

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

RECEIVED
 AL 3:20
 JAN 03 2024

Stockton Field Office
 Division of Water Resources



STATE OF KANSAS

APPLICATION COMPLETE
 1 / 10 / 24
 Reviewer 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.

File No. 36,598

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: Howard R McMillan Trust No. 1

Howard R & Shea M McMillan TTEE, 1124 Quail Rd, Concordia, KS 66901

Phone Number: (785)243-5602 Email address: hrmsmm@yahoo.com

Name and address of Water Use Correspondent: Same as above

Phone Number: () Email address:

3. The presently authorized place of use is:

Owner of Land ---- NAME: Howard R McMillan Trust No 1

ADDRESS: Howard R & Shea M McMillan TTEE, 1124 Quail Rd, Concordia, KS 66901

(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	
33	4	4w					28	36	36	36									136

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: Howard R McMillan Trust No 1

ADDRESS: Howard R & Shea M McMillan TTEE, 1124 Quail Rd, Concordia, KS 66901

(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	
32	4	4w	L-1 33.5	L-2 38.5	L-5 33.5	L-6 33.5	L-2 3			L-2 .5									142.5
33	4	4w					37.5	37.5	37.5	37.5									150

For Office Use Only: Code CP4 Fee \$ 2,000.00 TR # _____ Receipt Date 1-3-24 Check # 8281

5. **Presently authorized point of diversion:**
 One in the NC Quarter of the NW Quarter of the _____ Quarter of Section 133, Township 4 South, Range 4 W, in Republic County, Kansas, 3960 feet North 3870 feet West of Southeast corner of section. Authorized Rate 945 gpm Authorized Quantity 192 AF Depth of well _____ (feet)
(DWR use only: Computer ID No. 8 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 _____

6. **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 _____

7. The changes herein are desired for the following reasons?
 (please be specific) Create overlapping PU w/ Files 2524 34628 & 40725 to allow irrigation of new acres.

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

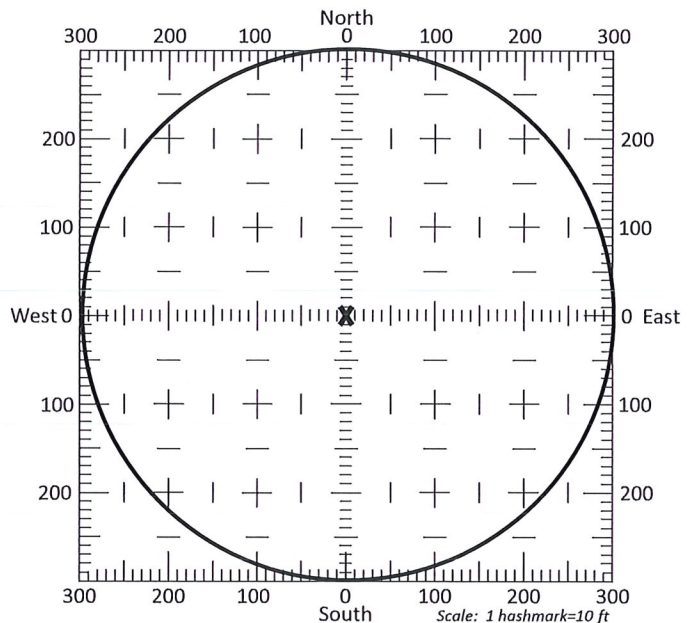
9. The change(s) (was)(will be) completed by?
on approval

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
n/a
 (b) When will this be done? n/a

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by jkb - STK FO

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 a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. **(PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)**

JAN 03 2024

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET

FILE NO. 34,628

MAKE ADDITIONAL COPIES AS NECESSARY

RECEIVED

JAN 03 2024

Stockton Field Office
Division of Water Resources

3. *Continued:* The presently authorized place of use is:

