

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

1. File Number: 5,788	2. Status Change Date:	3. Change Num: C4	4. Field Office: 03	5. GMD:
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 1/7/19
8a. Applicant(s) New to system <input type="checkbox"/> W BENSON KEIL 1912 UNION RD CONCORDIA, KS 66901-9652		Person ID 9176 Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> HAZEL E KEIL TRUST #1 W BENSON & JUNDY A KEIL TTEES 1912 UNION RD CONCORDIA, KS 66901-9652	
8b. Landowner(s) New to system <input type="checkbox"/> K&K LAND LLC 1912 UNION RD CONCORDIA, KS 66901-9652		Person ID 63541 Add Seq# _____	8d. WUC New to system <input type="checkbox"/> W BENSON KEIL 1912 UNION RD CONCORDIA, KS 66901-9652	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/19 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/19				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input type="checkbox"/> Check Valve <input type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input type="checkbox"/> Driller Copy <input type="checkbox"/> H & E Letter <input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
			Date Prepared: 1/8/19 By: BILLINGER	
			Date Entered: By:	

File No. **5788** 11. County: **CD** Basin: **REPUBLICAN RIVER** Stream: Formation Code: **113** Special Use: **034**

12. Points of Diversion
 CHK
 MOD
 DEL PDIV
 ENT Qualifier S T R ID 'N 'W Comment (AKA Line) Rate gpm Quantity af Rate gpm Quantity af Overlap PD Files

DEL 11423 CN NW 25 5S 3W 2 5000 3980 600 56 600 56 39813, 39932

ENT 21476 NE SE SW 24 5S 3W 1 1112 2670 600 56 600 56

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use CHK MOD DEL ENT PUSE S T R ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files
	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
NO CHANGE																				

Base Acres: Year: Minimum Reasonable Quantity:

Comments: **FILE 5788 MOVING BACK TO ORIGINAL AUTH WELL (PDIV 21476) THAT IS NOW BETTER DESCRIBED WITH GPS. FILES 39813 & 39932 WILL REMAIN AT PDIV 11423. THERE ARE NO NEARBY WELLS WITHIN 1/2 MILES NOT OWNED BY APPLICANT**

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

January 8, 2019

HAZEL E KEIL TRUST #1
W BENSON & JUDY A KEIL TTEES
1912 UNION RD
CONCORDIA KS 66901-9652

Re: Water Right, File No. 5,788

Dear Mr. & Mrs. Keil:

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 **December 31, 2019**. 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>

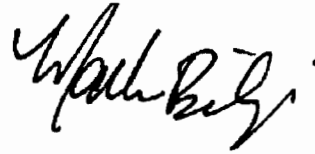
Since this order modifies the original certificate, it should be recorded with the Register of Deeds just as other legal documents affecting real estate. Such records are maintained at the Register of Deeds Office in the county wherein the place of use is located.

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.

(over)

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.

Sincerely,



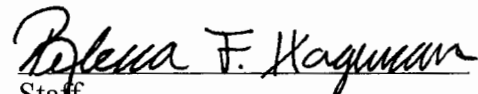
Mark Billinger
Assistant Water Commissioner

MB:rfh
Enclosures

CERTIFICATE OF SERVICE

On this 8th day of January, 2019, I hereby certify that the attached **SUMMARY ORDER APPROVING APPLICATION FOR CHANGE in POINT OF DIVERSION** for water right, File No. 5,788, dated on the 8th day of January, 2019, was mailed postage prepaid, first class, U.S. mail, to the following:

HAZEL E KEIL TRUST #1
W BENSON & JUDY A KEIL TTEES
1912 UNION RD
CONCORDIA KS 66901-9652



Rebecca F. Kragman
Staff

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

1 8 19
 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.

RECEIVED

File No. 5,788

JAN 07 2019
 11:45 a.m.
 Stockton Field Office
 Division of Water Resources

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: W BENSON KEIL

1912 UNION RD CONCORDIA, KS 66901-9652

Phone Number: (785)243-4510 Email address: wbensonkeil@gmail.com

Name and address of Water Use Correspondent: SAME

Phone Number: ()

Email address: _____

3. The presently authorized place of use is:

Owner of Land --- NAME: HAZEL E KEIL TRUST #1 W BENSON & JUDY A KEIL TTEES

ADDRESS: 1912 UNION RD CONCORDIA KS 66901-9652

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
13	5S	3W			31.5	33.25			35.5	38.5									138.75
24	5S	3W						31	30.5	31.5	35.5								168
25	5S	3W		18			29.5												47.5

