

Kansas Department of Agriculture
Division of Water Resources
MISCELLANEOUS WORKSHEET

1. File No(s). 50232	1a. <input type="checkbox"/> Vested Right <input type="checkbox"/> Water Right <input checked="" type="checkbox"/> Appropriation of Water	1b. Document Date: 10/3/2024	2. Field Office: 02	3. GMD:
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4. Type and Purpose of Letter

Type of Extension _____ Completion Date _____

Date Received _____ Perfection Date _____

Completion of Diversion Works: Permit Change Approval

Meter Installed _____

Dismissal **Failed to Complete - Show Cause Letter Mailed February 2, 2024**

Other _____

5a. Name & Address _____ Person ID 19497 <p style="text-align: center;">CITIZENS STATE BANK OF CHENEY KS INC PO BOX 509 CHENEY KS 67025-0509</p>	5b. Name & Address _____ Person ID _____
5c. Name & Address _____ Person ID _____ 	5d. Name & Address _____ Person ID _____

6. General Information Priority Date 04/01/2019 _____ Certificate Date _____ Vested Right Order Date _____ Approval Date 09/13/2021 _____ Priority Date of Change _____ Approval of Change Date _____ Completion Date _____ Perfection Date _____	7. Use of Water: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> IRR <input type="checkbox"/> REC <input type="checkbox"/> DEW <input type="checkbox"/> MUN <input type="checkbox"/> STK <input type="checkbox"/> SED <input type="checkbox"/> DOM <input checked="" type="checkbox"/> CON <input type="checkbox"/> HYD DRG <input type="checkbox"/> WTR PWR <input type="checkbox"/> ART RECHRG <input type="checkbox"/> IND SIC: _____ <input type="checkbox"/> OTHER: _____ 8. Battery Number 4 _____ 9. Special Use _____ 10. Aquifer _____
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Date Prepared: 10/3/24 Date Reviewed: 10/3/2024 Date Entered: 10/4/2024 (no info on reverse)	By: TJC By: KAK By: KAnderson
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File No. **50232** Priority Date: County: **SUMNER** Basin: **NINNESCAH** Stream: Formation Code:

11. Points of Diversion Rate and Quantity
 NC G S
 MOD Authorized Additional
 DEL PDIV Rate Quantity Rate Quantity
 ENT Qualifier S T R CIN 'N 'W Comment gpm AF gpm AF Overlap PD Files

DEL 28761 **34058**

12. Storage: Rate _____ NF Quantity _____ AF Additional Rate _____ NF Additional Quantity _____ AF

13. Limitation: _____ AF mgy at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ AF mgy at _____ gpm (_____ cfs) when combined with file number(s) _____

14. Place of Use NC MOD DEL ENT	PUSE	S	T	R	CIN	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap PU 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				
DEL 19497																							5a		34058

15. Comments: