

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

1. File Number: 24268	2. Status Change Date:	3. Change Num: 1	4. Field Office: 02	5. GMD: 05
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: 3/14/18
8a. Applicant(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/>	
8b. Landowner(s) New to system <input type="checkbox"/>		Person ID 25206 Add Seq# 1	8d. WUC New to system <input type="checkbox"/>	
ONA CROSS FIRST NATIONAL BANK PO BOX 913 HUTCHINSON KS 67504		ONA CROSS FIRST NATIONAL BANK PO BOX 913 HUTCHINSON KS 67504		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/18 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/18				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input checked="" type="checkbox"/> H & E Letter				
<input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: 3/14/18 Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
			Date Prepared: 3/14/18 By: TJS	
			Date Entered: _____ By: _____	

File No. **24268** 11. County: **ED** Basin: **Arkansas River** Stream: **---** Formation Code: **180** Special Use: **None**

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/cfs	Quantity af/mgy	Rate gpm/cfs	Quantity af/mgy	
DEL	22420							1								None
ENT		NC NE			6	24	17W		3967	1347		285 GPM	53 AF	285 GPM	53 AF	None
CHK	45407							2								None

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				NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files					
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	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	9324	6	24S	17W	1																				8b.	No	None	

Base Acres: --- Year: --- Minimum Reasonable Quantity: ---

Comments:

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 **WATER METER REQUIRED**



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. 24268

RECEIVED
1:27pm
MAR 14 2018

Stafford 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: Ona E. Cross

PO Box 913, Hutchinson, KS. 67504

Phone Number: (620)694-2387

Email address: brandon.thompson@fnbhutch.bank

Name and address of Water Use Correspondent: Ona E. Cross

PO Box 913, Hutchinson, KS. 67504

Phone Number: (620)694-2387

Email address: brandon.thompson@fnbhutch.bank

3. The presently authorized place of use is:

Owner of Land ---- NAME: Ona E. Cross

ADDRESS: PO Box 913, Hutchinson, KS. 67504

(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	
6	24	17W	40	40	40	40													160

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: No change

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	

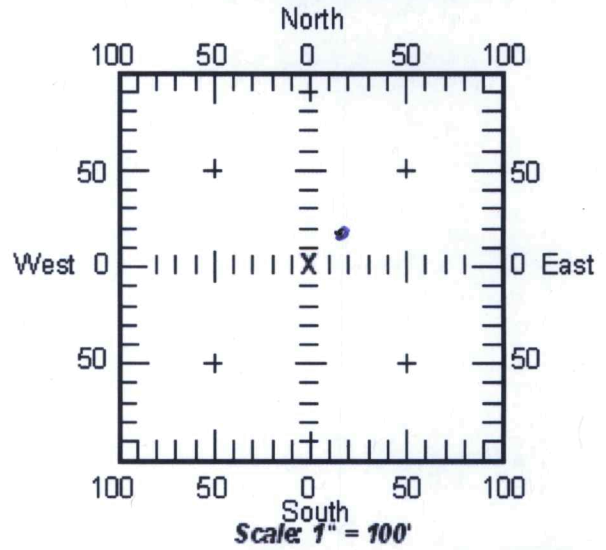
For Office Use Only: Code _____ Fee \$ 100- TR # _____ Receipt Date _____ Check # 131403

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ NC Quarter of the _____ NE Quarter
 of Section _____ 6 _____, Township _____ 24 _____ South, Range _____ 17 _____ (W),
 in Edwards _____ County, Kansas, _____ 3947 _____ feet North _____ 1367 _____ feet West of Southeast corner of section.
 Authorized Rate _____ 285 _____ Authorized Quantity _____ 53 _____ 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 _____ NC Quarter of the _____ NE Quarter
 of Section _____ 6 _____, Township _____ 24 _____ South, Range _____ 17 _____ (W),
 in Edwards _____ County, Kansas, _____ 3967 _____ feet North _____ 1347 _____ feet West of Southeast corner of section.
 Proposed Rate _____ 285 _____ Proposed Quantity _____ 53 _____ Proposed well depth (feet) _____ 69 _____
 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 _____ NW Quarter of the _____ NW Quarter of the _____ NE Quarter
 of Section _____ 6 _____, Township _____ 24 _____ South, Range _____ 17 _____ (W),
 in Edwards _____ County, Kansas, _____ 5120 _____ feet North _____ 2600 _____ feet West of Southeast corner of section.
 Authorized Rate _____ 345 _____ Authorized Quantity _____ 64 _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. The changes herein are desired for the following reasons?
 (please be specific) Well production has fallen off
need to redrill well to increase production

13a. If the proposed point of diversion will be relocated within 100 feet of the existing point of diversion, indicate its location on the diagram below in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram below represents presently authorized point of diversion.)



8. If a well, is the test hole log attached? Yes No
 9. The change(s) (was)(will be) completed by?
ASAP by the 15th of April
 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? ASAP

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by Jeff Lanterman

13b. If the proposed point of diversion will be relocated more than 100 feet but within 1320 feet from 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.

14. If the proposed groundwater point of diversion is 300 or fewer feet from 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 Stafford, Kansas, this 14 day of March, 2018.

Ona Cross
by Brandon Thompson (Owner) ONA

(Spouse)

Brandon Thompson
(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

State of Kansas }
County of Stafford } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 14th day of March, 2018



Jessica Engelbrecht
Notary Public

My Commission Expires _____

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

CERTIFICATE OF SERVICE

On this **14** day of **March, 2018**, I hereby certify that the attached DWR Field Office Application for Change in Point of Diversion for Water Right, File No. **24268**, dated **March 14, 2018** was hand delivered to the following:

Brandon Thompson
PO Box 913
Hutchinson, KS.67504



Staff