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.

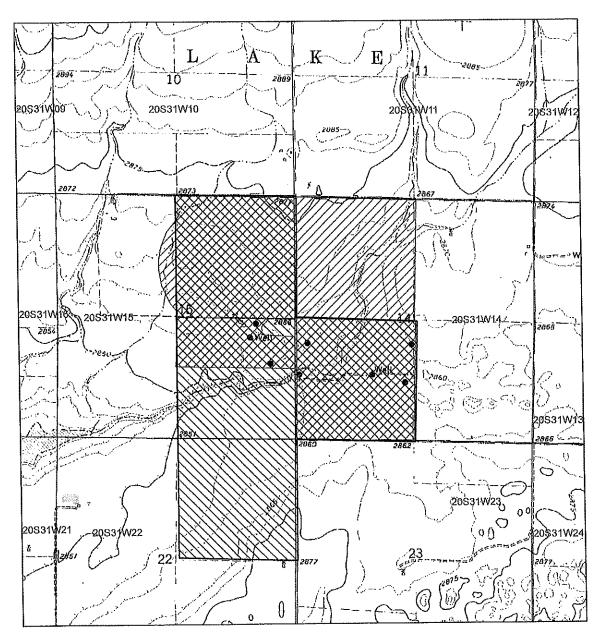
thar	า 100	feet,	os. 1, 2, or if pla nd/or pla	ce of u	ise will	be co	omplet anged	ted. C , includ	omple le a to₁	ete ali pograp	other hic ma	applic ap or d	able petailed	ortior plat sl	ıs. If nowing	chang g the a	uthoriz	zed an REC	diversion d propo とEIVE イクタ	
							F	ile No.	10443					 -			,		272	
1.	und	ler the	on is her water r	ight w	hich is	the su	⊠ Pl ıbject o	ace of	Use applica		accor	Point o	f Dive	rsion ne con			Divisio	n of V		d Office Resources
2.	1550 W ROAD 70, SCOTT CITY KS 67871 Phone Number: (620)874-5076 Email address: mylesvulgamore@gmail.com> Name and address of Water Use Correspondent: Same																			
3.	Phone Number: () Email address:																			
	NE½ NW¼ SW¼ SE½ TOTAL																			
s	ec.	Twp.	Range	NE%	NW14	SW1/4	SE¼	NE¼	NW¼	sw¼	SE1/4	NE¼	NWX	sw¼	SE%	NE%	NW14	sw¼	SE1/4	ACRES
1	4	20	31									40	40	40	40					160
1	5	20	31	40	40	40	40									35	39	32	34	300
4.			31 plication f Land -											use be	chan	ged to				160
	(If t	here is	more th	an one	landov	vner, at	tach su	ır ıppleme	ental sh	eels as	neces	sary.)		***************************************		1				<u> </u>
			NE%			NW¼			SW1/4		SE¼ NE¼ NW¼ SW¼		Lary	TOTAL ACRES						
	ec.	Twp.	Range	NE¼	NW14	SW1/4	SE¼	NE¼		SW¼	SE1/4	NE%	NW¼	SW1/4	SE1/4	NE%	NW/4	SW¼	SE14	320
	14	20	31		40	40	40	40 5	40	40	40 6	40	40	40	40	29	30			230
_	15	20	31	40	40	40	40	3			<u> </u>					2.0	100			
		******		IL	1	<u>l</u> ,	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	J <u> </u>	1	L	L	11			h	<u> </u>
	Fo	or Offi	ce Use	Only:	Code		Fe	e \$_ 7	200	TR	#		R	eceipt	Date_	8/27	18	Chec	:k#_{	7567