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land --- NAME: NO CHANGE

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

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

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ CN _____ Quarter of the _____ NW _____ Quarter
 of Section _____ 25 _____, Township _____ 5 _____ South, Range _____ 3 _____ W,
 in CLOUD _____ County, Kansas, _____ 5000 _____ feet North _____ 3980 _____ feet West of Southeast corner of section.
 Authorized Rate _____ 600 GPM _____ Authorized Quantity _____ 56 AF _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 2 _____ GPS _____ 4873 _____ feet North _____ 4089 _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ NE _____ Quarter of the _____ SE _____ Quarter of the _____ SW _____ Quarter
 of Section _____ 24 _____, Township _____ 5 _____ South, Range _____ 3 _____ W,
 in CLOUD _____ County, Kansas, _____ 1112 _____ feet North _____ 2670 _____ feet West of Southeast corner of section.
 Proposed Rate _____ 600 GPM _____ Proposed Quantity _____ 56 AF _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (EW),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (EW),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. The changes herein are desired for the following reasons?
 (please be specific) TO MOVE BACK TO ORIGINAL
AUTHORIZED LOCATION

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

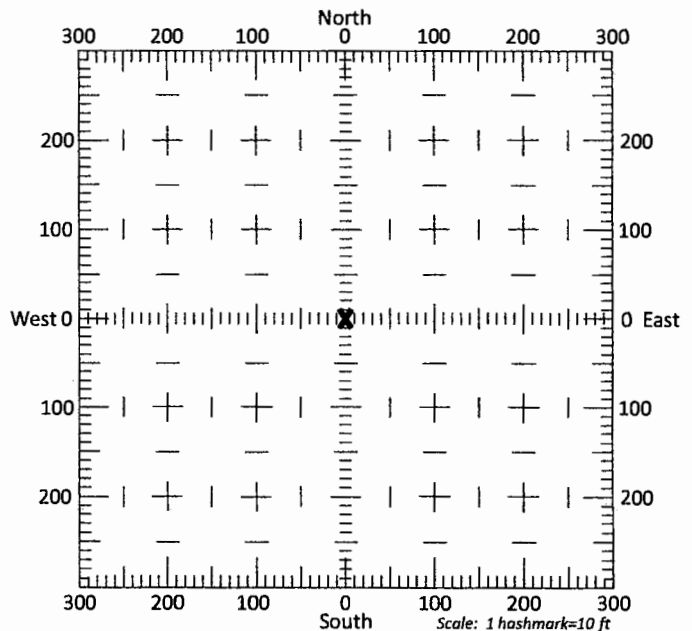
9. The change(s) (was)(will be) completed by?
12/31/19

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
RETAIN FOR FILES 39813 & 39932
 (b) When will this be done? UPON APPROVAL

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by M. BILLINGER

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

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JAN 07 2019

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:
- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
 - (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
 - (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

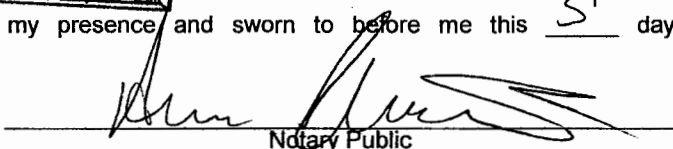
Dated at _____, Kansas, this _____ day of _____, 20_____.

<p><u>W. Benson Keil</u> (Owner)</p> <p><u>W. Benson Keil</u> (Please Print)</p> <p><u>Hazel E Keil Trust #1 / W. Benson Keil Trustee</u> (Owner)</p> <p><u>Hazel E Keil Trust #1 / W. Benson Keil Trustee</u> (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p>	<p><u>Judy Keil</u> (Spouse)</p> <p><u>Judy Keil</u> (Please Print)</p> <p><u>Hazel E Keil Trust #1 / Judy A. Keil Trustee</u> (Spouse)</p> <p><u>Hazel E Keil Trust #1 / Judy A. Keil, Trustee.</u> (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p>
--	---

State of Kansas }
 County of Cloud } SS

ANNESSA CHRISTENSON
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 12/29/2020

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 3rd day of January, 2019.



 Notary Public

My Commission Expires 12/29/2020.

