

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: P/D WORKSHEET

1. File Number: 13701	2. Status Change Date:	3. Change Num: C1	4. Field Office: 04	5. GMD: 03
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 11/15/18
8a. Applicant(s) New to system <input type="checkbox"/>		Person ID 31477 Add Seq# 1		8c. Landowner(s) New to system <input type="checkbox"/>
PHYLLIS TILLMAN 27429 CORDWOOD RIDGE DR SHELL KNOB MO 65747-7444		PHYLLIS TILLMAN 27429 CORDWOOD RIDGE DR SHELL KNOB MO 65747-7444		Person ID 31477 Add Seq# 1
8b. Landowner(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____		8d. WUC New to system <input type="checkbox"/>
				Person ID _____ Add Seq# _____
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/19 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/20				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input type="checkbox"/> H & E Letter				
<input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
Date Prepared: 11/19/18 By: MAM Date Entered: _____ By: _____				

File No. **13701** 11. County: FI Basin: **ARKANSAS RIVER** Stream: Formation Code: **211/331** Special Use:

12. Points of Diversion										Rate and Quantity						
CHK	MOD	DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
ENT				LOT 2 (NWNE)	5	26	33	W	5247'	2561'		1032	378	1032	378	NONE
DEL	4701				5	26	33	W	5400'	2640'		1032	378	1032	378	NONE

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use				NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files					
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
NC																												

Base Acres: Year: Minimum Reasonable Quantity:

Comments:

DEPARTMENT OF AGRICULTURE
DIVISION OF WATER RESOURCES
GARDEN CITY FIELD OFFICE
2508 JOHNS STREET
GARDEN CITY, KS 67846-2804

STATE OF KANSAS



PHONE: (620) 276-2901
FAX: (620) 276-9315
www.agriculture.ks.gov

GOVERNOR JEFF COLYER, M.D.
JACKIE McCLASKEY, SECRETARY OF AGRICULTURE

November 19, 2018

PHYLLIS TILLMAN
27429 CORDWOOD RIDGE DR
SHELL KNOB MO 65747-7444

RE: Approval of Application to Change the Point of Diversion
Water Right, File No. 13701

Dear Sir:

Enclosed is an order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed.

Since this order modifies the original documents referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate. Please also submit a copy of the current ownership deed to have our records changed.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

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,


Michael A. Meyer
Water Commissioner

MAM:
enclosures

pc:
Groundwater Management District No. 3

CERTIFICATE OF SERVICE

On this 19th day of November, 2018, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 13,701, dated 19th day of November, 2018 was mailed postage prepaid, first class, US mail to the following:

PHYLLIS TILLMAN
27429 CORDWOOD RIDGE DR
SHELL KNOB MO 65747-7444

With photocopies to:

GROUNDWATER MANAGEMENT DISTRICT NO. 3



Julie Jones
Division of Water Resources Staff

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. 13701

RECEIVED
 9:00 AM
 NOV 15 2018

Garden City Field Office
 DIVISION OF WATER RESOURCES

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

2. Name and address of Applicant: PHYLLIS TILLMAN
27429 CORDWOOD RIDGE DR., SHELL KNOB MO 65747-7444

Phone Number: () _____ Email address: _____

Name and address of Water Use Correspondent: Same

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: Same

ADDRESS: _____

(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	

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: _____

ADDRESS: _____

(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	

For Office Use Only: Code _____ Fee \$ 100.00 TR # _____ Receipt Date 11-15-18 Check # 9706

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section 5, Township 26 South, Range 33 (W),
 in FI County, Kansas, 5400 feet North 2640 feet West of Southeast corner of section.
 Authorized Rate 1032 GPM Authorized Quantity 378 AF Depth of well _____ (feet)
 (DWR use only: Computer ID No. 2 GPS 37.82392 feet North -100.95222 feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the LOT 2 (NNW) Quarter
 of Section 5, Township 26 South, Range 33 (W),
 in FI County, Kansas, 5349 feet North 2617 feet West of Southeast corner of section.
 Proposed Rate 1032 GPM Proposed Quantity 378 AF Proposed well depth (feet) 530
 This point is: Additional Well Geo Center List other water rights that will use this point _____

