### **CHECK SHEET Short Change**

(To be completed and attached to each application)

| F   | ile No. <u>18</u> | 927               |                           | _            | Fie         | ld Office | 9 No. <u>4</u>   |                 |                    | GMD No. <u>3</u> |                   |  |  |
|-----|-------------------|-------------------|---------------------------|--------------|-------------|-----------|------------------|-----------------|--------------------|------------------|-------------------|--|--|
| 1.  | Plugging          | agreemen          | t obtained fo             | or GMD?      | Yes 🗌       | No        | ) []             | Non App         | licable ⊠          |                  |                   |  |  |
| 2.  | Is Lando          | wner corre        | ct as curren              | tly shown    | in WRIS     | ? Ye      | es 🖾             | No [            |                    | Address          | Change? NO        |  |  |
|     | If applicat       | ole, list Plac    | e of Use Ove              | erlap File N | los         |           |                  |                 |                    |                  |                   |  |  |
|     |                   |                   |                           |              |             |           |                  |                 | No 🗌               |                  | Change? <u>NO</u> |  |  |
| 4.  | a. Point          | of diversion      | on computer               | · ID No(s).  | 4           |           | for poi          | nt(s) bein      | g changed.         |                  |                   |  |  |
|     |                   |                   |                           |              |             |           |                  |                 | n for the new      | point(s) o       | f diversion:      |  |  |
|     | Action            | PDIV ID           | Geo Ctr?                  | Sec          | Twp         | Rng       | 'N               | 'W              | Cour               | nty              | Qualifiers        |  |  |
|     | ENT               |                   |                           | 18           | 30          | 26        | 804              | 5089            | Mea                | de               | LOT 4<br>SWSW     |  |  |
|     | DEL               | 41799             |                           |              |             |           |                  |                 |                    |                  | 0.7.677           |  |  |
|     |                   |                   |                           |              |             |           |                  |                 |                    |                  |                   |  |  |
|     | c. <b>If mu</b> l | tiple points      | s of diversio             | n exist ar   | nd rates a  | nd quar   | ntities ar       | e individ       | ually assigne      | d, show:         |                   |  |  |
|     | Old P             | DIV ID            | Authorized l              | Rate         | Additi      | onal Rat  | е                | Authorize       | ed Quantity        | Addition         | al Quantity       |  |  |
|     |                   |                   |                           | gpm          |             |           | gpm _            |                 | af                 |                  | af                |  |  |
|     |                   |                   |                           | gpm/cfs      | <del></del> | gpi       | m/cfs _          |                 | af/mgy             |                  | af/mgy            |  |  |
|     |                   |                   | _                         | gpm/cfs      |             | gpi       | m/cfs _          |                 | af/mgy             |                  | af/mgy            |  |  |
|     | d. <b>Name</b>    | of <u>Drainac</u> | <mark>ge Basin</mark> cro | oked cree    | k           |           | ls 1             | this corre      | ctly shown i       | n WRIS? [        | ⊠ Yes □ No        |  |  |
|     | e. Form           | ation Name        | e & No. <u>211.3</u>      | 331 oglala   | dakota      |           | _ Specia         | al Use Ar       | ea <u>na</u>       |                  |                   |  |  |
| 5.  | Distances         | s from the o      | original p/d:             |              |             | 101       |                  | 'S              | 1                  | ' E              |                   |  |  |
| e i | MATER             | DIGHT ACT         | ION TRAIL O               | CAMMENT      |             |           |                  |                 |                    | _                |                   |  |  |
|     | 7/ <u>11/17</u>   | MOIII ACT         | ION INAIL C               | OWNER        |             | Annlica   | tion Rece        | eived (dati     | e accepted for     | r priority)      |                   |  |  |
|     |                   | 9/17              |                           |              | _           | Approve   |                  | cived (dat      | c accepted to      | priority)        |                   |  |  |
|     |                   |                   |                           |              |             |           | f by <u>12/3</u> | <u> 11/17</u>   |                    |                  |                   |  |  |
|     | /_                | /                 |                           |              | Comple      | tion Req  | uiremen          | t Remove        | d (Change No       | . C)             |                   |  |  |
| 7.  |                   |                   | AIL COMME                 | NTS          |             |           |                  |                 |                    |                  |                   |  |  |
|     | 7/1               | <u> 17</u> /17    |                           |              | DWR M       | eter Rec  | uired by         | <u>12/31/17</u> |                    |                  |                   |  |  |
| 8.  | Base Acre         | 98                |                           | Yea          | ar          |           | _ Mir            | nimum Re        | asonable Qua       | entity           |                   |  |  |
|     |                   |                   |                           |              |             |           | 1                | Date Crea       | ted <b>7/18/17</b> | by tpm           |                   |  |  |
|     |                   |                   |                           |              |             |           | 1                | Date Ente       | red                | by               |                   |  |  |

