

Kansas Department of Agriculture / Division of Water Resources
Stockton Field Office

TO: HEADQUARTERS

RE Vested Right; Water Right; Appropriation of Water; Application

File No(s) 11,118-01

County GH

Enclosed are the following checked items:

A _____ FIR Full Partial Inspection Return to Field Office

Proposed Certificate to deliver to Certificate Unit

Meter Order: GMD#4

Lower Smoky

Other _____

A Compliance Check Inspection on _____

Meter Install New App Chg App Other _____

In Compliance Not in Compliance, why _____

Modify Point of Diversion No Yes, document attached

Indicate all overlapping p/d files _____

An application and judgment sheet with recommendation.

A memorandum dated _____

A request for an extension of time to perfect or complete.

A verified report.

A closure request.

A field investigation report.

Notice of Non-Compliance _____

Violation

Date

An ownership change (name(s) and address(es) below).

A water use report for _____

A letter dated _____

A copy of an Approval to Change the place of use and/or point of diversion,

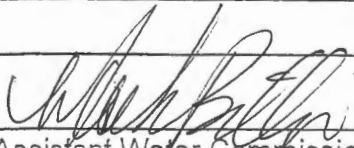
Filing Fee attached.

An Advanced copy of a change application and the filing fee, to be processed at the field office. # 3955

\$ 200.00

An original field office change application and the filing fee needing headquarters office review and further processing.

Other: _____


Assistant Water Commissioner

5-2-17
Date

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. 11,118-D1

RECEIVED
 APR 28 2017
 1:10 pm
 Stockton Field Office
 Division of Water Resources
 ADVANCE COPY

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: Shawn & Melissa Lindenman

1114 Z Rd Morland, KS 67650

Phone Number: (785)567-3057 Email address: smlind@ruraltel.net

Name and address of Water Use Correspondent: Shawn & Melissa Lindenman

1114 Z Rd Morland, KS 67650

Phone Number: (785)567-3057 Email address: smlind@ruraltel.net

3. The presently authorized place of use is:

Owner of Land --- NAME: Elva Lindenman - John Lindenman POA

ADDRESS: 1114 Z Rd Morland, KS 67650

(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	
29	6	25W									40	40	30	40					150

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: Shawn & Melissa Lindenman

ADDRESS: 1114 Z Rd Morland, KS 67650

(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	
29	6	25W					17	2	11.5	25.5			15	15					86

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

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 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.
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			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
29	6	25W					17	2	11.5	25.5			15	15					86

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

5. **Presently authorized point of diversion:**

One in the _____ Quarter of the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ WEST, 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:

Proposed point of diversion: (Complete only if change is requested)

One in the _____ Quarter of the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ WEST, 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 the _____ Quarter of Section _____, Township _____ South, Range _____ WEST, 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:

Proposed point of diversion: (Complete only if change is requested)

One in the _____ Quarter of the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ WEST, 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. Why do you need a new point of diversion? n/a

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

9. When do you propose to complete the new point of diversion?

n/a

10. If the point of diversion is a well:

(a) What are you going to do with the old well?

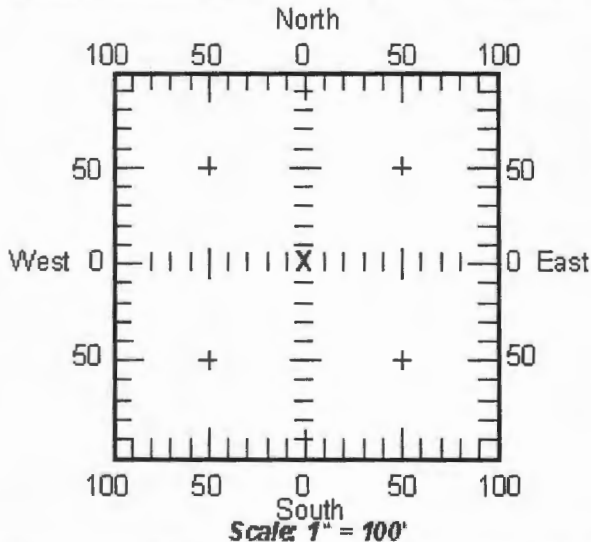
n/a

(b) When will this be done? n/a

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by DLM

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.)



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.

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 11,118-D1
MAKE ADDITIONAL COPIES AS NECESSARY

RECEIVED

APR 28 2017

Stockton Field Office
Division of Water Resources

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: Blake & Heidi Schamberger
ADDRESS: 404 W 59th Terrace Kansas City, MO 64113

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	
29	6	25W									37								37

Owner of Land ---- NAME: Lance & Michelle Schamberger
ADDRESS: 235 Shadow Valley Dr. Leadville, CO 80461

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	
29	6	25W									37								37

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	

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 regard 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 Hill City, Kansas, this 21 day of April, 2017.

Shawn Lindenman
(Owner)

Melissa Lindenman
(Spouse)

Shawn Lindenman
(Please Print)

Melissa Lindenman
(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

State of Kansas
County of Ch } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 21 day of April, 2017.



Jennifer Williams
Notary Public

My Commission Expires 4-1-21

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

RECEIVED

APR 28 2017

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Dated at _____, Kansas, this _____ day of _____, 20____.

Blake A Schamberger
 (Owner)
Blake A Schamberger
 (Please Print)

 (Owner)

 (Please Print)

 (Owner)

 (Please Print)

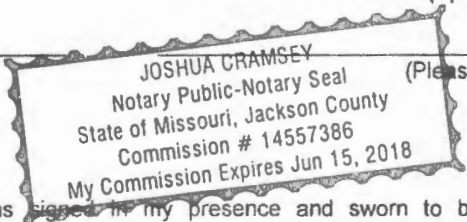
Heidi Schamberger
 (Spouse)
Heidi Schamberger
 (Please Print)

 (Spouse)

 (Please Print)

 (Spouse)

 (Please Print)



State of Kansas }
 County of Jackson } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 11th day of April, 2017.

[Signature]
 Notary Public

My Commission Expires 06/15/2018

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.

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Dated at _____, Kansas, this _____ day of _____, 20_____.

(Owner)

(Please Print)

(Owner)

(Please Print)

(Owner)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(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

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APR 28 2017


Kansas
Department of Agriculture
Division of Water Resources

Stockton Field Office
820 S. Walnut
Stockton, Kansas 67669-0192
Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Kelly Stewart, Water Commissioner

Phone: (785) 425-6787
Fax: (785) 425-6842
www.agriculture.ks.gov
Sam Brownback, Governor

April 28, 2017

GROUNDWATER MANAGEMENT DISTRICT NO 4
PO BOX 905
COLBY KS 67701

Re: Water Right, File No. 11,118-D1

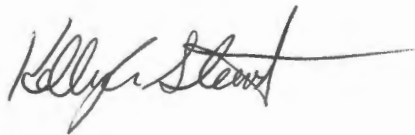
Dear Ladies and Gentlemen:

Reference is made to the application referred to above which appears to be in proper form.

We are delaying any further action until **May 12, 2017** to allow you time to submit your recommendation concerning this application.

Please submit your recommendation within the allotted time or any authorized extension of time thereof. If you wish to refer to a specific file, please reference it when you contact us.

Sincerely,



Kelly C. Stewart
Water Commissioner

KCS:rfh
Enclosures