** 5247'* *** 2567'* *(AM/DWR/GPS)*
11-16-18

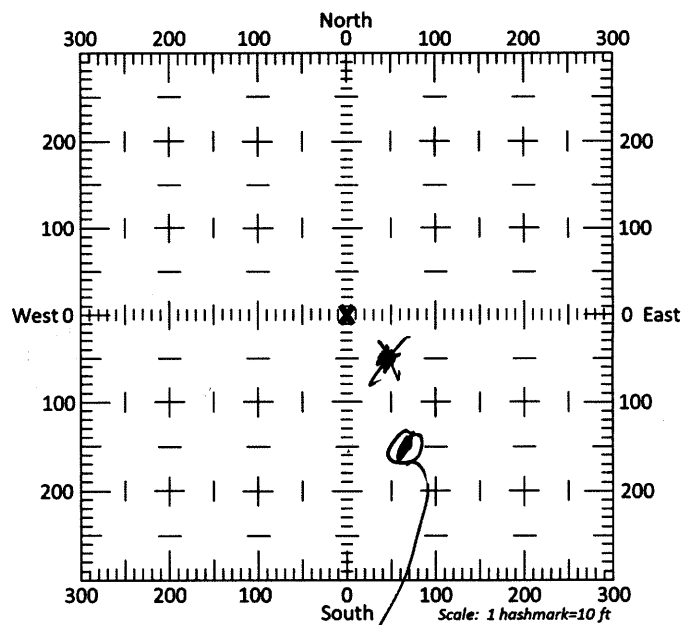
6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (EW),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ 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: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (EW),
 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. The changes herein are desired for the following reasons?
 (please be specific) _____

8. If a well, is the test hole log attached? Yes No
9. The change(s) (was)(will be) completed by?

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 mf/GCFO _____



- 13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines
- 13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

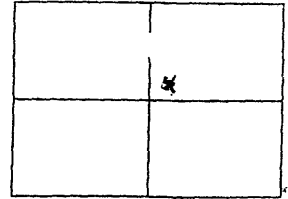
actual distance

AM/DWR/GPS 11-16-18

WA 13701

GSPF IRRIGATION SERVICE

710 W Taylor Jones Rd
Holcomb, KS 67851
Phone: 620-277-2503
Fax: 620-277-2581



Customer Name: PHYLLIS TILLMAN Date: 10/19/18

Address: TABLE ROCK LAKE Test # 1 E Log

87429 CORO WOOD RIDGE

City & state: SHELLKNOB, MISSOURI 65747 Driller: Dana Vogts

County: Finney Quarter: NE Section: 5 Township: 26 Range: 33

Location: GPS N 37.82388 W 100.95235 Elev: 2930

51' SOUTH X 23' EAST of EXISTING WELL Rig# 1 WO#

%	From	Pay	To	Description of Strata	Static Water Level	Proposed Well Depth
	0		4	Sandy top soil	<u>280 GSPF</u>	<u>530 GSPF</u>
	4		34	Sandy clay		
	34		38	Cemented sand		
	38		50	Sandy clay		
	50		76	Sand FMC small gravel		
	76		84	Sandy clay		
	84		116	Sand FMC		
	116		170	Sandy clay layered w/sand F-M		
	170		223	Blue clay w/ few layers blue sand		
	223		243	Sand Med.		
	243		251	Sand F-Med Tight		
	251		263	Sandy clay w/ Fine sand		
	263	11	274	Sand F-M		
	274	22	296	Sandy clay		
	296	27	323	Sand FMC		
	323	13	336	Sandy clay w/ Fine sand strips		
	336	34	370	Sand FMC w/ white rock		
	370	13	383	Sand F-M		
	383	21	404	Clay w/ few sand strips F-M		
	404	7	411	Sand FMC w/ white rock		

RECEIVED

NOV 13 2018

Garden City Field Office
Division of Water Resources

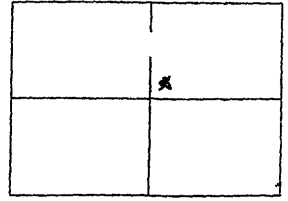
GSPF IRRIGATION SERVICE

710 W Taylor Jones Rd

Holcomb, KS 67851

Phone: 620-277-2503

Fax: 620-277-2581



Customer Name: PHYLLIS TILLMAN Date: 10/19/18

Address: _____ Test # 1 E Log: _____

City & state _____ Driller: Dana Vogts

County Finney Quarter NE Section: 5 Township: 26 Range: 33

Location: GPS N 30.82388 W 100.95235 Elev: 2930

Rig# 1 WO# _____

%	From	Pay	To	Description of Strata	Static Water Level	Proposed Well Depth
	411	16	427	Fine sand w/ few clay strips		
	427	6	433	Sand F-m w/ white rock		
	433	50	483	Sand F-m w/ clay strips		
	483	10	493	Sand F-m w/ few small gravel		
	493	12	505	Sand F-m tight		
	505	15	520	Sand FMC		
				Lost all Returns		