14. If the proposed groundwater point of diversion is 300 or fewer feet fro	om the existing point of diversion, complete the following:
 (a) Does the undersigned represent all owners of the currently author ☐ Yes ☐ No (If no, all owners must sign this application) 	orized place(s) of use identified in this application? cation.)
 (b) Will the ownership interest of any owner of the currently author 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 sub ☐ Yes ☑ No (If no, all owners must sign this applic	stantial damage to property, public health or safety? cation.)
If the application proposes a surface water change in point of diversion, a or a change in place of use, the application must be signed by all owners agent (attach notarized statement authorizing representation).	groundwater change in point of diversion greater than 300 feet, of the currently authorized place of use, or their duly authorized
I hereby verify, being first duly sworn upon my oath or affirm age and the owner, the spouse of the owner, or a duly author their behalf, in regards to the water right(s) to which this appropriate in this application are true, correct and complete.	ized agent of the owner(s) to make this application on
Dated at Scott Qtu , Kansas, this	22nd day of August, 20 18.
Dated at OCOTT GITG , Kansas, this	22nd day of August, 20 18.
MI. 1/10	
(Owner)	(Spouse)
M. Les Vileanore	
(Please Print)	(Please Print)
,	
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	(Spouse)
State of Kansas	(Please Print) NOTARY PUBLIC STATE OF KANGAS YACTA Exp. 225
County of South left by certify that the foregoing application was signed in	my presence and sworn to before me this 210 day
or <u>Rugust</u> , 20_18.	Yaran a Rumberd
My Commission Expires 2.25-20.	Notary Public
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, a accurate information; maps, if necessary, must be included; signatures of all the the appropriate fee must be paid.	Il of the applicable portions of the application form must be completed with appropriate owners' must be affixed to the application and notarized; and
FEE SCHED	DULE
Each application to change the place of use or the point of diversion und forth in the schedule below: Make checks payable to: Kansas Departr (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	ment of Agriculture \$100 et\$200

(a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application? Yes	14. If th	e proposed groundwater point of diversion is 300 or fewer feet fro	m the existing point of diversion, complete the following:	
affected if this application is approved as requested? (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety? (d) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety? (if the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 for 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). It hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawf age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statement contained in this application are true, correct and complete. Dated at Soft City Robert Williams (Winer) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Owner) (Spouse) (Owner) (Spouse) (Owner) (Spouse) (Please Print) (Please Print) (Spouse) (Owner) (Spouse) (Spouse) (Owner) (Spouse) (Spouse)		Yes No (If no, all owners must sign this applic	eation.)	
Yes No	(b)	affected if this application is approved as requested?		∮
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 sworm upon my oath or affirmation and under penalty of perjury, that I am of law age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application of the owner type that the statement contained in this application are true, correct and complete. Dated at Scott City , Kansas, this 22rd day of August , 20 18 Robert w. Hankess (Please Print) (Spouse) (Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Please Print) (Owner) (Spouse)	(c)	If this application is not approved expeditiously, will there be sub ☐ Yes ☐ No (If no, all owners must sign this applic	stantial damage to property, public health or safety? cation.)	
age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statement contained in this application are true, correct and complete. Dated at Scott City , Kansas, this 22nd day of August , 20 18 Robert w. Hankess (Please Print) (Spouse) (Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) The behalf, that the foregoing application was signed in my presence and sworm to before me this 22nd of his propriete information; maps, if necessary, must be included; signatures of all the appropriate fee must be paid.	or a cha	ange in place of use, the application must be signed by all owners	groundwater change in point of diversion greater than 300 fe of the currently authorized place of use, or their duly authoriz	et, ed
Dated at Scott City , Kansas, this 22nd day of August , 20 18 Robert w. Harkes & (Please Print) (Please Print) (Owner) (Spouse)	age ar their b contai	nd the owner, the spouse of the owner, or a duly author behalf, in regards to the water right(s) to which this app ined in this application are true, correct and complete.	ized agent of the owner(s) to make this application of plication pertains. I further verify that the statemen	on
Robert w. Hankess (Owner) (Please Print) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Please Print) (Please Print) (Owner) (Spouse) (Please Print)		Salt City	72nd downs Associate 20.18	
Robert w. Hankess (Owner) (Please Print) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Please Print) (Please Print) (Owner) (Spouse) (Please Print)	Dated a	at <u>COTF CIFY</u> , Kansas, this	day or August 120 10	_'
(Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Spouse) (Spouse) (Please Print) (Spouse) (S				
(Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Spouse) (Spouse) (Please Print) (Spouse) (S	7	Robert W. Harlinso	(0)	
(Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Spouse) (Spouse) (Please Print) (Spouse) (S		(Owner)	(Spouse)	
(Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Spouse) (Spouse) (Please Print) (Spouse) (S	ŗ	Robert W Hamkhood		
(Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Spouse) (Spouse) (Please Print) (Spouse) (S		(Please Print)	(Please Print)	
(Please Print) (Owner) (Please Print) (Owner) (Please Print) (Owner) (Please Print) (Please Print) (Please Print) (Owner) (Please Print) (Please Print) (Please Print)				
(Please Print) State of Kansas County of Complete application was signed in my presence and sworn to before me this 22rd of Lugust 1, 20 18. My Commission Expires 2-25-20 ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.	- ,	(Owner)	(Spouse)	_
(Please Print) State of Kansas County of Complete application was signed in my presence and sworn to before me this 22rd of Lugust 1, 20 18. My Commission Expires 2-25-20 ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.				
(Please Print) State of Kansas County of State of Kansas County of State of Kansas I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22rdday My Commission Expires 1.25-20 ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.		(Please Print)	(Please Print)	
(Please Print) State of Kansas County of State of Kansas County of State of Kansas I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22rdday My Commission Expires 1.25-20 ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.				
State of Kansas County of Store I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22 rodds of 40 gust 1, 20 8. My Commission Expires 2.75-20 ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.		(Owner)	(Spouse)	
State of Kansas County of Store I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22 rodds of 40 gust 1, 20 8. My Commission Expires 2.75-20 ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.				
I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22rdda of		of Kansas	MOTARY PUBLIC STATE OF KANDAS	
My Commission Expires 2-25-20 Notary Public Notary Public ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.	County	V 01		
My Commission Expires 2-25-20 Notary Public Notary Public ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.	_l hg	reby certify that the foregoing application was signed in	my presence and sworn to before me this ZZYZd	ay
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.	ofZ	tuqust , 20 10 .		
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.		y	LINOU a KLUNTA	
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.		2 00 00	Notary Public	
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; at the appropriate fee must be paid.	Му Со	ommission Expires <u>L-15 - 20</u>		
FEE SCHEDULE	ONLY	COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, a te information; maps, if necessary, must be included; signatures of all the	Il of the applicable portions of the application form must be completed appropriate owners' must be affixed to the application and notarized;	l with and
		FEE SCHED	DULE	
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee section to change a point of diversion 300 feet or less	Each forth i	application to change the place of use or the point of diversion und the schedule below: Make checks payable to: Kansas Departr (1) Application to change a point of diversion 300 feet or less.	der this section shall be accompanied by the application fee someth of Agriculture \$100\$100	∍t

