

CHECK SHEET Short Change

(To be completed and attached to each application)

File No. 28699

Field Office No. 1

GMD No. _____

1. **Plugging agreement obtained for GMD?** Yes No Non Applicable
2. **Is Landowner correct as currently shown in WRIS?** Yes No **Address Change?** _____
If applicable, list Place of Use Overlap File Nos. None

3. **Is Water Use Correspondent correct as currently shown in WRIS?** Yes No **Address Change?** _____
Name of Former WUC _____ Name of New WUC _____

4. a. **Point of diversion computer ID No(s).** 9 for point(s) being changed.
- b. **Show feet distances from the** SE **corner of the section for the new point(s) of diversion:**

Action	PDIV ID	Geo Ctr?	Sec	Twp	Rng	'N	'W	County	Qualifiers
DEL	78626	NO	13	11S	14E	629	3414	SN	SW SE SW
ENT		NO	13	11S	14E	627	3397	SN	SW SE SW

- c. **If multiple points of diversion exist and rates and quantities are individually assigned, show:**
- | Old PDIV ID | Authorized Rate | Additional Rate | Authorized Quantity | Additional Quantity |
|-------------|-----------------|-----------------|---------------------|---------------------|
| _____ | _____ gpm | _____ gpm | _____ af | _____ af |
| _____ | _____ gpm | _____ gpm | _____ af | _____ af |
| _____ | _____ gpm | _____ gpm | _____ af | _____ af |
- d. **Name of Drainage Basin** Kansas River **Is this correctly shown in WRIS?** Yes No
- e. **Formation Name & No.** _____ **Special Use Area** _____

5. **Distances from the previous/original p/d:** _____ ' N / S _____ ' E / W

6. WATER RIGHT ACTION TRAIL COMMENTS

05/15/17 Change Application Received (date accepted for priority)

05/18/17 Change Approved
Notice and Proof by 12/31/17

--/------ Completion Requirement Removed (Change No. C _____)

7. METER ACTION TRAIL COMMENTS

05/17/17 DWR Meter Required by 12/31/2017

8. Base Acres _____ Year _____ Minimum Reasonable Quantity _____

Date Created **5/16/17** by **LHH/TFO**
Date Entered _____ by _____

CHECK SHEET ATTACHMENT

9. Changes to the place of use will be:

File Number 28699

Action	Owner Person ID	Place Use ID #	Sec.	Twp.	Range	NE 1/4			NW 1/4			SW 1/4			SE 1/4			TOTAL ACRES		
						NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4			
NO CHG																				
		Acres Authorized																		
		New Acres																		
		Acres Authorized																		
		New Acres																		
		Acres Authorized																		
		New Acres																		
		Acres Authorized																		
		New Acres																		

Names and Address:

1. _____ _____	Person ID # _____	2. _____ _____	Person ID # _____	3. _____ _____	Person ID # _____
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GENERAL INSTRUCTIONS

- Give to Applicant:
 - Original application/approval
 - Original receipt (one for each application)
 - Information packet containing:
 - Notice and Proof form
 - Water Meter Specifications
 - Acceptable Meter list
 - Water level measurement tube specifications
 - Check Valve specifications
 - Pink Sheet - K.S.A. 82a-728 letter
 - Form stating to record in Register of Deeds Office (OPTIONAL AS NEEDED)
 - Send to headquarters:
 - Good, microfilmable copy of application and/or approval and this check sheet
 - Original check and copy of receipt
 - Test hole log
 - GMD recommendation, if any
 - Map or aerial photograph, if any
 - Send to KDHE: Letter (KDHE.LT) advising of location of abandoned well.

CONDITIONS

 - Insert notice and proof date.
 - Type or print applicant's/owner's name on line.
 - Complete notary statement.
 - Date stamp received and approved.
 - Complete ownership and WUC change information.
- ADDITIONAL PHOTOCOPIES
- _____
- _____
- _____
- _____
- _____
- _____
- _____



Topeka Field Office
6531 SE Forbes Ave., Suite B
Topeka, Kansas 66619

Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Katherine A. Tietsort, Water Commissioner

Phone: (785) 296-5733
Fax: (785) 862-2460
www.agriculture.ks.gov
Sam Brownback, Governor

May 18, 2017

ROBERT J MOHLER TRUST
8025 NW 21ST ST
TOPEKA KS 66618-2862

Re: Water Right,
File No. 28,699

Dear Sir:

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 this order requires the installation of a water flow meter on the point of diversion authorized under the above referenced file number by December 31, 2017 or before the first use of water. Please note that the meter must be installed and maintained in accordance with the Chief Engineer's specifications for water flow meters found in K.A.R. 5-1-4 through K.A.R. 5-1-12. A copy of these specifications and a list of acceptable meters can be obtained from our website at the following web address:

<http://agriculture.ks.gov/meters>

Because this order modifies the original certificate issued under your water right file, it should be recorded with the Register of Deeds as other instruments affecting real estate.

