157
 Elevation: Unknown
 Datum: NAD83
 Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: Mike Ringwald
 RR#, St. Address, Box # : 655 3rd Road
 City, State, ZIP Code : Ellinwood, KS 67526

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
X	
--NW--	--NE--
--SW--	--SE--
S	

4 DEPTH OF COMPLETED WELL 93 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr. 06-04-08

Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm

Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

(2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr _____

Sample was submitted _____ Water well disinfected? Yes No _____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____

(2) PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 12 in. to 62 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel 5 Fiberglass **(7)** PVC 9 ABS 11 Other (Specify) _____

2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **(3)** Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____

SCREEN-PERFORATED INTERVALS: From 62 ft. to 92 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 21 ft. to 93 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout **(3)** Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 21 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)

2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage **(15)** Oil well/gas well

Direction from well? North, Northeast How many feet? Approximately 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Topsoil	92	95	Clay, yellow and white, soft
6	8	Clay, brown and gray, sandy, soft			
8	11	Sand, coarse to very fine, loose			
11	14	Clay, brown, soft, sandy			
14	19	Sandstone, brown, soft			
19	24	Clay, brown and white, sandy, hard			
24	27	Sandstone, brown color, soft			
27	43	Clay, brown, hard			
43	46	Gravel, drift, medium, fine, loose			
46	52	Sandstone, rusty brown color, soft			
52	92	Sandstone, brown color, soft			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-04-08 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 06-18-08

Under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature] JUN 14 2017

1 LOCATION OF WATER WELL: County: <u>Rice</u>	Fraction <u>NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>17</u>	Township Number <u>T 20 S</u>	Range Number <u>R 10 E</u> (W)
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Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 miles west of Raymond

2 WATER WELL OWNER: <u>Mike Ringwald</u> RR#, St. Address, Box # : <u>655 3rd Street</u> City, State, ZIP Code : <u>Ellinwood, KS 67526</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>38.318116</u> Longitude: <u>-98.455996</u> Elevation: <u>Unknown</u> Datum: <u>NAD83</u> Data Collection Method: <u>WAAS GPS Unit</u>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E x --NW-- --NE-- --SW-- --SE-- S	4 DEPTH OF COMPLETED WELL <u>91</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>6.4</u> ft. below land surface measured on <u>mo/day/yr. 06-05-08</u> Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) (2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) (2) PVC 4 ABS 7 Fiberglass Blank casing diameter <u>12</u> in. to <u>60</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>12.71</u> lbs./ft. Wall thickness or gauge No. <u>490</u>	CASING JOINTS: <u>Glued</u> <input checked="" type="checkbox"/> <u>Clamped</u> Welded _____ Threaded _____
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot (3) Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify)	
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>90</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>91</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout (3) Bentonite 4 Other

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage (15) Oil well/gas well

Direction from well? Northwest How many feet? Approximately 225'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil	86	91	Clay, dark gray, hard
5	7	Clay, tan, sandy, soft			
7	12	Sand, coarse to very fine, loose			
12	21	Clay, brown and white, hard			
21	34	Clay, brown, with sand, coarse to fine			
34	45	Clay, brown, hard			
45	49	Sandstone, rusty brown, hard			
49	67	Sandstone, tannish brown, soft			
67	70	Sandstone, brown, hard			
70	86	Sandstone, tan, soft, with sandstone streaks, brown			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-05-08 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 06-18-08
 Under the business name of Clarke Well & Equipment, Inc. by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1347. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

