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

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. 1	under the wate	r right w	hich is	the su	ubject	of this	applic	ation in	n acco	rdance	with t	he cor	nditions	s desc	ribed b	oelow.		
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	(If there is more	than one	landow	vner, att	lach su	ppleme	ntal sh	eets as	necess	sary.)								
34		NE¼				NW¼				SW¼			SE1/4			TOTAL		
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_	Drocently outhorized point of diversity				
5.					
	One in the Quarter of theN	W Qu	arter of the	SW	Quarter
	of Section34, Township12	2 Soi	uth, Range	4E	(E/W),
	in <u>DICKINSON</u> County, Kansas, <u>2210</u> feet	North <u>4140</u>	_ feet West of Sout	theast corner o	f section.
	Authorized Rate Authorized Quantity	Dept	h 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 fo	llows: 🗌 No chan	ge, point better descr	ribed with GPS a	s follows:
	Proposed point of diversion: (Complete only if change is re	equested or if ex	isting point is bet	ter described	by GPS)
	One in the Quarter of the S	W Qua	arter of the	NW	Quarter
1	of Section34 Township 12	Sou	uth Range	4F	$(E/\Lambda\Lambda)$
	in <u>DICKINSON</u> County, Kansa 6 3305 feet	North4020	_ feet West of Sout	theast corner of	f section.
	Proposed Rate Proposed Quantity	Prop	osed well depth (feet	t)	
	This point is: Additional Well Geo Center List other was	ater rights that wi	Il use this point	,	
	* LHH/TFO-DWR				<u> </u>
6.	Presently authorized point of diversion:				
•	One in the Quarter of the	Our	arter of the		Ouerter
,	of Section, Township	South	th Pange		_ Quarter
-	in County, Kansas, feet	North	feet West of Sout	thoost sorner of	(E/VV),
	Authorized Rate Authorized Quantity	Dontl	_ leet west of Sout	neast corner of	section.
	(DWR use only: Computer ID No GPS	Depti	North	(feet)	
	☐ This point will not be changed ☐ This point will be changed as fo	leet	NORUI	teet west)	
	Proposed point of diversion: (Complete only if change is as	nows. No chang	je, point better descri	bed with GPS as	follows:
	Proposed point of diversion: (Complete only if change is re	equested or if ex	isting point is beti	ter described l	by GPS)
	One in the Quarter of the	Qua	arter of the		_ Quarter
	of Section, Township inCounty, Kansas,feet	Sou	ıth, Range		(E/W),
	Brancoad Bate County, Kansas,teet	North	_ feet West of Sout	heast corner of	f section.
	Proposed Rate Proposed Quantity	Propo	sed well depth (feet	.)	·
l	This point is: Additional Well Geo Center List other wa	ater rights that wil	l use this point	1 1 1 1 1	
7.	The changes herein are desired for the following reasons?				
٠.	(please be specific) TEST DRILLING RESULTS REVEALED				
	POOR FORMATION AT THE CURRENTLY AUTHORIZED	300 200		100 200	300
	LOCATION.	Emhuliu		Annihimita	79
		= -/		_ _	=
8	If a well, is the test hole log attached? Yes No	200	1 + 1 = 1	+ 1 + 1 -	<u></u>
٥.	in a well, is the test hole log attached? Tes No			, , /	
9.	The change(s) (was)(will be) completed by?		_ <u>=</u>	/	Ē
	UPON APPROVAL OF APPLICATION	100	1 + 1 = 1 .	+ 1 + 1-	100
	OF ON ALT ROVAL OF AFFEICATION	1 –	_ =		4
10.	. If the point of diversion is a well:	West 0]	dontooloodo	= = = = = = = = = = = = = = = = = = = =
	(a) What are you going to do with the old well?	west of Emilion	hardania 🛣 min	1 11111 1111 1111 11+	+++ 0 East
	(a) wat are you going to do with the old well:	<u> </u>			1
	N/A	100 + +	1+1=1	+ 1 + 1-	100
	(b) When will this be done?	E\ _	<u> </u>		/ =
			Ī		= 4
11.	. Groundwater Management District recommendation attached?	200	1 + 1 = 1 -	+ +/ -	⊒ 200
	Yes No		_ =	- /-	=
		Emilini	luntary turban		五
12.	Assisted by BRETT BUNGER 3-8-21	300 200	100 0 1 South	100 200 Scale: 1 hashmark=10	300
13a	a. If the proposed point of diversion will be relocated more than 300, 13	h If the proposed			

I3a.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

3b.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.)

14. If	the propose	ed groundwater point of diversi	ion is 300 or fewer feet fro	m the exi	sting point	of diversion, complete	the following:
(6	a) Does the	undersigned represent all ow \[\sum \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ners of the currently authorners must sign this applic		ce(s) of use	e identified in this appl	ication?
(1	b) Will the d affected i ☐ Yes	ownership interest of any own f this application is approved a No (If yes, all o	ner of the currently author as requested? wners must sign this appli		e(s) of use	identified in this appl	ication be adversely
(0	c) If this app	olication is not approved expe	ditiously, will there be subsyners must sign this applic	stantial da	mage to p	roperty, public health	or safety?
or a c	hange in pla	proposes a surface water chan ce of use, the application mus rized statement authorizing re	at be signed by all owners	groundwa of the cur	ater change rently auth	e in point of diversion orized place of use, o	greater than 300 feet, r their duly authorized
age a	and the ow behalf, in	being first duly sworn up ner, the spouse of the ow regards to the water righ is application are true, co	vner, or a duly authori nt(s) to which this app	zed age	nt of the	owner(s) to make t	his application on
Dated	l at	Chapman	, Kansas, this	10	_ day of _	March	, 20 21
	Gene	of Poland		L	mnee	Sane Poli	and
		(Owner)	1	1	8	(Spouse)	2/
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	01	(Please Print)			M.	(Please Print)	
	John	(Owner)			71/ar	y (Spouse)	rd
	John	1 6 1		4	Ma	ry A. Po	land.
		(Please Print)				(Please Print)	
		(Owner)	*			(0,5,1,5,5)	***
		(Owner)				(Spouse)	
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State	of Kansas	,				(**************************************	
Count	1	ideinson ss	3				
		y that the foregoing applic	cation was signed in n	nv prese	nce (and	sworn to before m	e this 10 day
of	March	, 20 21	A NOTARY PUBLIC - State of		loc and	Sworn to belore in	e tilis day
			SARAH WI	3 2021	mra	hlidle	
Му С	ommission E	xpires 12 13 2021				Notary Public	
ONLY	COMPLETE A	APPLICATIONS WILL BE PROCE	ESSED. To be complete, all of	of the appli	cable portior	ns of the application form	n must be completed with
accura	ate information propriate fee r	; maps, if necessary, must be incl	luded; signatures of all the ap	propriate o	wners' must	be affixed to the applica	ation and notarized; and
_			FEE SCHEDU				
Each forth i	n the schedu (1) Applic (2) Applic	o change the place of use or table below: Make checks payal cation to change a point of dividuality to change a point of dividuality to change the place of users.	ble to: Kansas Departme ersion 300 feet or less ersion more than 300 feet	ent of Agi	iculture		\$100 \$200
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MAR 1 5 2021

Application to Change the Point of Diversion File No. 49922