This document is a summary order by this agency regarding this matter. These orders 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 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,


Katherine A. Tietsort
Water Commissioner

KAT:Ihh
Enclosures

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.
 Call for address:
 Topeka -- (785) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

File No. 28699

RECEIVED
 MAY 15 2017
 10:27 AM
 Topeka 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: ROBERT J MOHLER TRUST

8025 NW 21ST ST TOPEKA KS 66618

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: ROBERT J & ELAINE M MOHLER TRUSTS

8025 NW 21ST ST TOPEKA KS 66618

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: NOT SUBJECT OF APPLICATION

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	

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: NOT SUBJECT OF APPLICATION

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 SW Quarter of the SE Quarter of the SW Quarter of Section 13, Township 11 South, Range 14E (E/W), in SHAWNEE County, Kansas, 629 feet North 3414 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS 627 feet North 3417 feet West)
 This point will not be changed This point will be changed as follows:
Proposed point of diversion: (Complete only if change is requested)
 One in the SW Quarter of the SE Quarter of the SW Quarter of Section 13, Township 11 South, Range 14E (E/W), in SHAWNEE County, Kansas, 627 feet North 3397 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 7744 & 9694

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:
Proposed point of diversion: (Complete only if change is requested)
 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. Why do you need a new point of diversion? THE WELL IS PRODUCING SAND AND NEEDS TO BE REPLACED

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

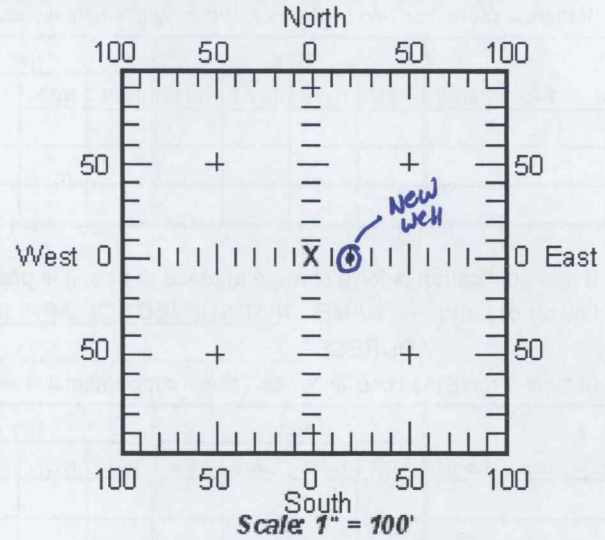
9. When do you propose to complete the new point of diversion?
UPON APPROVAL OF THE APPLICATION

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

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by BRETT BUNGER 4-24-17

13a. If the proposed point of diversion will be relocated within 100 feet of the existing point of diversion, indicate its location on the diagram below in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram below represents presently authorized point of diversion.)



13b. If the proposed point of diversion will be relocated more than 100 feet but within 1320 feet from the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines.

14. If the proposed groundwater point of diversion is 300 or fewer feet from existing point of diversion, complete the following:

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

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

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

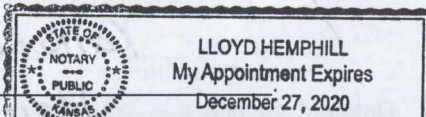
Dated at _____, Kansas, this _____ day of _____, 20_____.

<u>Robert J. Mohler</u> (Owner)	_____ (Spouse)
<u>Robert J. Mohler</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }
County of Shawnee } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 28th day of April, 2017.

My Commission Expires _____



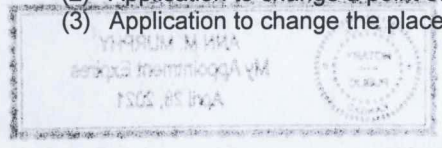
Lloyd Hemphill
Notary Public

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

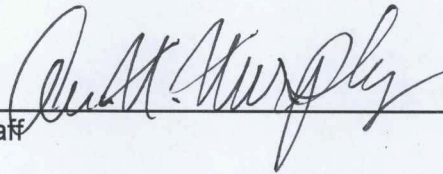


CERTIFICATE OF SERVICE

On this 18TH day of May, 2017, I hereby certify that the attached **APPROVAL OF APPLICATION FOR CHANGE IN POINT OF DIVERSION**, Water Right, File No. 28699, dated May 15, 2017 was mailed postage prepaid, first class, US mail to the following:

ROBERT J MOHLER TRUST
8025 NW 21ST ST
TOPEKA KS 66618-2862

Staff

A handwritten signature in cursive script, appearing to read "A. M. Murphy", is written over a horizontal line. The signature is positioned to the right of the word "Staff".