RECEIVED
 WATER RESOURCES
 MAY 22 2017
 MAKE SURE TO
 ACCEPTABLE FOR PRIORITY
 KS DEPT OF AGRICULTURE

1 LOCATION OF WATER WELL: County: <u>Rice</u>	Fraction <u>NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>17</u>	Township Number <u>T 20 S</u>	Range Number <u>R 10 E</u> (W)
Distance and direction from nearest town or city street address of well if located within city? Approximately <u>2 1/2</u> miles north and <u>2 1/8</u> miles west of <u>Raymond</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>38.318116</u> Longitude: <u>-98.455996</u> Elevation: <u>Unknown</u> Datum: <u>NAD83</u> Data Collection Method: <u>WAAS GPS Unit</u>		
2 WATER WELL OWNER: <u>Mike Ringwald</u> RR#, St. Address, Box # : <u>655 3rd Street</u> City, State, ZIP Code : <u>Ellinwood, KS 67526</u>				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 60px; height: 60px;"> <tr><td>x</td><td></td></tr> <tr><td>-NW-</td><td>-NE-</td></tr> <tr><td>-SW-</td><td>-SE-</td></tr> <tr><td></td><td></td></tr> </table> E S	x		-NW-	-NE-	-SW-	-SE-			4 DEPTH OF COMPLETED WELL <u>91</u> ft. Depth(s) Groundwater Encountered (1) <u>6.4</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>6.4</u> ft. below land surface measured on <u>mo/day/yr</u> <u>06-05-08</u> Pump test data: Well water was <u>Not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>Unknown</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) (2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____
x									
-NW-	-NE-								
-SW-	-SE-								

5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) (2) PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped Welded _____ Threaded _____
Blank casing diameter <u>12</u> in. to <u>60</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>12</u> in., weight <u>12.71</u> lbs./ft. Wall thickness or gauge No. <u>490</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot (3) Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____	
SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>90</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>91</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout (3) Bentonite 4 Other _____
Grout Intervals: From _____ ft. to _____ ft., From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage (15) Oil well/gas well Direction from well? <u>Northwest</u> How many feet? <u>Approximately 225'</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil	86	91	Clay, dark gray, hard
5	7	Clay, tan, sandy, soft			
7	12	Sand, coarse to very fine, loose			
12	21	Clay, brown and white, hard			
21	34	Clay, brown, with sand, coarse to fine			
34	45	Clay, brown, hard			
45	49	Sandstone, rusty brown, hard			
49	67	Sandstone, tannish brown, soft			
67	70	Sandstone, brown, hard			
70	86	Sandstone, tan, soft, with sandstone streaks, brown			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>06-05-08</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>06-18-08</u> Under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) _____ WATER RESOURCES	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1357. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.	

JUN 14 2017

1 LOCATION OF WATER WELL: County: Rice	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
--	----------------------------------	----------------------	---------------------------	-----------------------------------

Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 mile west of Raymond

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.318157
 Longitude: -98.318157

2 WATER WELL OWNER: Mike Ringwald
 RR#, St. Address, Box # : 655 3rd Road
 City, State, ZIP Code : Ellinwood, KS 67526

Elevation: Unknown
 Datum: NAD83
 Data Collection Method: WAAS GPS Unit

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

X	
-NW-	-NE-
-SW-	-SE-

W E

S

4 DEPTH OF COMPLETED WELL 93 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.

WELL'S STATIC WATER LEVEL 12 ft. below land surface measured on mo/day/yr 06-04-08

Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm

Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

(2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr _____

Sample was submitted Water well disinfected? Yes No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____

(2) PVC 4 ABS 7 Fiberglass Threaded _____

Blank casing diameter 12 in. to 62 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface 12 in., weight _____ lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel 5 Fiberglass **(7)** PVC 9 ABS 11 Other (Specify) _____

2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **(3)** Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)

2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____

SCREEN-PERFORATED INTERVALS: From 62 ft. to 92 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 21 ft. to 93 ft., From _____ ft. to _____ ft.

From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout **(3)** Bentonite 4 Other _____

Grout intervals: From _____ ft. to _____ ft., From 0 ft. to 21 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well

3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage **(15)** Oil well/gas well

Direction from well? North, Northeast How many feet? Approximately 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Topsoil	92	95	Clay, yellow and white, soft
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8	11	Sand, coarse to very fine, loose			
11	14	Clay, brown, soft, sandy			
14	19	Sandstone, brown, soft			
19	24	Clay, brown and white, sandy, hard			
24	27	Sandstone, brown color, soft			
27	43	Clay, brown, hard			
43	46	Gravel, drift, medium, fine, loose			
46	52	Sandstone, rusty brown color, soft			
52	92	Sandstone, brown color, soft			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) **constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-04-08 and this record is true to the best of my knowledge and belief.

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1 LOCATION OF WATER WELL: County: Rice		Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 miles west of Raymond			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.318154 Longitude: -98.454577 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit		
2 WATER WELL OWNER: Mike Ringwald RR#, St. Address, Box # : 655 3rd Road City, State, ZIP Code : Ellinwood, KS 67526					

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W x E -NW- -NE- -SW- -SE- S	4 DEPTH OF COMPLETED WELL 105 ft.	
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr. 06-09-08 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) (2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr Sample was submitted Water well disinfected? Yes <input checked="" type="checkbox"/> No	

5 TYPE OF CASING USED:		5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)				Welded	
(2) PVC 4 ABS 7 Fiberglass				Threaded	
Blank casing diameter 12 in. to 74 ft., Diameter		in. to _____ ft., Diameter		in. to _____ ft.	
Casing height above land surface 12 in., weight 12.71 lbs./ft. Wall thickness or gauge No. 490					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (Specify)					
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot (3) Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify)					
SCREEN-PERFORATED INTERVALS: From 74 ft. to 104 ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 105 ft., From _____ ft. to _____ ft.					

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout (3) Bentonite 4 Other					
Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage (15) Oil well/gas well					
Direction from well? Northeast How many feet? Approximately 300'					

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil	78	97	Sandstone, soft, tan
5	16	Sand, coarse to very fine, loose	97	98	Clay, yellow, with streaks of sandstone
16	19	Clay, brown, sandy, soft	98	100	Sandstone, with iron pyrite streaks
19	33	Sand, coarse to very fine, loose	100	102	Clay, dark, hard
33	36	Clay, brown, white, hard	102	105	Shale, dark, hard
36	52	Clay, grayish, white, hard, sandy, with streaks of sandstone			
52	74	Clay, brown, medium, soft			
74	76	Sandstone, fine, soft, tan			
76	78	Clay, yellow and white, hard, with streaks of limestone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:		This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-09-08 and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. 185		This Water Well Record was completed on (mo/day/year) 06-18-08	
Under the business name of Clarke Well & Equipment, Inc.		by (signature) <i>[Signature]</i> WATER RESOURCES	

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

JUN 14 2017

1 LOCATION OF WATER WELL: County: Rice	Fraction NW 1/4 NE 1/4 NW 1/4	Section Number 17	Township Number T 20 S	Range Number R 10 E (W)
--	----------------------------------	----------------------	---------------------------	-----------------------------------

Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles north and 2 1/8 miles west of Raymond

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.317346
 Longitude: -98.455258
 Elevation: Unknown
 Datum: NAD83
 Data Collection Method: WAAS GPS Unit

2 WATER WELL OWNER: Mike Ringwald
 RR#, St. Address, Box # : 655 3rd Road
 City, State, ZIP Code : Ellinwood, KS 67526

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

	X		
-NW-		-NE-	
-SW-		-SE-	

4 DEPTH OF COMPLETED WELL 91 ft.

Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
 WELL'S STATIC WATER LEVEL 11 ft. below land surface measured on mo/day/yr 06-06-08
 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm
 Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
(2) Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, mo/day/yr _____
 Sample was submitted _____ Water well disinfected? Yes No _____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
(2) PVC 4 ABS 7 Fiberglass _____ Threaded _____

Blank casing diameter 12 in. to 60 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 12.71 lbs./ft. Wall thickness or gauge No. 490

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass **(7)** PVC 9 ABS 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **(3)** Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____

SCREEN-PERFORATED INTERVALS: From 60 ft. to 90 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 93 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat Cement 2 Cement grout **(3)** Bentonite 4 Other _____

Grout Intervals: From _____ ft. to _____ ft., From 0 ft. to 20 ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage **(15)** Oil well/gas well

Direction from well? Southeast How many feet? Approximately 150'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	11	Clay, brown			
11	17	Sand, coarse to fine, loose			
17	31	Clay, brown and white, sandy, soft			
31	34	Sand and gravel, medium to fine, drift			
34	51	Clay, yellow and tan, hard			
51	56	Sandstone, dark brown, hard			
56	59	Sandstone, brown, hard			
59	62	Sandstone, dark brown, hard			
62	88	Sandstone, brown and tan, mix, hard			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed** (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-06-08 and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 06-18-08
 Under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

