

CHECK SHEET Short Change

(To be completed and attached to each application)

File No. 24813

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
NO CHG									

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

10/31/17 Change Application Received (date accepted for priority)
12/1/17 Change Approved
 Notice and Proof by _____/_____/_____
 _____/_____/_____ Completion Requirement Removed (Change No. C_____)

7. METER ACTION TRAIL COMMENTS

12/1/17 DWR Meter Required by 12/31/18

8. Base Acres _____ Year _____ Minimum Reasonable Quantity _____

Date Created 11/15/17 by tpm

Date Entered _____ by _____

CHECK SHEET ATTACHMENT

9. Changes to the place of use will be:

File Number 24813

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	SE 1/4	NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4	
ENT	62080	704	14	26	34w													272
						Acres Authorized New Acres												
DEL		16193				Acres Authorized New Acres												
						Acres Authorized New Acres												
						Acres Authorized New Acres												

Names and Address:

1. Person ID # 62080	2. Person ID #	3. Person ID #
JOHAN P & MARGARET LOEWEN		
PO BOX 1098		
SUBLETTE KS 67877		

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.
- Additional instructions:
 - 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

CONDITIONS


Kansas
Department of Agriculture
Division of Water Resources

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

December 1, 2017

JOHAN P & MARGARET LOEWEN
PO BOX 1098
SUBLETTE KS 67877

RE: Change the Place of Use, File Nos File
22233, 24813

Dear Mr. & Mrs. Loewen;

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,



Thomas P. Makens
Assistant Water Commissioner

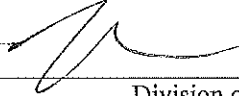
TPM:tpm
Enclosures
GMD#3

CERTIFICATE OF SERVICE

On this 4th day of December 2017, I hereby certify that the attached original Approval of Application to Change the Place of Use under Water Right File 22233, 24813, dated December 1, 2017, was mailed postage prepaid, first class, US mail to the following:

JOHAN P & MARGARET LOEWEN
PO BOX 1098
SUBLETTE KS 67877

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. 24813

RECEIVED
 2:21pm
 OCT 31 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

Garden City Field Office
 Division of Water Resources

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: JOHAN P & MARGARDT LOEWEN

PO BOX 1098 SUBLETTE KS 67877

Phone Number: (620)675-5055

Email address: _____

Name and address of Water Use Correspondent: JOHAN P & MARGARDT LOEWEN

PO BOX 1098 SUBLETTE KS 67877

Phone Number: () _____

Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: JOHAN P & MARGARDT LOEWEN

ADDRESS: PO BOX 1098 SUBLETTE KS 67877

(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	
14	26	34w									34	34	34	34					136

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: JOHAN P & MARGARDT LOEWEN

ADDRESS: PO BOX 1098 SUBLETTE KS 67877

(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	
14	26	34w									34	34	34	34	34	34	34	34	272

For Office Use Only: Code _____ Fee \$ 200 TR # _____ Receipt Date 10/31/17 Check # 1845

5. **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 _____

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 water wells

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

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

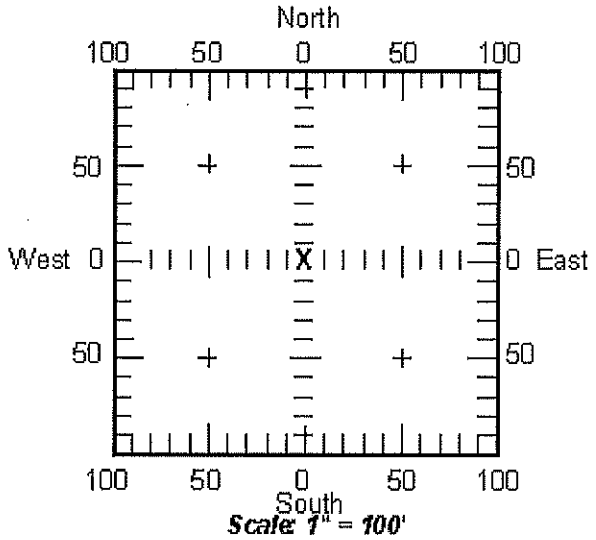
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

(b) When will this be done? _____

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by tpm _____

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



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

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

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

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

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

Dated at Wagon City, Kansas, this 31st day of October, 2017.

[Signature]
 (Owner)
 JOHAN P LOEWEN
 (Please Print)

 (Owner)

 (Please Print)

 (Owner)

 (Please Print)

[Signature]
 (Spouse)
 Margaret MARGARDT LOEWEN
 (Please Print)

 (Spouse)

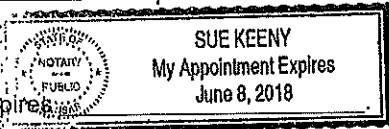
 (Please Print)

 (Spouse)

 (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 31st day of October, 2017.



My Commission Expires _____

[Signature]
Notary Public

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

FEE SCHEDULE

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

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

