

# CHECK SHEET Short Change

(To be completed and attached to each application)

File No. 24686

Field Office No. 4

GMD No. 3

1. **Plugging agreement obtained for GMD?** Yes  No  Non Applicable
2. **Is Landowner correct as currently shown in WRIS?** Yes  No  **Address Change?** NO  
If applicable, list Place of Use Overlap File Nos. \_\_\_\_\_
3. **Is Water Use Correspondent correct as currently shown in WRIS?** Yes  No  **Address Change?** NO  
Name of Former WUC \_\_\_\_\_ Name of New WUC \_\_\_\_\_
4. a. **Point of diversion computer ID No(s).** \_\_\_\_\_ **for point(s) being changed.**
- b. **Show feet distances from the** \_\_\_\_\_ **corner of the section for the new point(s) of diversion:**

| Action | PDIV ID | Geo Ctr? | Sec | Twp | Rng | 'N | 'W | County | Qualifiers |
|--------|---------|----------|-----|-----|-----|----|----|--------|------------|
|        |         |          |     |     |     |    |    |        |            |
|        |         |          |     |     |     |    |    |        |            |
|        |         |          |     |     |     |    |    |        |            |

- c. **If multiple points of diversion exist and rates and quantities are individually assigned, show:**

| Old PDIV ID | Authorized Rate | Additional Rate | Authorized Quantity | Additional Quantity |
|-------------|-----------------|-----------------|---------------------|---------------------|
| _____       | _____ gpm       | _____ gpm       | _____ af            | _____ af            |
| _____       | _____ gpm/cfs   | _____ gpm/cfs   | _____ af/mgy        | _____ af/mgy        |
| _____       | _____ gpm/cfs   | _____ gpm/cfs   | _____ af/mgy        | _____ af/mgy        |

- d. **Name of Drainage Basin** \_\_\_\_\_ **Is this correctly shown in WRIS?**  Yes  No
- e. **Formation Name & No.** \_\_\_\_\_ **Special Use Area** \_\_\_\_\_

5. **Distances from the original p/d:** \_\_\_\_\_ 'N \_\_\_\_\_ 'W

**6. WATER RIGHT ACTION TRAIL COMMENTS**

8/17/17 Change Application Received (date accepted for priority)  
9/12/17 Change Approved  
 Notice and Proof by \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Completion Requirement Removed (Change No. C\_\_\_\_)

**7. METER ACTION TRAIL COMMENTS**

9/12/17 DWR Meter Required by 12/31/17

8. Base Acres 240 Year \_\_\_\_\_ Minimum Reasonable Quantity \_\_\_\_\_

Date Created 8/31/17 by tpm

Date Entered \_\_\_\_\_ by \_\_\_\_\_

**CHECK SHEET ATTACHMENT**

File Number 24686

9. Changes to the place of use will be:

| Action | Owner Person ID | Place Use ID # | Sec. | Twp. | Range | NE 1/4 |        |        | NW 1/4 |        |        | SW 1/4 |        |        | SE 1/4 |        |        | TOTAL ACRES |     |
|--------|-----------------|----------------|------|------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|-----|
|        |                 |                |      |      |       | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 | NE 1/4 | NW 1/4 | SW 1/4 | SE 1/4 |             |     |
| MOD    | 3813            | 50836          | 33   | 32   | 41w   | 32     | 32     | 32     | 32     | 30     | 30     | 30     | 30     |        |        |        |        |             | 248 |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |
|        |                 |                |      |      |       |        |        |        |        |        |        |        |        |        |        |        |        |             |     |

Names and Address:

|   |                      |                      |
|---|----------------------|----------------------|
| 1. Person ID # <u>3813</u>                | 2. Person ID # _____ | 3. Person ID # _____ |
| <u>ROBERT W &amp; SONIA S DAVIS TRUST</u> |                      |                      |
| <u>PO BOX 487</u>                         |                      |                      |
| <u>RICHFIELD KS 67953-0487</u>            |                      |                      |
|   |                      |                      |

**GENERAL INSTRUCTIONS**

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

CONDITIONS

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



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

Jackie McCluskey, 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

September 12, 2017

ROBERT W & SONIA S DAVIS TRUST  
PO BOX 487  
RICHFIELD KS 67953-0487

RE: Application to Change the Place of Use  
File Nos. 16369, 24686

Dear Mr. Davis:

Enclosed you will find a *Summary Order Approving Application for Change in Place of Use* for the above referenced files. Since these orders modify the original documents, it should be recorded at the County Register of Deeds.