1320 Research Park Drive
Manhattan, Kansas 66502
(785) 564-6700



900 SW Jackson, Room 456
Topeka, Kansas 66612
(785) 296-3556

Jackie McClaskey, Secretary

Governor Sam Brownback

JOHN BALDWIN FAMILY TRUST #1
ONE N MAIN
HUTCHINSON, KS 67504

FILE COPY

July 6, 2017

RE: File No 46878

Dear Sir or Madam:

An application for approval of the Chief Engineer to change the following condition or conditions of the file number referred to above has been received:

- place of use PU
- point of diversion
- use made of water

As a matter of record, the Division of Water Resources has on hand a large number of applications awaiting processing. Therefore, to be fair to all concerned, and so that we can process those applications on hand in the order they were received, we intend to concentrate on the backlog of applications until the issue is resolved. You will be contacted regarding this application as soon as it has been examined.

In accordance with the provisions of the Kansas Water Appropriation Act, a portion of which is included below, the use of water prior to approval of the application is unlawful. You should not proceed and divert water as indicated by your plans in your application for a change for this file until you receive approval for this change from the Chief Engineer. Once approved, compliance with the terms, conditions and limitations of the permit is necessary. Conservation of the water resources of Kansas is required.

Section 82a-728 of the Kansas Water Appropriation Act, provides (a) except for the appropriation of water for the purpose of domestic use, . . . it shall be unlawful for any person to appropriate or threaten to appropriate water from any source without first applying for and obtaining a permit to appropriate water in accordance with the provisions of the Water Appropriation Act or for any person to violate any condition of a vested right, appropriation right or an approved application for a permit to appropriate water for beneficial use.

(b) (1) The violation of any provision of this section by any person is a class C misdemeanor...

A class C misdemeanor is punishable by a fine not to exceed \$500 and/or a term of confinement not to exceed one month in the county jail. Each day that the violation occurs constitutes a separate offense.

If you have any questions, please contact me at (785) 564-6645. If you wish to discuss a specific file, please have the file number ready so that we may help you more efficiently.

