### Kansas Department of Agriculture / Division of Water Resources <u>Stockton</u> Field Office

| TO: _           | HEADQUARTE                                               | RS                                                   |                                                     |                 | •                 |
|-----------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|-----------------|-------------------|
| RE [            |                                                          |                                                      | Appropriation of                                    |                 |                   |
| Enclos          | , , ,                                                    | ving checked items:                                  |                                                     | •               |                   |
| □ A _           |                                                          |                                                      | ☐ Partial Inspection                                | n 🗌 Return      | to Field Office   |
|                 |                                                          | *                                                    | Meter C                                             | rder: GMD#4     | noky              |
| E<br>M<br>In    | ] Meter Install<br>] In Compliance<br>lodify Point of Di | ☐ New App ☐ Ch<br>☐ Not in Complia<br>version ☐ No ☐ | ng App  Other<br>ance, why _<br>Yes, document attac | Other           |                   |
| ☐ An a          | application and j                                        | udgment sheet with                                   | recommendation.                                     |                 | •                 |
|                 |                                                          |                                                      |                                                     |                 |                   |
| ☐ A re          | equest for an exte                                       | ension of time to per                                | fect or complete.                                   |                 |                   |
| □ A ve          | erified report.                                          |                                                      |                                                     | =               |                   |
| A cl            | osure request.                                           |                                                      | •                                                   |                 |                   |
| $\square$ A fie | eld investigation                                        | report                                               |                                                     |                 | •-                |
| ☐ Noti          | ce of Non-Comp                                           | liance                                               |                                                     |                 | ,                 |
|                 |                                                          | Violation                                            |                                                     |                 | Date              |
|                 | -                                                        | e (name(s) and add                                   |                                                     |                 |                   |
|                 |                                                          |                                                      |                                                     |                 |                   |
| A let           | iter dated                                               |                                                      |                                                     |                 |                   |
|                 |                                                          | raI to Change the ☐<br>hed. # \$ 7 2 9<br>\$ 100.00  | ] place of use and/or .                             | point of diver  | rsion,            |
| An A            |                                                          |                                                      | cation and the filing                               | ee, to be proce | essed at the fiel |
|                 | original field offi<br>w and further pr                  |                                                      | <u>ition</u> and the filing                         | fee needing he  | adquarters offic  |
| ] Other         | r:                                                       |                                                      |                                                     |                 |                   |
|                 | . / , /                                                  |                                                      |                                                     |                 |                   |
| (               | While K                                                  | $M_{\sim}$                                           |                                                     | 4-2             | 3-18              |
| Assi            | istant Water Cor                                         | nmissioner                                           |                                                     | Date            |                   |

### Kansas Department of Agriculture Division of Water Resources

CHANGE: P/D WORKSHEET

| 1. File Number: <b>23,086</b>                                    | 2. Status Change Date:   | 3. Change Num:           | 4. Field Office: 03                          | 5. GMD:                                            |  |  |
|------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------|----------------------------------------------------|--|--|
| 6. Status: Approved Deni                                         | ed by DWR/GMD            | Dismiss by Reques        | st/Failure to Return                         | 7. Filing Date of Change: 4/23/18                  |  |  |
| 8a. Applicant(s) New to system                                   | Person ID 65859 Add Seq# | 8c. Landown<br>New to sy | vstem                                        | Person ID <u>65859</u> Add Seq#                    |  |  |
| GARY & CINDY WERTH<br>1695 COUNTRY ROAD 8<br>QUINTER, KS 67752   | 0                        | 1695 C                   | & CINDY WERTH<br>OUNTRY ROAD<br>ER, KS 67752 |                                                    |  |  |
| 8b. Landowner(s) New to system □                                 | Person ID Add Seq#       | 8d. WUC<br>New to sy     | vstem □                                      | Person ID Add Seq#                                 |  |  |
| 9. Documents and Enclosure(s): ☑ DV ☐ Anti-Reverse Meter ☐ Meter |                          |                          |                                              | Comply: <u>12/31/18</u> riller Copy ☐ H & E Letter |  |  |
| ☐ Conservation Plan Date Requir                                  |                          |                          |                                              | Comply:                                            |  |  |
| 10. Use Made of Water From:                                      |                          | To: _                    |                                              |                                                    |  |  |
|                                                                  |                          |                          | Date Prepared: <b>4/23/</b> * Date Entered:  | By: BILLINGER By:                                  |  |  |