## CHECK SHEET ATTACHMENT

File Number 18927

Changes to the place of use will be:

| TOTAL                                   | ACRES              |                  |                               |                  |                |                  |           |                  |           |
|-----------------------------------------|--------------------|------------------|-------------------------------|------------------|----------------|------------------|-----------|------------------|-----------|
| olek elembera elektrisk                 | SE%                |                  |                               |                  |                |                  |           |                  |           |
| 7,7                                     | NE% NW% SW% SE%    |                  |                               |                  |                |                  |           |                  |           |
| SE14                                    | NW%                |                  |                               |                  |                |                  |           |                  |           |
|                                         |                    |                  |                               |                  |                |                  |           |                  |           |
|                                         | SE1/               |                  |                               |                  |                |                  |           |                  |           |
| SW%                                     | SW74               |                  |                               |                  |                |                  |           |                  |           |
| S                                       | NE% NW% SW%        |                  |                               |                  |                |                  |           | ,,,,             |           |
|                                         |                    |                  |                               |                  |                |                  |           |                  |           |
|                                         | NE% NW% SW% SE%    |                  |                               |                  |                |                  |           |                  |           |
| NW%                                     | SW%                |                  |                               |                  | _,             |                  |           |                  |           |
| Ź                                       | NW74               |                  |                               |                  |                |                  |           |                  |           |
|                                         |                    |                  |                               |                  | <b>кольких</b> |                  |           | **********       |           |
|                                         | SE1/               |                  |                               |                  |                |                  |           |                  |           |
| NE%                                     | NW% SW%            |                  |                               |                  |                |                  |           |                  |           |
| Ž                                       | NW74               |                  |                               |                  |                |                  |           |                  |           |
|                                         | NE%                |                  |                               |                  |                | ****             |           |                  |           |
| *************************************** |                    | Acres Authorized | New Acres                     | Acres Authorized | New Acres      | Acres Authorized | New Acres | Acres Authorized | New Acres |
|                                         | Range              |                  |                               |                  |                |                  |           |                  |           |
|                                         | Sec. Twp. Range    |                  |                               |                  |                |                  |           |                  |           |
|                                         | Sec.               |                  |                               |                  |                |                  |           |                  |           |
|                                         | Place Use<br>ID#   |                  |                               |                  |                |                  |           |                  |           |
|                                         | Owner<br>Person ID |                  |                               |                  |                |                  |           |                  |           |
|                                         | Action             | 0                | 9<br>20<br>0<br>20<br>0<br>20 |                  |                |                  |           |                  |           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Person ID #    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>ဗ</u> ်     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The state of the s | Person ID #    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A STATE OF THE STA | And the state of t | ATTENDED TO THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY A |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Names and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1. Person ID # | And the state of t | And the second s | And the second s | The state of the s |

## GENERAL INSTRUCTIONS

- 2. Send to headquarters:
- a. Good, microfilmable copy of application and/or approval and this check sheet
- b. Original check and copy of receipt

b. Original receipt (one for each application)

a. Original application/approval

Give to Applicant:

c. Information packet containing:

Notice and Proof formWater Meter Specifications

Acceptable Meter list

- c. Test hole log
- d. GMD recommendation, if any
- e. Map or aerial photograph, if any
- Send to KDHE: Letter (KDHE.LT) advising o location of abandoned well.

