

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. 16,197

RECEIVED
 4:07PM
 MAR 11 2021
 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: TURNER SIMPSON INC Attn: ROBERT L SIMPSON

1920 POYNTZ AVE MANHATTAN, KS 66502

Phone Number: (785) 341-3967 Email address: rls@robertl.com

Name and address of Water Use Correspondent: To be changed to: RICHARD COTT

970 18TH RD CLAY CENTER, KS 67432

Phone Number: (785) 632-0642 Email address: Cott@rob@twivvalley.net

3. The presently authorized place of use is:

Owner of Land ---- NAME: SEE SUPPLEMENTAL PAGE

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: SEE SUPPLEMENTAL PAGE

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 CPU Fee \$ 200 TR # _____ Receipt Date 3/11/21 Check # 5050

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 16,197
MAKE ADDITIONAL COPIES AS NECESSARY

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

Owner of Land --- NAME: TURNER-SIMPSON INC ATTN ROBERT L SIMPSON
ADDRESS: 1920 POYNTZ MANHATTAN KS 66502

| 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 | | |
| 10 | 6S | 1E | 24 | | | 29 | | | | | | | | | | Lot 1 10 | Lot 1 6 | | | 69 |
| | | | | | | | | | | | | | | | | | | | | |

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

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

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

Owner of Land --- NAME: R & R COTT FARMS, LLC
ADDRESS: 1047 20TH RD CLAY CENTER, KS 67432

| 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 | 6S | 1E | | | | | Lot 3 22.39 | Lot 4 31.69 | Lot 5 5.30 | Lot 5 38.20 | Lot 8 11.01 | | | | Lot 8 5.61 | | | | | 114.2 |
| 4 | 6S | 1E | | | 40 | | 0.92 | 2.83 | 0.81 | 5.4 | | | 7.74 | 38.18 | 38.57 | 38.7 | 35.51 | | | 208.66 |
| 9 | 6S | 1E | | | | | Lot 1 16.33 | | | | | | | Lot 7 25.63 | Lot 7 0.70 | | | | | 42.66 |
| 9 | 6S | 1E | 40 | 35.73 | | 35.44 | | | | | | | | | | | | | | 111.17 |
| 9 | 6S | 1E | | | | | | | | Lot 3 35 | | | | | | | | | | 35 |
| 9 | 6S | 1E | | | | | 40 | 40 | | 2.59 | | | | | | | | | | 82.59 |

Owner Total: 594.28 ac.

Owner of Land --- NAME: TURNER-SIMPSON INC ATTN ROBERT L SIMPSON
ADDRESS: 1920 POYNTZ MANHATTAN KS 66502

| 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 | | |
| 10 | 6S | 1E | 40 | 40 | 40 | 40 | 40 | | | 40 | 12.1 | | | 3 | | | 7 | | | 262.1 |
| 10 | 6S | 1E | | | | | | | | | Lot 2 27.9 | | | | Lot 1 12 | Lot 1 18 | | | | 57.9 |
| | | | | | | | | | | | | | | | | | | | Owner Total: | 320 ac. |

5. **Presently authorized point of diversion: NO CHANGE - NOT THE SUBJECT OF THIS APPLICATION**

One in the _____ Quarter of 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 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 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 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) _____
To create a complete P/U overlap between File Nos.
5,213; 11,124; 16,197; 32,508; 35,793; 35,794; & 49,776