14. If th	ne proposed groundwater point of diversion is 300 or fewer teet	from the existing point of diversion, complete the follow	ving:
	Does the undersigned represent all owners of the currently au ☐ Yes ☐ No (If no, all owners must sign this ap	plication.)	
(b)	Will the ownership interest of any owner of the currently authorized affected if this application is approved as requested? ☐ Yes ☐ No (If yes, all owners must sign this approved as requested?)		: adversely
(c)	If this application is not approved expeditiously, will there be s ☐ Yes ☐ No (If no, all owners must sign this ap	substantial damage to property, public health or safety? plication.)	;
or a cha	oplication proposes a surface water change in point of diversion ange in place of use, the application must be signed by all own attach notarized statement authorizing representation).	n, a groundwater change in point of diversion greater the srs of the currently authorized place of use, or their dul	ian 300 feet, ly authorized
age ar their b	by verify, being first duly sworn upon my oath or affind the owner, the spouse of the owner, or a duly authoehalf, in regards to the water right(s) to which this aimed in this application are true, correct and complete	norized agent of the owner(s) to make this app application pertains. I further verify that the s a.	lication on
D -41 .	South City, Kanaga H	his 22nd day of August, 2	20 <u>18 </u>
Dated a	at <u>Scott City</u> , Kansas, th	ils 22.14 day of 7 total car	.0
	2	9	
		(0)	
	(Owner)	(Spouse)	
	Tick (Starry .		
	(Please Print)	(Please Print)	
	Brck C. STevens		
	(Owner)	(Spouse)	
	(Owner)	(0)3436)	
<u></u>	(Please Print)	(Please Print)	
	(Owner)	(Spouse)	
			<u></u>
	(Please Print)	(Please Print)	
	of Kansas SS	KAREN A. RUMFORD MOTARY PUBLIC	
County		BTATE OF KANSAS	7200
of_	ereby certify that the foregoing application was storied	ir for the same and evern to before me this	day
	J	Larena Kumpard	
	ommission Expires 2 · 25 · 20	Inotary Habito	
accura	COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete the information; maps, if necessary, must be included; signatures of all the propriate fee must be paid.	 all of the applicable portions of the application form must be he appropriate owners' must be affixed to the application and 	completed with notarized; and
	FEE SCH	<u>EDULE</u>	
Each forth i	application to change the place of use or the point of diversion n the schedule below: Make checks payable to: Kansas Depa (1) Application to change a point of diversion 300 feet or les (2) Application to change a point of diversion more than 300 (3) Application to change the place of use	artment of Agriculture ss	\$100 \$200

Change in Place of Use for Water Rights 7767, 9309, 10443, 12741, 16826, 19192





Authorized Place of Use





77777
V////
V/I/I
<i>V///</i>
1////

Proposed Place of Use

All wells within 1/2 miles are on this map.

V		
Λ		