### CONDITIONS

Insert notice and proof date.

Form stating to record in Register of Deeds Office (OPTIONAL AS NEEDED)

Pink Sheet - K.S.A. 82a-728 letter

Check Valve specifications

Water level measurement tube specifications

- 2. Type or print applicant's/owner's name on line.
- 3. Complete notary statement.

| á          | Ų                   |
|------------|---------------------|
| 20000      | 5                   |
| ğ          | 2                   |
| Ċ          | 0                   |
| τ          | ,                   |
| 740        | 5                   |
| Ť          | ֡֝֟֝֟֝ <del>֚</del> |
| ğ          | ١                   |
| 2000000    | į                   |
| ò          | ú                   |
|            | >                   |
| Chorner of |                     |
| ŧ          | Š                   |
| 9          | Ų                   |
| 4          | Š                   |
| _          |                     |
| _          | ť                   |
|            |                     |

5. Complete ownership and WUC change information.

# ADDITIONAL PHOTOCOPIES

|   |   | : |   |  |
|---|---|---|---|--|
| ł | l | ľ | l |  |
|   | ₽ |   |   |  |



Garden City Field Office 2508 Johns Street Garden City, Kansas 67846-2804

Jackie McClaskey, Secretary David W. Barfield, Chief Engineer Michael A. Meyer, Water Commissioner Phone: (620) 276-2901 Fax: (620) 276-9315 www.agriculture.ks.gov

Sam Brownback, Governor

July 19, 2017

JAY W LUNDEEN 2165 26 RD FOWLER KS 67844

RE: Change in Point of Diversion Water Right, File No 18927

Dear Mr. Lundeen;

Enclosed you will find a *Summary Order Approving Application for Change in Point of Diversion* for the above referenced file. This order modifies the authorized well location under the referenced file. This order modifies the original document; it should be recorded at the County Register of Deeds.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this order. The diversion works should be completed and reported to the Division of Water Resources by December 31, 2017. Enclosed is a form for this purpose, along with other information for reference.

A condition of this order is that an acceptable flow meter must be properly installed on the diversion works authorized under the referenced file number in accordance with the Kansas Administrative Regulations 5-1-4 through 5-1-12. This water flow meter shall be used to provide information required on the annual water use report.

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. The date of service is the date listed on the enclosed *Certificate of Service*.

Should you have any questions, please feel free to call this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

Thomas P. Makens

Assistant Water Commissioner

TPM:tpm Enclosures GMD#3

### CERTIFICATE OF SERVICE

On this Z day of July 2017, I hereby certify that the attached original Approval of Application to Change the Point of Diversion under Water Right, File No. 18927 dated July 19, 2017 was mailed postage prepaid, first class, US mail to the following:

JAY W LUNDEEN 2165 26 RD FOWLER KS 67844

Copy provided to GMD#3

Division of Water Resources

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

Filling 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.