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

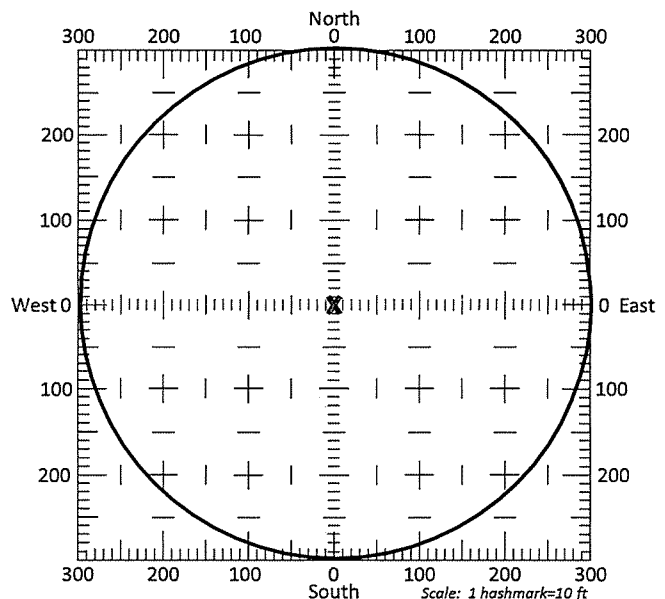
9. The change(s) will be completed by?
 upon approval _____

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 Lloyd Hemphill - TFO

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.)**

N/A

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.)

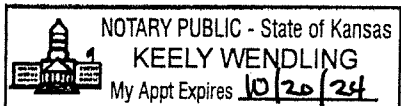
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 Mar 9, 2021, Kansas, this 9th day of March, 20 21.

Turner Simpson Inc. (Owner) _____ (Spouse) _____
 _____ (Please Print) _____ (Please Print)
Robert d. Simpson (Owner) _____ (Spouse) _____
President _____ (Please Print) _____ (Please Print)
 _____ (Owner) _____ (Spouse) _____
 _____ (Please Print) _____ (Please Print)

State of Kansas }
County of Riley } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 9th day of March, 20 21.

Keely Wendling
Notary Public

My Commission Expires 10/20/2024.

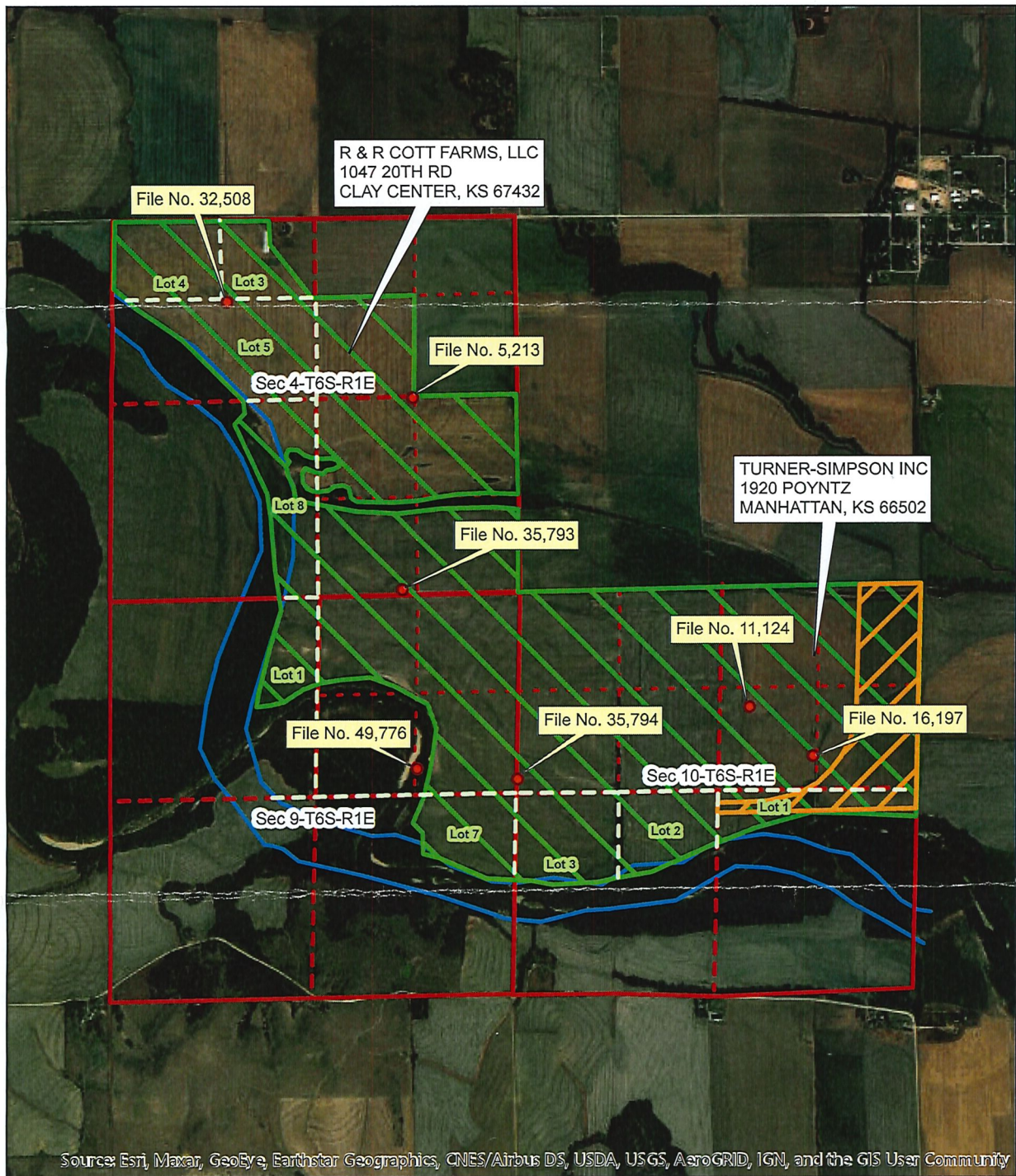
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate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