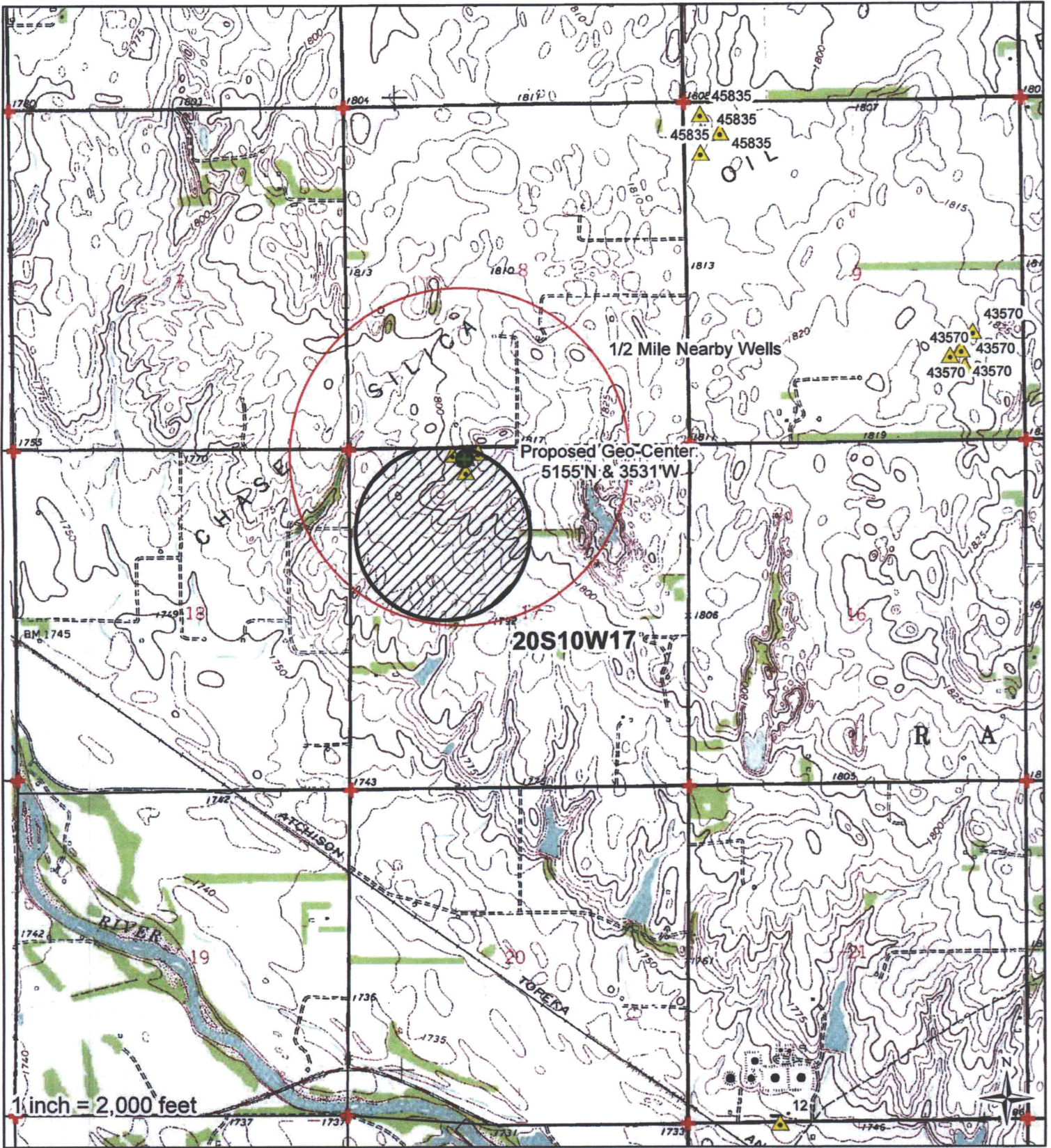
Sincerely,

A handwritten signature in cursive script that reads "Brent A. Tourney".

Brent Tourney, L.G.
Change Applications Unit Supervisor
Water Appropriation Program