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

(1) Application to change a point of diversion 300 feet or less	\$100
(2) Application to change a point of diversion more than 300 feet	\$200
(3) Application to change the place of use	\$200

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 JAN 07 2019

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

JAN 07 2019

Stockton Field Office
Division of Water Resources

Presently authorized point of diversion:

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)

(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)

This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____

This point is: Additional Well Geo Center List other water rights that will use this point _____

Presently authorized point of diversion:

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)

(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)

This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____

This point is: Additional Well Geo Center List other water rights that will use this point _____

Presently authorized point of diversion:

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)

(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)

This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____

This point is: Additional Well Geo Center List other water rights that will use this point _____

Presently authorized point of diversion:

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)

(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)

This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:

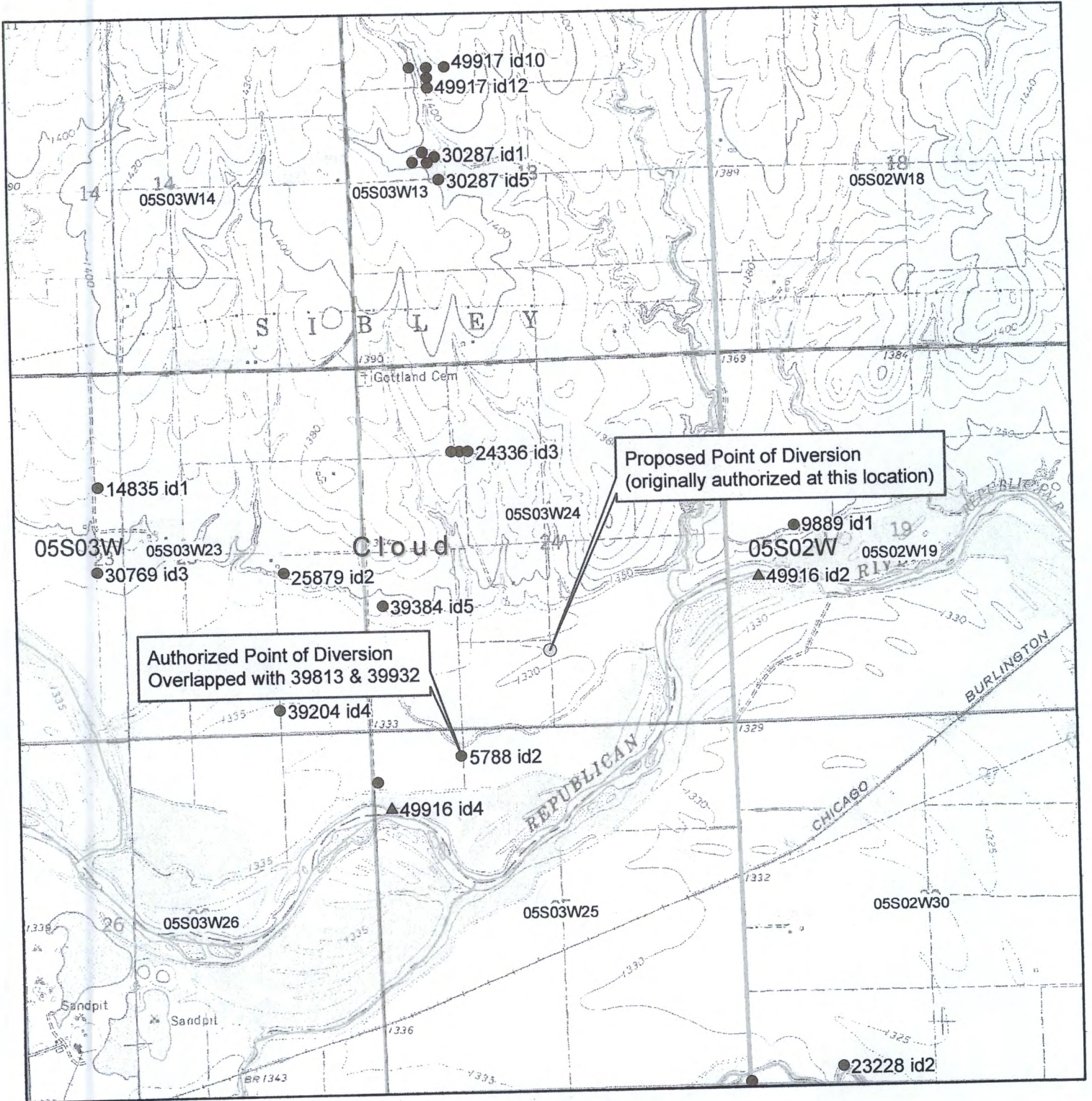
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)

One in the _____ Quarter of the _____ Quarter of the _____ Quarter
of Section _____, Township _____ South, Range _____ (E/W),
in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____

This point is: Additional Well Geo Center List other water rights that will use this point _____

Application to Change the Point of Diversion For Water Right File # 5,788



- ▲ Surface Water Point of Diversion
- Groundwater Point of Diversion

1:24,000

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JAN 07 2019

Stockton Field Office
Division of Water Resources

Signature Required

W. Ben Kal

By signing this I am stating that to the best of my knowledge that all wells within 1/2 mile of proposed well location are identified on this map.



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.