|    |                        |          |             |              |                |               |             | <del></del>                                      | <u> </u>      |                                                  |              | delikukteriste MCS |                   |             |          |          | Rt<br>2                                          | ECEI<br>2:12   | VED                        |
|----|------------------------|----------|-------------|--------------|----------------|---------------|-------------|--------------------------------------------------|---------------|--------------------------------------------------|--------------|--------------------|-------------------|-------------|----------|----------|--------------------------------------------------|----------------|----------------------------|
|    |                        |          |             |              |                | F             | File No     | . <u>1892</u>                                    | <u>:7</u>     | <del></del>                                      |              |                    |                   |             |          |          |                                                  | - 17C<br>L 1 1 | •                          |
| 1. | Application            | e water  | right w     | which is     | , ,            | ☐ P<br>ubject | Place of    | f Use<br>applic                                  | cation i      | n acco                                           | Point o      | of Dive            | ersion<br>the cor |             |          | UIV      | tarde.)<br>Islan e                               | Clty F         | Teld Office<br>r Resources |
|    | The sour               | ce of su | apply is    | s:           |                | ⊠G            | Fround      | water                                            |               |                                                  | Surfac       | e wate             | ər                |             |          |          |                                                  |                |                            |
| 2. | Name an<br>2165 26     | RD FO    | OWLEF       | RKS (        | 6784 <u>4</u>  |               | <u>NDEE</u> |                                                  | Email         | oddro                                            |              |                    |                   |             |          |          |                                                  |                |                            |
|    | Phone N<br>Name an     |          |             |              |                |               | <br>onder   |                                                  |               |                                                  |              |                    |                   |             |          |          |                                                  |                |                            |
|    | 2165 26<br>Phone N     | RD FO    | WLER        | RKS 6        | <u> 57844</u>  |               |             |                                                  |               |                                                  |              |                    |                   |             |          |          |                                                  |                |                            |
| 3. | The pres<br>Owner of   | f Land - |             | AME:         | JAY W          | / & JOI       | LENE        |                                                  | <u>1DEE</u> 1 | I, DOL                                           | <u>JGLAS</u> | <u>&amp; EV/</u>   | <u> A LUN</u> I   | <u>DEEN</u> |          |          | <b></b>                                          |                |                            |
|    | (If there is           |          |             |              |                |               |             |                                                  | neets as      | neces                                            | sary.)       |                    |                   |             |          |          |                                                  |                | 2                          |
|    |                        |          |             | NI           | E¼             |               |             | N/                                               | W¼            |                                                  |              | sv                 | V¼                |             |          | SI       | Ξ¼                                               |                | TOTAL                      |
| Se | ec. Twp.               | Range    | NE%         | NW14         | sw¼            | SE¼           | NE%         | NW1/4                                            | sw¼           | SE¼                                              | NE¼          | NW¼                | sw¼               | SE¼         | NE%      | NW¼      | sw¼                                              | SE¼            | ACRES                      |
|    |                        |          | <b> </b>    |              | <del> </del> ' |               | -           | -                                                | <del> </del>  | ļ                                                | <b> </b>     |                    |                   |             | <b> </b> | ├─       | ļ                                                |                |                            |
|    |                        |          |             |              |                |               |             |                                                  |               | <del>                                     </del> |              |                    | $\vdash$          |             |          |          | <del>                                     </del> |                |                            |
| 4. | If this ap<br>Owner of | f Land - | NA<br>ADDRE | AME:<br>ESS: | No cha         | ange to       | o irriga    | ated ac                                          | cres          |                                                  |              | ace of             | use be            | e chan      | ged to   | :        |                                                  |                |                            |
|    |                        | -        |             | NI           | E¼             |               |             | 1                                                | W¼            |                                                  |              | SV                 | N%                |             | <u> </u> | 1        | E¼                                               |                | TOTAL<br>ACRES             |
| Se | ec. Twp.               | Range    | NEW         | NW1/4        | SW1/4          | SE¼           | NE½         | NW%                                              | SW1/4         | SE1/4                                            | NE%          | NW¼                | SW¼               | SE¼         | NE¼      | NW¼      | SW1/4                                            | SE¼            | AUNES                      |
|    |                        |          |             |              |                |               |             |                                                  | -             |                                                  |              |                    |                   |             | <b> </b> | -        |                                                  |                |                            |
|    |                        |          |             |              |                |               |             | <del>                                     </del> |               |                                                  |              |                    |                   |             |          | <u> </u> |                                                  |                |                            |
|    | <del></del>            |          |             | <u> </u>     | <u></u>        | <u></u>       | <u>//</u>   | <u> </u>                                         | <u> 1</u>     | <del></del>                                      | <u> </u>     | <u>!</u>           | <u></u>           |             | 11       | <u></u>  | <u> </u>                                         | <u></u>        |                            |
|    | For Offic              | ce Use   | Only:       | Code         |                | Fe            | e \$_/      | 00                                               | TR            | #                                                |              | Re                 | ceipt             | Date _      | 7/11     | 1/17     | Chec                                             | k#_7           | <u> 58 7</u>               |