Owner of Land ---- NAME: _____
ADDRESS: _____

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

Owner of Land ---- NAME: _____
ADDRESS: _____

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

Owner of Land ---- NAME: _____
ADDRESS: _____

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

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

5. Owner of Land ---- NAME: Shea M McMillan Trust No 1

6. ADDRESS: Howard R & Shea M McMillan TTEE 1124 Quail Rd, Concordia, KS 66901

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES				
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼					
29	4	4w									L-7 3.5			L-10 24					32.5	32.5	39.5	32.5	164.5

Owner of Land ---- NAME: _____
ADDRESS: _____

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

Owner of Land ---- NAME: _____
ADDRESS: _____

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

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 Concordia, Kansas, this 28th day of December, 2023.

Howard McMillan
(Owner)

Shea McMillan
(Spouse)

Howard McMillan owner, trustee
(Please Print)

Shea McMillan trustee
(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

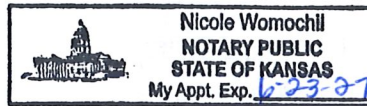
(Owner)

(Spouse)

(Please Print)

(Please Print)

State of Kansas }
County of Cloud } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 28 day of December, 2023.

Nicole Womochil
Notary Public

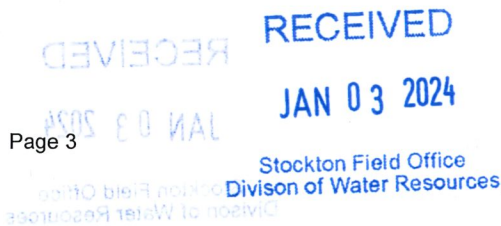
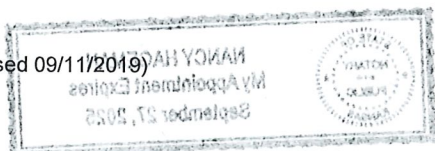
My Commission Expires 6/23/27

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



Application for Change in Place of Use,
Water Right, File No. 36,598


RECEIVED

JAN 03 2024



+ Section Corners

1:24,000

 Authorized Place of Use

Map reviewed by:



 Proposed Place of Use

Signature

Date

Date: 12/19/2023

Stockton Field Office
820 S. Walnut
Stockton, KS 67669-0192



Phone: 785-425-6787
Fax: 785-425-6842
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

January 10, 2024

SHEA M MCMILLAN TRUST NO 1
Attn: HOWARD R & SHEA M MCMILLAN TTEE
1124 QUAIL RD
CONCORDIA, KS 66901

Re: Water Right, File Nos. 2,524; 34,628; 36,598; &
40,725

Dear Sir or Madam:

Enclosed are (4) four orders executed by Earl Lewis, Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications for change under the above referenced file numbers.

Your attention is directed to the terms, conditions, and limitations specified in these approvals for change.

Since these orders modify the original certificates, they should be recorded with the Register of Deeds as other instruments affecting real estate.

These documents are summary orders by this agency regarding these matters. These orders shall become final if requests for hearings are not filed with the Chief Engineer within 15 days of the date of service of these orders.

If you have any questions, please feel free to contact this office. If you wish to refer to a specific file, please reference it when you contact us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Billinger".

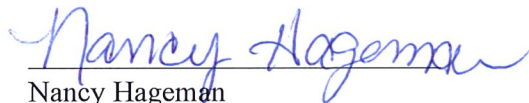
Mark Billinger
Assistant Water Commissioner

MB:ndh
Enclosures

CERTIFICATE OF SERVICE

On this 10th day of January 2024, I hereby certify that the attached **SUMMARY ORDERS APPROVING APPLICATIONS FOR CHANGE in** Place of Use for water right, File Nos. 2,524; 34,628; 36,598 & 40,725, dated on the 10th day of January 2024, were mailed postage prepaid, first class, U.S. mail, to the following:

SHEA M MCMILLAN TRUST NO 1
Attn: HOWARD R & SHEA M MCMILLAN TTEE
1124 QUAIL RD
CONCORDIA, KS 66901


Nancy Hageman
Administrative Assistant