| File No. 23,086 11. County: T |              |                |      | ty: <b>TR</b> | Basin: HACKBERRY CREEK |           |        |              |           |                   | Stream: HACKBERRY CREEK |           |                 |           |           | Fo          | Formation Code: 20 Special Use: 017 |           |           |                   |                 |                       |          |
|-------------------------------|--------------|----------------|------|---------------|------------------------|-----------|--------|--------------|-----------|-------------------|-------------------------|-----------|-----------------|-----------|-----------|-------------|-------------------------------------|-----------|-----------|-------------------|-----------------|-----------------------|----------|
| 12. Po                        | ints of Div  | version        |      |               |                        |           |        |              |           | Rate and Quantity |                         |           |                 |           |           |             | and Q                               |           |           |                   |                 |                       |          |
| MOD                           | PDIV         |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           | ,           |                                     | ized      |           | Α                 | dditional       |                       |          |
| ENT                           | PDIV         | Qualifier      | S    | Т             | R                      | ID        |        | 'N           | ʻW        | 1                 | Con                     | nment     | ment (AKA Line) |           |           | Rate<br>gpn |                                     |           | У         | Rate              |                 | /<br>Overlap PD Files | <b>.</b> |
| DEL                           | 51657        | SE NW SE       | 33   | 138           | 25W                    | 2         | 1      | 695          | 136       | 65                |                         |           |                 |           |           | 600         | )                                   | 140       |           | 600               | 140             |                       |          |
| ENT                           | NEW          | SE NW SE       | 33   | 138           | 25W                    | NEV       | V 1    | 678          | 136       | 65                |                         |           |                 |           |           | 600         | 1                                   | 140       |           | 600               | 140             |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               | -            |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
| 13. Stor                      | rage: Raf    | te             |      | _NF           | Qua                    | intity _  |        |              |           |                   | _ ac/ft                 | Α         | dditior         | nal Ra    | te        | _           |                                     |           | NF        | Addi              | tional Quantity |                       | ac/ft    |
| 14. Limi                      | itation:     |                | af/y | rat           |                        |           |        | gpm (        |           |                   |                         | cfs) w    | hen co          | ombine    | ed with   | n file n    | umber                               | (s)       |           |                   |                 |                       |          |
| Lim                           | itation:     |                | af/y | rat           |                        |           |        | gpm (        |           |                   |                         | cfs) w    | hen co          | ombine    | ed with   | n file n    | umber                               | (s)       |           |                   |                 |                       |          |
| 15. 5 <b>Y</b> R              | R Allocation | on: Allocation | Туре | _ s           | tart Yea               | ır        |        | 5 <b>Y</b> R | Amou      | int _             |                         | Amo       | ount U          | nit       | _         | Base        | Acres                               |           | _ C       | omment .          |                 |                       |          |
| CHK                           | ce of Use    | •              |      | NE1/4         |                        |           | NW1/4  |              |           |                   | SW1/4                   |           |                 |           | SE¼       |             |                                     | Total     | Owner Ch  | hg? Overlap Files |                 |                       |          |
| MOD<br>DEL<br>ENT             | PUSE         | STR            | !D   | NE<br>1/4     |                        | SW<br>1/4 | SE 1/4 | NE<br>¼      | NW<br>1/4 | sw<br>1/4         | SE<br>1/4               | NE<br>1/4 | NW<br>¼         | SW<br>1/4 | SE<br>1/4 | NE<br>1/4   | NW<br>1/4                           | SW<br>1/4 | SE<br>1/4 |                   |                 |                       |          |
| NO CH                         |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                | -    |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
|                               |              |                |      |               |                        |           |        |              |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |
| Base Ad                       |              | Year:          |      | Minimu        | ım Reas                | sonable   | e Quar | ntity:       |           |                   |                         |           |                 |           |           |             |                                     |           |           |                   |                 |                       |          |

### STATE OF KANSAS

DEPARTMENT OF AGRICULTURE DIVISION OF WATER RESOURCES STOCKTON FIELD OFFICE 820 S. WALNUT STOCKTON, KS 67669-0192



PHONE: (785) 425-6787 FAX: (785) 425-6842 www.agriculture.ks.gov

GOVERNOR JEFF COLYER, M.D.