PLACE OF USE CHANGE WATER RIGHT, FILE NO. 16,197

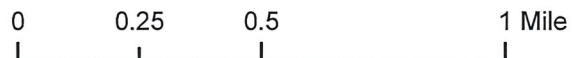


Authorized_PU_16197

Proposed_PU



Scale: 1:24,000



Map prepared by: LHH/TFO 2-23-21

WATER USE CORRESPONDENT CHANGE FORM

ATTENTION LANDOWNER(S): COMPLETE ONLY IF A NON-OWNER IS TO REPORT WATER USE

To: Kansas Department of Agriculture
Division of Water Resources
1320 Research Park Drive
Manhattan, Kansas 66502
<http://agriculture.ks.gov/dwr>

Re: Water Use Correspondent for
File No(s) 11,124 & 16,197

I am aware that Kansas law (K.S.A. 82a-732) requires the owner of a water right or permit to appropriate water for beneficial use, except for domestic use, to file an annual water use report with the Division of Water Resources, Kansas Department of Agriculture on or before March 1 following the end of the previous calendar year. I understand that the law provides that failure to file the report or submission of an incomplete or inaccurate report could subject me, as owner (or part owner) of the above file number(s) to a civil penalty not to exceed \$1,000 and that any person falsifying the report could be charged with a class C misdemeanor.

I further understand that as water use correspondent my designee will be the only person who will receive an annual water use report from the Division of Water Resources concerning my water use reporting requirement.

Information of the new water use correspondent:

Name: RICHARD COTT

Address: 970 18TH RD City, State, Zip: CLAY CENTER KS 67432

E-mail: _____ Telephone: _____

I designate the above as the water use correspondent for the above file number(s) until I rescind this authority in writing.

[Signature] Pres.
Owner's Signature
1920 Boyatz Ave
Address
Manhattan KS 66502
City, State, Zip

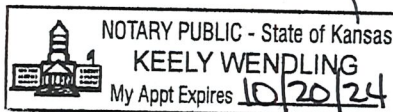
Turner Simpson Ave,
Robert H. Strupac, Pres.
Print Name
785-341-3967
Telephone

State of Kansas)
County of Riley)

I hereby certify that the foregoing instrument was signed in my presence and sworn to before me this 9th day of March, 2021.

[Signature]
Notary Public

My Commission Expires: 10/20/24



DWR Initials