These orders modify the authorized acres that can be irrigated by these files. The authorized place of use is as shown on the plats within the change approvals.

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 (including the meter reading at the beginning and end of the report year).

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 or arrange an appointment for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,

A handwritten signature in black ink, appearing to read "T. P. Makens".

Thomas P. Makens  
Assistant Water Commissioner

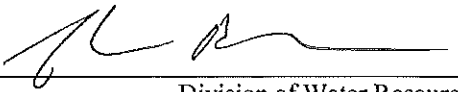
TPM:tpm  
Enclosures  
GMD#3

**CERTIFICATE OF SERVICE**

On this 13<sup>th</sup> day of September 2017, I hereby certify that the attached original Approval of Application to Change the Place of Use under Water Right, 16369, 24686 dated September 12, 2017, was mailed postage prepaid, first class, US mail to the following:

ROBERT W & SONIA S DAVIS TRUST  
PO BOX 487  
RICHFIELD KS 67953-0487

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

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

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

\_\_\_\_\_   
 File No. 24686

RECEIVED  
 2:49pm  
 AUG 17 2017

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):  
 Place of Use       Point of Diversion  
 under the water right which is the subject of this application in accordance with the conditions described below.  
 The source of supply is:       Groundwater       Surface water

Garden City Field Office  
 Division of Water Resources

2. Name and address of Applicant: ROBERT W & SONIA S DAVIS TRUST  
PO BOX 487 RICHFIELD KS 67953-0487  
 Phone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_  
 Name and address of Water Use Correspondent: ROBERT W & SONIA S DAVIS TRUST  
PO BOX 487 RICHFIELD KS 67953-0487  
 Phone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

3. The presently authorized place of use is:  
 Owner of Land ---- NAME: ROBERT W & SONIA S DAVIS TRUST  
 ADDRESS: PO BOX 487 RICHFIELD KS 67953-0487  
 (If there is more than one landowner, attach supplemental sheets as necessary.)

| Sec. | Twp. | Range | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTAL ACRES |
|------|------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|
|      |      |       | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |             |
| 33   | 32   | 41w   | 32  | 32  | 32  | 32  | 20  | 20  | 40  | 40  |     |     |     |     |     |     |     |     | 248         |
|      |      |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |             |

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:  
 Owner of Land ---- NAME: ROBERT W & SONIA S DAVIS TRUST  
 ADDRESS: PO BOX 487 RICHFIELD KS 67953-0487  
 (If there is more than one landowner, attach supplemental sheets as necessary.)

| Sec. | Twp. | Range | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTAL ACRES |
|------|------|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------|
|      |      |       | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |             |
| 33   | 32   | 41w   | 32  | 32  | 32  | 32  | 30  | 30  | 30  | 30  |     |     |     |     |     |     |     |     | 248         |
|      |      |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |             |

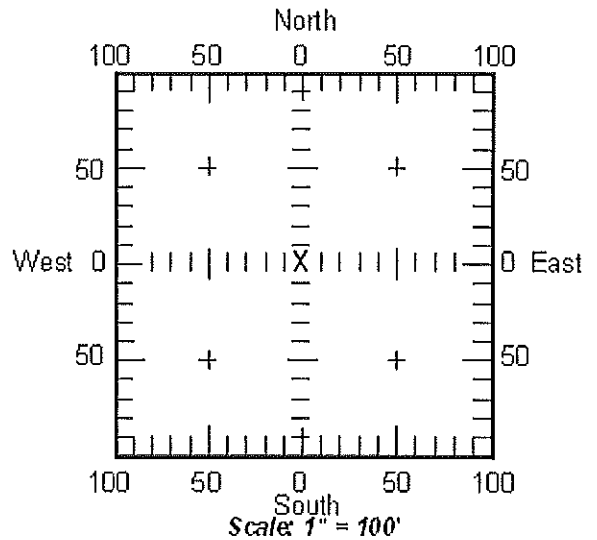
For Office Use Only: Code \_\_\_\_\_ Fee \$ 200 TR # \_\_\_\_\_ Receipt Date 8/17/17 Check # 6295

5. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ W,  
 in \_\_\_\_\_ County, Kansas, \_\_\_\_\_ feet North \_\_\_\_\_ feet West of Southeast corner of section.  
 Authorized Rate \_\_\_\_\_ Authorized Quantity \_\_\_\_\_ Depth of well \_\_\_\_\_ (feet)  
 (DWR use only: Computer ID No. \_\_\_\_\_ GPS \_\_\_\_\_ feet North \_\_\_\_\_ feet West)  
 This point will not be changed  This point will be changed as follows:  
**Proposed point of diversion: (Complete only if change is requested)**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_  
 in \_\_\_\_\_ County, Kansas, \_\_\_\_\_ feet North \_\_\_\_\_ feet West of Southeast corner of section.  
 Proposed Rate \_\_\_\_\_ Proposed Quantity \_\_\_\_\_ Proposed well depth (feet) \_\_\_\_\_  
 This point is:  Additional Well  Geo Center List other water rights that will use this point \_\_\_\_\_

6. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ (E/W),  
 in \_\_\_\_\_ County, Kansas, \_\_\_\_\_ feet North \_\_\_\_\_ feet West of Southeast corner of section.  
 Authorized Rate \_\_\_\_\_ Authorized Quantity \_\_\_\_\_ Depth of well \_\_\_\_\_ (feet)  
 (DWR use only: Computer ID No. \_\_\_\_\_ GPS \_\_\_\_\_ feet North \_\_\_\_\_ feet West)  
 This point will not be changed  This point will be changed as follows:  
**Proposed point of diversion: (Complete only if change is requested)**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ (E/W),  
 in \_\_\_\_\_ County, Kansas, \_\_\_\_\_ feet North \_\_\_\_\_ feet West of Southeast corner of section.  
 Proposed Rate \_\_\_\_\_ Proposed Quantity \_\_\_\_\_ Proposed well depth (feet) \_\_\_\_\_  
 This point is:  Additional Well  Geo Center List other water rights that will use this point \_\_\_\_\_

7. Why do you need a new point of diversion? \_\_\_\_\_  
 no change to well \_\_\_\_\_  
 \_\_\_\_\_

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



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

9. When do you propose to complete the new point of diversion?  
 \_\_\_\_\_

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

11. Groundwater Management District recommendation attached?  Yes  No

12. Assisted by tpm \_\_\_\_\_

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

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

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

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

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

Dated at Garden City, Kansas, this 10<sup>th</sup> day of August, 2017.

X Edward W. Davis P.O. A.  
(Owner)

\_\_\_\_\_  
(Spouse)

FOR Robert Davis TRUST  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

State of Kansas }  
County of Finney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 10<sup>th</sup> day of August, 2017.



Julie Jones  
Notary Public

My Commission Expires \_\_\_\_\_

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

**FEE SCHEDULE**

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (1) Application to change a point of diversion 300 feet or less ..... \$100
- (2) Application to change a point of diversion more than 300 feet ..... \$200
- (3) Application to change the place of use ..... \$200

**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. 24686.

1. A change application was received on August 17, 2017 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.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use.  Applicable  Not Applicable
3. 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 \_\_\_\_\_ foot radius of the authorized point(s) of diversion.  Applicable  Not Applicable
4. The point(s) of diversion authorized herein shall not actually be located more than \_\_\_\_\_ feet from the previously authorized point(s) of diversion.  Applicable  Not Applicable
5. 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 with K.A.R. 5-6-13.  Applicable  Not Applicable
6. 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  Not Applicable
7. 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.  
 Applicable  Not Applicable
8. The completed well log shall be submitted with the required notice.  Applicable  Not Applicable
9. 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  Not Applicable
10. Additional Conditions are attached.  Yes  No
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.

**Administrative Appeal and Effective Date of Order**

You have the right to a hearing in accordance with K.A.R. 5-14-3 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 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 Order will become effective on the 15<sup>th</sup> day after the date shown on the Certificate of Service.

*For Use by Register of Deeds*

FOR OFFICE USE ONLY  
**APPLICATION APPROVED AND SUMMARY ORDER ISSUED**

By: [Signature]  
Duly Authorized Designee of the Chief Engineer

(Print Name): THOMAS P. MAKENS  
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: SEPTEMBER 12, 2017

State of Kansas )  
County of Jinney ) SS

Acknowledged before me on September 12, 2017  
by Thomas P Makens

Signature: [Signature]  
Notary Public



My commission expires: \_\_\_\_\_  
(Notary Seal)



16369, 24686