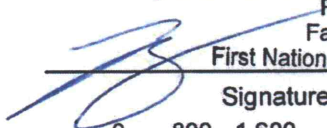
BAT: DLW
pc: STAFFORD Field Office GMD

File No. _____

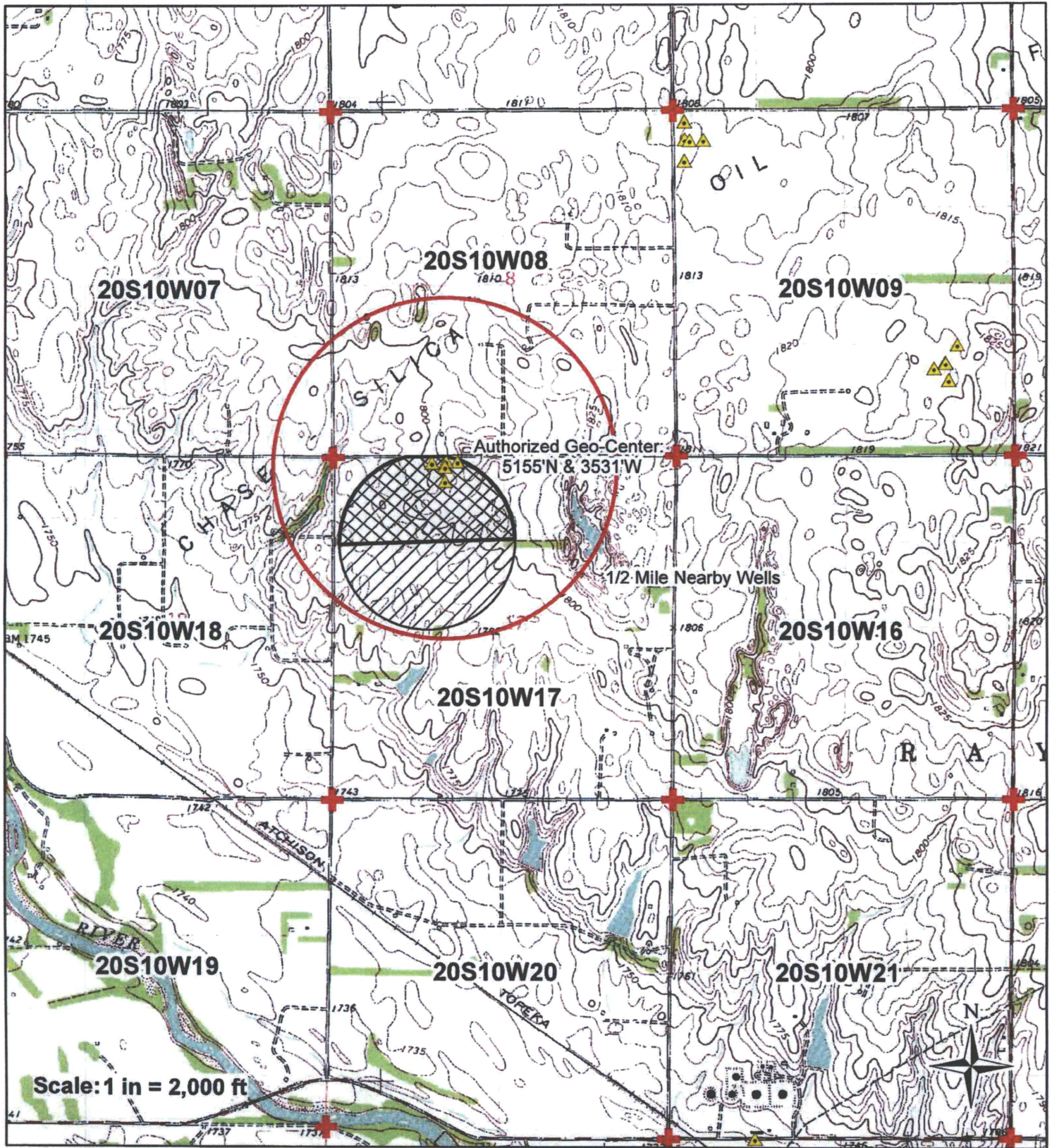


I declare that all water wells or diversion sites using the same source of supply and within 1/2 mile of the proposed point of diversion have been plotted on the application map.

- ProposedPD
- ▨ ProposedPlaceOfUse
- ★ Domestic Wells
- ▲ Water Rights
- ✚ SFFOsec_corners


 Robby Gray
 Farm Manager
 First National Bank of Hutchinson
 Signature _____ Date 5-1-17
 0 800 1,600 3,200 4,800 6,400 Feet


WATER RESOURCES
 RESEARCH
 Created By: Matt Meier
 F.O. 2
 Date: 4/26/2017
JUN 14 2017



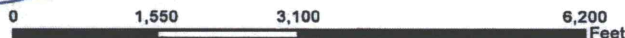
Scale: 1 in = 2,000 ft

- Water Rights
- Authorized Point of Diversion
- Proposed Point of Diversion
- Proposed Place of Use
- Authorized Place of Use
- Domestic Wells
- Section Corner

I declare that all water wells or diversion sites using the same source of supply and within 1/2 mile of the proposed point of diversion have been plotted on the application map.


Robby Gray
 Farm Manager
 First National Bank of Hutchinson
 Signature Date 5-1-17

Created By: Matt Meier
 F.O. 2
 Date: 4/26/16



20S10W08

Authorized Geo-Center:
5155'N & 3531'W

1/2 Mile Nearby Wells

20S10W17

Scale: 1 in = 1,000 ft



-  Water Rights
-  Authorized Point of Diversion
-  Proposed Point of Diversion
-  Proposed Place of Use
-  Authorized Place of Use
-  Domestic Wells
-  Section Corner

I declare that all water wells or diversion sites using the same source of supply and within 1/2 mile of the proposed point of diversion have been plotted on the application map. **UNACCEPTABLE FOR PRIORITY**

Signature

Date

5/16/17
JUN 14 2017

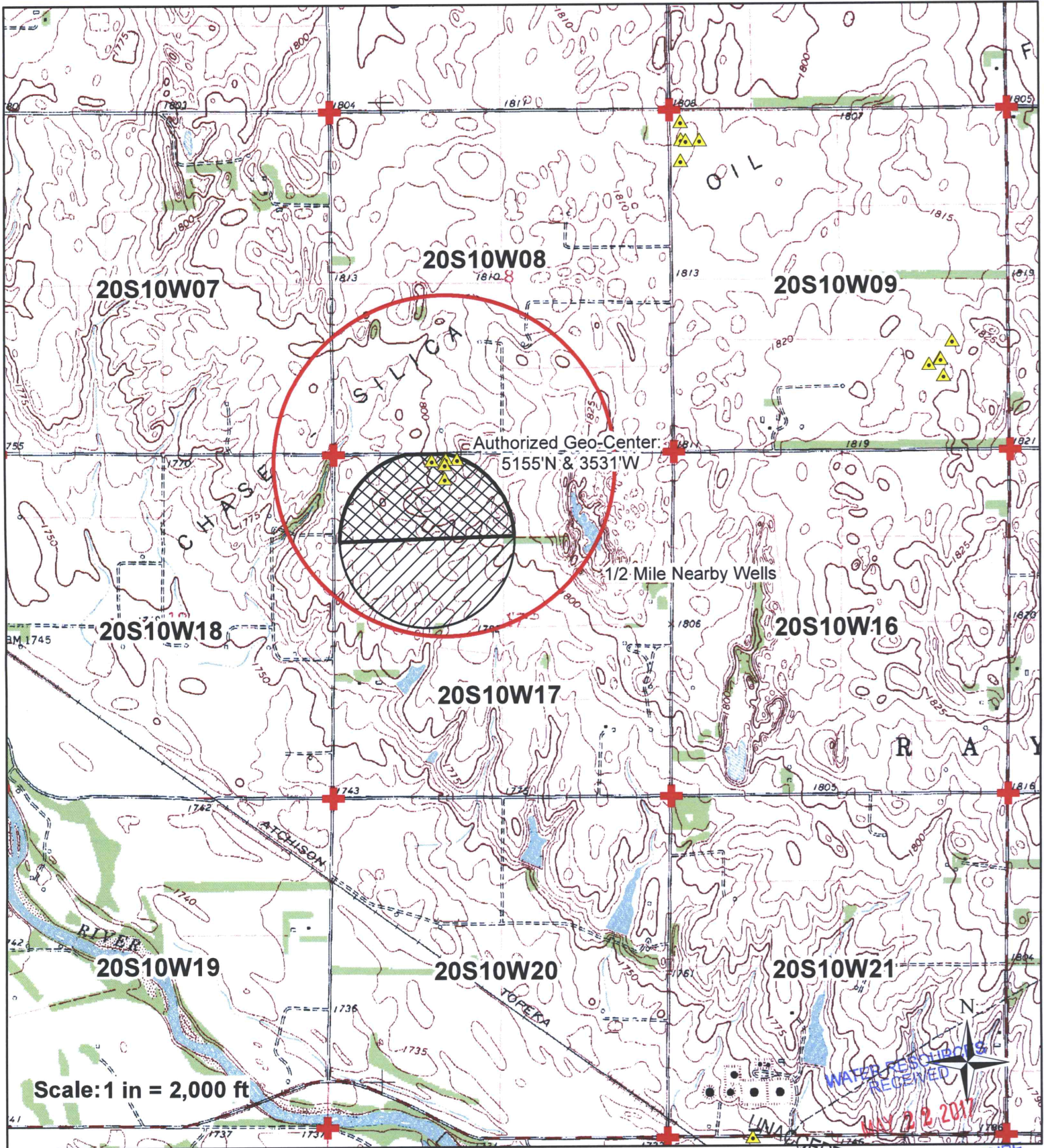
KS DEPT OF AGRICULTURE
Created By: Matt Meier
F.O. 2
Date: 4/26/16

0 750 1,500

3,000 Feet
KS DEPT OF AGRICULTURE

WATER RESOURCES RECEIVED

JUN 22 2017



- Water Rights
- Authorized Point of Diversion
- Proposed Point of Diversion
- Proposed Place of Use
- Authorized Place of Use
- Domestic Wells
- Section Corner

I declare that all water wells or diversion sites using the same source of supply and within 1/2 mile of the proposed point of diversion have been plotted on the application map.

Signature _____

Date _____

JUN 14 2017

Created By: Matt Meier

P.O. 2

Date: 4/26/16

0 1,550 3,100

6,200

DEPT OF AGRICULTURE

WATER RESOURCES RECEIVED
MAY 22 2017
ACCEPTABLE FOR PRIORITY