| 5.  | Presently authori                |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
|-----|----------------------------------|---------------------|------------------|-------------------------|----------------------------------------|----------------|-------------------------------------|------------------|-------------|-----------------|------------|
|     | One in the                       |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
|     | of Section                       | 18                  | , Towns          | hip                     | 30                                     |                | South, Rang                         | e                | 26          |                 | W,         |
|     | in <u>Meade</u>                  | C                   | ounty, Kansas,   | 905                     | _ feet No                              | rth <u>521</u> | 5 feet We                           | est of Sout      | heast co    | rner of se      | ection.    |
|     | Authorized Rate _                |                     | Authorized       | d Quantity <sub>-</sub> | ······································ |                | epth of well _                      |                  | _           | (feet)          | 1          |
|     | (DWR use only:                   |                     |                  |                         |                                        |                |                                     | 5090             | feet        | West)           |            |
| ļ   | ☐ This point will                |                     | -                |                         |                                        |                | lows:                               |                  |             |                 |            |
| l   | Proposed point o                 |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
| l   | One in the                       | lot 4               | Quarter          | of the                  | sw                                     |                | Quarter of th                       | e                | sw          |                 | Quarter    |
|     | of Section                       |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
| ŀ   | in <u>Meade</u>                  |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
|     | Proposed Rate                    |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
| Į   | This point is: A                 | dditional We        | ∥ ∐ Geo Ce       | nter List o             | tner wate                              | r rights tha   | it will use this                    | point            |             |                 | ·          |
| ſ   | Ph                               |                     | ۲ ماار می در ا   |                         |                                        |                |                                     |                  |             |                 |            |
| 6.  | Presently authori                |                     |                  | af th a                 |                                        |                | Ouganian - £41-                     | •                |             |                 | O.,,       |
| 1   | One in the                       |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
| J   | of Sectionin                     | <u></u>             | , IOWNS          | uh                      | feet No                                |                | foot Mr                             | et of Sout       | hazet oo    | rner of or      | . (⊏/VV),  |
|     |                                  |                     |                  |                         |                                        |                |                                     |                  |             |                 | ouon.      |
|     | Authorized Rate (DWR use only: ( | Computer II         | Authonizet<br>No | CD Anautily -           | S                                      | U              | ept North                           |                  | feet        | (1881)<br>Weetl |            |
|     | ☐ This point will                |                     |                  |                         |                                        |                |                                     |                  | — ,eer      | 11631)          |            |
|     | Proposed point o                 |                     | ~                | · ·                     |                                        |                |                                     |                  |             |                 |            |
|     | One in the                       |                     |                  |                         |                                        |                | Quarter of th                       | e                |             |                 | Ouarter    |
|     | of Section                       |                     | Towns            | hip                     | •                                      |                | South. Rang                         | <br>е            |             |                 | (EW)       |
|     | in                               |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
|     | Proposed Rate                    |                     |                  |                         |                                        |                |                                     |                  |             |                 |            |
|     | This point is:                   |                     |                  |                         |                                        |                |                                     |                  | -           |                 |            |
| _   |                                  |                     |                  |                         | 40                                     | (f A)-         |                                     |                  |             | .1              | ML1 400    |
| 7.  | Why do you need a                | new point of        | diversion?       |                         | 13a.                                   | feet of the    | oosed point of<br>existing poir     | nt of divers     | ion, indic  | cate its to     | cation on  |
|     | pump stuck in hole               |                     |                  |                         |                                        | the diagra     | m below in re<br>NOTE: The          | lation to the    | e existing  | point of a      | diversion. |
|     |                                  |                     |                  | <del></del>             |                                        | represent      | ts presently a                      | uthorized        | point of    | diversion       | n.)        |
|     |                                  |                     |                  |                         |                                        | -              |                                     | North            |             |                 | •          |
| 8.  | If a well, is the test I         | hole log attac      | hed? 🛛 Yes       | ☐ No                    |                                        | 11             | 0 <u>0 50</u>                       | 00               | 50          | 100             |            |
|     |                                  |                     |                  |                         | _                                      |                | hulli                               | 11411            |             | П               |            |
| 9.  | When do you pr                   | opose to c          | omplete the r    | new point               | of                                     |                | F                                   | =                |             | 7               |            |
|     | diversion?                       |                     |                  |                         |                                        | 50             | +                                   |                  | +           | <b>∃</b> 50     |            |
|     | July 15, 2017                    |                     |                  |                         |                                        |                | F                                   | =                |             | 7               |            |
| 10. | If the point of divers           | ion is a well:      |                  |                         |                                        |                | <b>.</b>                            | <u> </u>         |             | , 〓             |            |
|     | (a) What are you g               |                     | th the old well? |                         |                                        | vvest 0        | -<br> -                             |                  |             | -∃0 E           | ast        |
|     |                                  |                     |                  |                         |                                        |                | Ė                                   | _                |             | $\exists$       |            |
|     | plug                             |                     |                  |                         |                                        | 50             | <u> </u>                            |                  | +           | 크 <sub>50</sub> |            |
|     |                                  |                     |                  |                         |                                        | 50             | F '                                 | _                | '           | <u> </u>        |            |
|     | (b) When will this t             | oe done? <u>201</u> | 7                |                         |                                        |                | Ē.,                                 |                  | 1           | . 🖯             |            |
|     |                                  |                     |                  | _                       |                                        |                |                                     | 1-130-1          |             |                 |            |
| 11. |                                  | anagement           | District red     | ommendati               | on                                     | 11             | 00 50                               | U<br>South       | 50          | 100             |            |
|     | attached?                        | s 🖾 No              |                  |                         |                                        |                |                                     | South cale: 1" = |             |                 |            |
| 12. | Assisted by tpm                  |                     |                  |                         | 13b.                                   | If the prop    | osed point of                       | diversion        | will be re  | located n       | nore than  |
|     | ,                                |                     |                  |                         |                                        | diversion,     | but within 1 attach a top           | ographic :       | map or      | aerial pho      | otograph.  |
|     |                                  |                     |                  |                         |                                        | For groun      | dwater source                       | es, show a       | ll wells (i | ncludina d      | iomestic)  |
|     |                                  |                     |                  |                         |                                        | names ar       | e-half mile of the<br>nd mailing ad | dresses of       | the ow      | ners. Fo        | r surface  |
|     |                                  |                     |                  |                         |                                        | water so       | urces, show r(s) one-half           | the name         | es and      | addresse        | s of the   |
|     |                                  |                     |                  |                         |                                        | upstream       | from your pro                       | perty lines.     | .546611     | and one-        | iinig      |