JACKIE McClaskey, Secretary of Agriculture

April 23, 2018

GARY & CINDY WERTH 1695 COUNTRY ROAD 80 QUINTER KS 67752

Re: Water Right, File No. 23,086

Dear Mr. & Mrs. Werth:

Enclosed is the order executed by David W. Barfield, Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

Your attention is directed to the terms, conditions, and limitations specified in this approval for change. Also, the approval of the order requires the installation of a water flow meter(s) on the point(s) of diversion authorized under the above referenced file number by <u>December 31, 2018</u>. Please complete and return the enclosed Notice of Completion of Diversion Works when a water flow meter has been installed. A copy of the Chief Engineer's specifications for the water flow meters are found in K.A.R. 5-1-4 through K.A.R. 5-1-12 along with a partial list of those flow meters found to be acceptable for installation in Kansas can be found on our website at the following web address:

http://agriculture.ks.gov/meters

Please note that all meters must be installed and maintained in accordance with the specifications for water flow meters referenced above.

The abandoned water well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment (KDHE). If the well is to be retained by the landowner for other purposes, a copy of the legal transfer of responsibility for maintenance of the well must be forwarded to KDHE Geology Section, 1000 SW Jackson, Suite 420, Topeka, Kansas 66612, telephone number (785) 296-5524. More information is available online at: http://kdheks.gov/waterwell

Since this order modifies the original certificate, it should be recorded with the Register of Deeds just as other legal documents affecting real estate. Such records are maintained at the Register of Deeds Office in the county wherein the place of use is located.

This document is a summary order by this agency regarding this matter. This order shall become final if a request for a hearing is not filed with the Chief Engineer within 15 days of the date of service of this order.

If you have any questions, please feel free to contact this office at (785)425-6787. If you wish to refer to a specific file, please reference it when you contact us.

Mark Billinger

Assistant Water Commissioner

MB:rfh Enclosures

### **CERTIFICATE OF SERVICE**

On this 23<sup>rd</sup> day of April, 2018, I hereby certify that the attached <u>SUMMARY ORDER</u> <u>APPROVING APPLICATION FOR CHANGE in POINT OF DIVERSION</u> for water right, File No. 23,086, dated on the 23<sup>rd</sup> day of April, 2018, was mailed postage prepaid, first class, U.S. mail, to the following:

GARY & CINDY WERTH 1695 COUNTRY ROAD 80 QUINTER KS 67752

Beeca Xagenine

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**

4 23 18 MB

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.

|             |                                        |          |                                     |                  |                | F       | ile No  | . 23,08       | 36                |         |        |         |               |          |         |                | - 1     | 10, e    | 23 2018<br>光从、                 |
|-------------|----------------------------------------|----------|-------------------------------------|------------------|----------------|---------|---------|---------------|-------------------|---------|--------|---------|---------------|----------|---------|----------------|---------|----------|--------------------------------|
| 1. <i>A</i> | Application                            | on is he | reby n                              | nade fo          | or appr        | oval o  | f the C | hief E        | nginee            | r to ch | ange t | he (ch  | eck or        | e or b   | oth):   |                | Sto     | ckton    | Field Office<br>Vater Resource |
|             |                                        |          | ☐ Place of Use ☐ Point of Diversion |                  |                |         |         |               |                   |         |        |         |               | Division | on ot v | vater nesource |         |          |                                |
| ŧ           | inder the                              | e water  | right w                             | hich is          | the s          | ubject  | of this | applic        | ation i           | n acco  | rdance | with t  | he cor        | dition   | s desc  | ribed b        | elow.   |          |                                |
| 7           | he sour                                | ce of su | apply is                            | s:               |                | ⊠ G     | iround  | water         |                   |         | Surfac | e wate  | er            |          |         |                |         |          |                                |
| 2. 1        | Name an                                | ıd addre | ess of a                            | Applica          | ant: <u>G</u>  | ary & ( | Cindy \ | <u>Werth</u>  |                   |         |        |         |               |          |         |                |         |          |                                |
| 1           | 1695 Country Road 80 Quinter, KS 67752 |          |                                     |                  |                |         |         |               |                   |         |        |         |               |          |         |                |         |          |                                |
|             | Phone N                                |          |                                     |                  |                |         |         |               | Email             |         |        | cattle  | @rural        | tel.net  |         |                |         |          |                                |
| 1           | Name ar                                | nd addre | ess of                              | Water            | Use C          | orresp  | onden   | t: <u>Gar</u> | <u>y &amp; Ci</u> | ndy W   | erth   |         |               |          |         |                |         |          |                                |
| -           | 695 Co                                 |          | -                                   |                  |                | 6775    | 52      |               |                   |         |        |         |               |          |         |                |         |          |                                |
|             | Phone N                                |          |                                     |                  |                |         |         |               | Email             | addre   | ss: gg | tcattle | <u>@rural</u> | tel.net  |         | .,-            |         |          |                                |
| 3.          | The pres                               | ently a  | uthoriz                             | ed pla           | ce of u        | se is:  |         |               |                   |         |        |         |               |          |         |                |         |          |                                |
| (           | Owner o                                | f Land - | NA                                  | ME:              | Gary 8         | Cindy   | / Wert  | <u> </u>      |                   |         |        |         |               |          |         |                |         |          |                                |
|             |                                        | ,        | ADDRI                               | ESS: .           | <u> 1695 C</u> | Countr  | y Road  | 180 C         | uinter.           | KS 6    | 7752   |         |               |          |         |                |         |          |                                |
| (           | If there is                            | more th  | an one                              | landov           | ner, at        | tach su | ppleme  | ntal sh       | eets as           | neces   | sary.) |         |               |          |         |                |         |          |                                |
|             |                                        |          |                                     | NE               | 1/4            |         |         | NV            | V1⁄4              |         |        | SV      | V1/4          |          |         | SE             | 1/4     |          | TOTAL                          |
| Sec.        | Twp.                                   | Range    | NE1/4                               | NW1/4            | SW1/4          | SE1/4   | NE1/4   | NW1/4         | SW1/4             | SE1/4   | NE1/4  | NW1/4   | SW1/4         | SE1/4    | NE1/4   | NW1/4          | SW1/4   | SE1/4    | ACRES                          |
| 33          | 13                                     | 25 W     |                                     |                  |                |         |         |               |                   |         | 36     | 32      | 16            | 25       | 18      | 38             | 40      | 40       | 245                            |
|             |                                        |          |                                     |                  |                |         |         |               |                   |         |        |         |               |          |         |                |         |          |                                |
|             |                                        |          |                                     |                  |                |         |         |               |                   |         |        |         |               |          |         |                |         |          |                                |
| (           | f this ap<br>Owner o                   | f Land - | NA<br>ADDRI                         | NME: .<br>ESS: . | No cha         | ange re | equest  | ed            |                   | - 4     |        |         |               |          |         |                |         |          |                                |
|             |                                        |          |                                     | NE               | 1/4            |         |         | NV            | V¼                |         |        | SV      | V1⁄4          |          |         | SI             | 1/4     |          | TOTAL                          |
| Sec.        | Twp.                                   | Range    | NE1/4                               | NW1/4            | SW1/4          | SE1/4   | NE1/4   | NW1⁄4         | SW1/4             | SE1/4   | NE1/4  | NW1/4   | SW1/4         | SE1/4    | NE1/4   | NW1/4          | SW1/4   | SE1/4    | ACRES                          |
|             |                                        |          |                                     |                  |                |         |         |               |                   |         |        |         |               |          |         |                | <u></u> |          |                                |
|             |                                        | -        |                                     |                  |                |         |         |               |                   |         |        |         |               |          |         |                |         |          |                                |
|             | · · · · · · · · · · · · · · · · · · ·  |          | Ţ                                   |                  |                |         |         |               |                   |         |        |         |               |          |         |                |         |          |                                |
|             |                                        |          |                                     | <u> </u>         |                |         |         |               |                   |         |        |         |               |          | i       | - Marie        |         | <u> </u> |                                |
|             | For Offic                              | ce Use   | Only:                               | Code             |                | Fe      | e \$    |               | _ TR              | #       |        | Re      | eceipt        | Date _   |         |                | Chec    | k#       |                                |

| 5. F    | Presently authori                                                                                                   | zed point of di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | version:                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                      |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |                                                                                                   | Quarter of the                                                                                                                       |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | of Section                                                                                                          | 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , Township                                                                                                                                                                                                      | 13                                                                                                | South, Range                                                                                                                         | 25                                                                                   | W,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | in <u>Trego</u>                                                                                                     | Cour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ity, Kansas, <u>1,740</u>                                                                                                                                                                                       | feet North _                                                                                      | 1,360 feet West of                                                                                                                   | f Southeast corner                                                                   | of section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1       | Authorized Rate _                                                                                                   | 600 gpm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _ Authorized Quantity                                                                                                                                                                                           | 140 AF                                                                                            | Depth of well                                                                                                                        | <u>n/a</u> (feet                                                                     | .)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |                                                                                                   | feet North1,                                                                                                                         |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| -       | Proposed point of                                                                                                   | of diversion: (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | omplete only if chan                                                                                                                                                                                            | ge is request                                                                                     | ed or if existing point i                                                                                                            | s better describe                                                                    | d by GPS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | One in the                                                                                                          | Southeast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Quarter of the                                                                                                                                                                                                  | Northwest                                                                                         | Quarter of the                                                                                                                       | Southeast                                                                            | Quarter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|         | Proposed point of                                                                                                   | of diversion: (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | omplete only if chan                                                                                                                                                                                            | ge is request                                                                                     | ed or if existing point                                                                                                              | <u>is better describe</u>                                                            | d by GPS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| 9.      | The change(s) (wa                                                                                                   | s)(will be) comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | leted by?                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                      |                                                                                      | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 10      | If the point of diver                                                                                               | sion is a well:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                      |                                                                                      | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|         | (a) What are you                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the old well?                                                                                                                                                                                                   | West 0                                                                                            |                                                                                                                                      |                                                                                      | IIII 0 East                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | (a) What are you                                                                                                    | going to do with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the old well:                                                                                                                                                                                                   | [                                                                                                 |                                                                                                                                      | 17 feet                                                                              | south                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | plug or cap it.                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 | _                                                                                                 |                                                                                                                                      | old w                                                                                | الآاء                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | (b) When will this                                                                                                  | be done? ASAF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                 | 100                                                                                               |                                                                                                                                      | - 1 + m                                                                              | 100 ع                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | (2)                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 | -                                                                                                 |                                                                                                                                      | <del>-</del>                                                                         | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11.     | Groundwater Mana                                                                                                    | agement District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | recommendation attach                                                                                                                                                                                           | ed? 200                                                                                           |                                                                                                                                      | 1 + 1 +                                                                              | 1 = 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 12.     | Assisted by DLM                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 | - 30                                                                                              | 10 200 100 0                                                                                                                         | 100 200                                                                              | 300<br>TTTT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 13a     | feet but within 2,64 a topographic ma sources, show all v of the proposed pe addresses of the o names and addresses | O feet of the exist por aerial photoelis (including coint of diversion with the exist point of the exist poi | Il be relocated more that<br>ting point of diversion, a<br>stograph. For ground<br>lomestic) within one-hal<br>and the names and m<br>ace water sources, sho<br>landowner(s) one-half<br>pstream from your pro- | n 300<br>tttach 13b.lf the<br>water of ti<br>f mile diag<br>ailing dive<br>w the abo<br>mile dive | e proposed point of divers he existing point of diversing many shown above in the presion. (PLEASE NOTE: ve represents the persion.) | sion will be relocated rision, indicate its lorelation to the exit.  The "X" in cent | rk=10 ft  I within 300 fee ocation on the isting point of the contraction of the contract |
| DWI     | R 1-121 (Revised 04/5                                                                                               | 5/2018)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RECEIVED                                                                                                                                                                                                        | Page 2                                                                                            |                                                                                                                                      | File No                                                                              | o. <u>23086</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 14. If the proposed groundwater point of diversion is 300 or fewer                                                                                                                                                                      | feet from the existing point of diversion, complete the following                                                                                 | ing:                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <ul> <li>(a) Does the undersigned represent all owners of the currer</li> <li>☑ Yes</li> <li>☑ No</li> <li>(If no, all owners must sign the current of the current owners)</li> </ul>                                                   |                                                                                                                                                   |                              |
| <ul> <li>(b) Will the ownership interest of any owner of the current affected if this application is approved as requested?</li> <li>☑ Yes ☐ No (If yes, all owners must sign</li> </ul>                                                | authorized place(s) of use identified in this application be a his application.)                                                                  | adversely                    |
| (c) If this application is not approved expeditiously, will ther ☐ Yes ☐ No (If no, all owners must sign the                                                                                                                            |                                                                                                                                                   |                              |
| If the application proposes a surface water change in point of div or a change in place of use, the application must be signed by al agent (attach notarized statement authorizing representation).                                     | rsion, a groundwater change in point of diversion greater tha owners of the currently authorized place of use, or their duly                      | in 300 feet,<br>authorized   |
| I hereby verify, being first duly sworn upon my oath o age and the owner, the spouse of the owner, or a duly their behalf, in regards to the water right(s) to which to contained in this application are true, correct and compated at | authorized agent of the owner(s) to make this applines application pertains. I further verify that the stablete                                   | cation on                    |
| (Please Print)                                                                                                                                                                                                                          | (Please Print)                                                                                                                                    |                              |
| (Owner)                                                                                                                                                                                                                                 | (Spouse)                                                                                                                                          |                              |
| (Please Print)                                                                                                                                                                                                                          | (Please Print)                                                                                                                                    |                              |
| (Owner)                                                                                                                                                                                                                                 | (Spouse)                                                                                                                                          |                              |
| (Please Print)                                                                                                                                                                                                                          | (Please Print)                                                                                                                                    |                              |
| State of Kansas County of GOVE SS                                                                                                                                                                                                       |                                                                                                                                                   | o. 1                         |
| I hereby certify that the foregoing application was sign of                                                                                                                                                                             | Linda L. Zerr                                                                                                                                     | <u>4</u> day                 |
| ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be con accurate information; maps, if necessary, must be included; signatures of the appropriate fee must be paid.                                                                     | plete, all of the applicable portions of the application form must be co<br>all the appropriate owners' must be affixed to the application and no | mpleted with<br>tarized; and |
|                                                                                                                                                                                                                                         | SCHEDULE                                                                                                                                          |                              |
| (2) Application to change a point of diversion more than                                                                                                                                                                                | on under this section shall be accompanied by the application epartment of Agriculture less                                                       | \$100<br>\$200               |
|                                                                                                                                                                                                                                         | RECEIVED                                                                                                                                          |                              |
| DWR 1-121 (Revised 04/5/2018)                                                                                                                                                                                                           | Page 3 APR <b>2 3</b> 2018 File No. <u>23</u>                                                                                                     | 086                          |

#### SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, et seq. and other applicable provisions of the Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq., and rules and regulations promulgated thereunder, With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 23,086 4-23-18 A change application was received on requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. 

Applicable Not Applicable The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a foot radius of the authorized point(s) of diversion. Applicable The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. 

Applicable 

Not Applicable The point(s) of diversion authorized herein shall not actually be located more than authorized point(s) of diversion. 

Applicable Not Applicable feet from the previously As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with Applicable K.A.R. 5-6-13. ☐ Not Applicable 7. The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 20 / 5 , or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. M Applicable Not Applicable Installation of the works for diversion of water shall be completed on or before December 31, 2018, or within any authorized extension of time. By March 1, 2019, the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable ☐ Not Applicable Not Applicable 9. The completed well log shall be submitted with the required notice. ☐ Applicable 10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. LApplicable **₩**No 11. Additional Conditions are attached. ☐ Yes 12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and imitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the Kansas Water Appropriation Law and the Rules and Regulations promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law. Administrative Appeal and Effective Date of Order FOR OFFICE USE ONLY APPLICATION APPROVED AND If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of RY ORDER ISSUED Agriculture. A request for hearing by the Chief Engineer must be filed within 15 days of service of this Order and a request for signee of the Chief Engineer July Authorized D administrative review by the Secretary must be filed within 30 days pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS BRUNGAN (Print Name): Division of Water Resources - Kans Department of Agriculture Date of Issuance: 66502. Failure to timely request a hearing or review may State of Kansas preclude review under the Kansas Judicial Review Act. SS For Use by Register of Deeds County of Acknowledged before me on RECEIVED APR **23** 2018 Signature: Stockton Field Office REBECCA F. HAGEMAN My commission expires: (x-29-1)? NOTARY Division of Water Resources Appointment Expires PUBLIC Ting 29, 2019 TANKAS

## 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.