RECEIVED

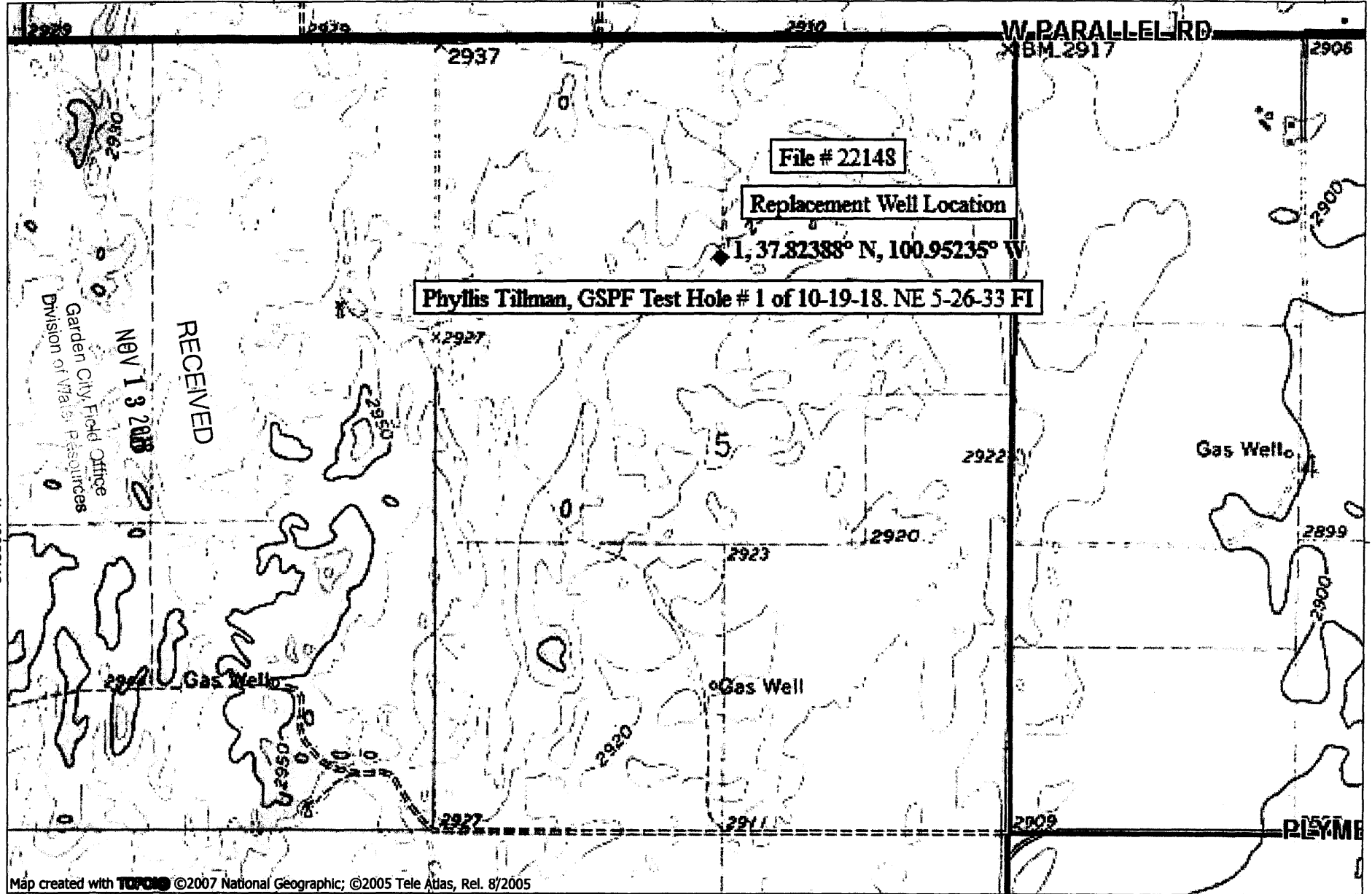
NOV 13 2018

Garden City Field Office
Division of Water Resources

100.96667° W

100.95000° W

NAD27 100.93333° W



37.81667° N

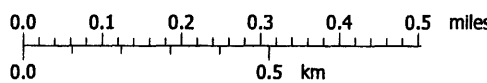
37.81667° N

Map created with TOPO! ©2007 National Geographic; ©2005 Tele Atlas, Rel. 8/2005

100.96667° W

100.95000° W

NAD27 100.93333° W



TN
MN
5 1/2°
11/01/18

14. If the proposed groundwater point of diversion is 300 or fewer feet from the 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 regards 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.

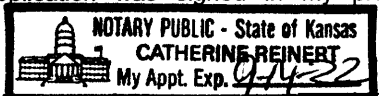
Dated at Lay Johnston ^{GARDEN CITY, KS}, Kansas, this 15th day of NOVEMBER, 2018.

REINERT, FARMER

_____	_____
(Owner)	(Spouse)
_____	_____
(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 15TH day of NOV, 2018.



Catherine Reinert
Notary Public

My Commission Expires 9-14-22

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