| 14. If the proposed groundwater point of diversion is 300 or fewer feet f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rom existing point of diversion, complete the following:                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Does the undersigned represent all owners of the currently aution of the | norized place(s) of use identified in this application?                                                                                            |
| <ul> <li>(b) Will the ownership interest of any owner of the currently author</li> <li>affected if this application is approved as requested?</li> <li>☐ Yes</li> <li>☐ No</li> <li>(If yes, all owners must sign this approved in the currently author</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                                                                                  |
| (c) If this application is not approved expeditiously, will there be su ☐ Yes ☐ No (If no, all owners must sign this appl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | bstantial damage to property, public health or safety? ication.)                                                                                   |
| If the application proposes a surface water change in point of diversion, or a change in place of use, the application must be signed by all owner agent (attach notarized statement authorizing representation).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a groundwater change in point of diversion greater than 300 feets of the currently authorized place of use, or their duly authorized               |
| I hereby verify, being first duly sworn upon my oath or affirn<br>age and the owner, the spouse of the owner, or a duly author<br>their behalf, in regard to the water right(s) to which this ap-<br>contained in this application are true, correct and complete.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rized agent of the owner(s) to make this application or plication pertains. I further verify that the statements                                   |
| Dated at towley , Kansas, this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11th day of July , 20 17.                                                                                                                          |
| X Jay (i Sunle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t .                                                                                                                                                |
| (Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Spouse)                                                                                                                                           |
| (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Please Print)                                                                                                                                     |
| · (Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Spouse)                                                                                                                                           |
| (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Please Print)                                                                                                                                     |
| (Owner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Spouse)                                                                                                                                           |
| (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Please Print)                                                                                                                                     |
| State of Kansas  County of Meacle SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                    |
| I hereby certify that the foregoing application was signed in m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | y presence and sworn to before me this $116$ day of                                                                                                |
| Notary Public - State of Karsass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Stick ME Dougle                                                                                                                                    |
| My Commission Expires //- 10-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Notary Public                                                                                                                                      |
| ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all accurate information; maps, if necessary, must be included; signatures of all the a the appropriate fee must be paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of the applicable portions of the application form must be completed with ppropriate owners' must be affixed to the application and notarized; and |
| FEE SCHED!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>JLE</u>                                                                                                                                         |
| Each application to change the place of use or the point of diversion undeforth in the schedule below: Make checks payable to: Kansas Departm (1) Application to change a point of diversion 300 feet or less (2) Application to change a point of diversion more than 300 fee (3) Application to change the place of use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ent of Agriculture                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |

### SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-14-3 and other applicable provisions of the Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq., and rules and regulations promulgated thereunder, K.A.R. 5-1-1 et.seq. With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 18927 A change application was received on <u>Jucy II, ZOII</u> requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown 2. Not Applicable on the topographic map accompanying the application to change the place of use. ☐ Applicable The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion. The point(s) of diversion authorized herein shall not actually be located more than \_ feet from the previously ☐ Applicable authorized point(s) of diversion. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance ☐ Not Applicable with K.A.R. 5-6-13. The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2017, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Installation of the works for diversion of water shall be completed on or before December 31, 2017, or within any authorized extension of time. By March 1, 2018 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. ☐ Not Applicable Applicable ☐ Not Applicable The completed well log shall be submitted with the required notice. \*Applicable All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable \sum Not Applicable ☐ Yes No Additional Conditions are attached. 11. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the Kansas Water Appropriation Law and the Rules and Regulations promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law. FOR OFFICE USE ONLY Administrative Appeal and Effective Date of Order APPLICATION APPROVED AND You have the right to a hearing in accordance with K.A.R. 5-14-3 SUMMARY ORDER ISSUED before this Summary Order becomes final action of the Kansas Department of Agriculture. Any request for a hearing must be filed with the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, 1320 Research Park Drive, Topeka, Kansas 66502, within 15 days after the date Duly Authorized Designee of the Chief Engineer shown on the Certificate of Service attached hereto. If a hearing is not requested in accordance with K.A.R. 5-14-3, this Summary THOMAS MAKENS (Print Name): Order will become effective on the 15th day after the date shown Division of Water Resources - Kansas Department of Agriculture on the Certificate of Service. Date of Issuance: For Use by Register of Deeds State of Kansas SS County of Acknowledged before me on Signature: Notary Public WE 82 JULIE JONES NOTARY". My Appointment Expires PUBLIC December 15, 2018 41/515 My commission expires: (Notary Seal)

DOWNEY
Driling Inc.
LEXINGTON, ME
ALLIANCE, HE
GARDEN CITY, KB

customer NAME: Say Lundern
LEGAL: SW 18-305-26W
COUNTY: Meade

GPS: N 37 26 00.8 .43355 W-100 1.2 57.9 . 21608

DRILLER: WO: FROM HARDNESS COLOR SPEED PULL DOWN SOFT Smooth Drun

|  |  | ٠. |
|--|--|----|
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |