

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

1. File Number: 15283	2. Status Change Date: <i>5/21/18</i>	3. Change Num: C1	4. Field Office: 04	5. GMD: 01
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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: 4/2/18
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8a. Applicant(s) New to system <input type="checkbox"/>	Person ID <u>61594</u> Add Seq# <u>1</u>
ECLIPSE INC A BRADFORD SMITH 695 KANSAS HWY 27 SHARON SPRINGS KS 67758-6029	

8c. Landowner(s) New to system <input type="checkbox"/>	Person ID <u>16643</u> Add Seq# <u>1</u>
SMITH LAND CO INC 695 KANSAS 27 SHARON SPRINGS KS 67758	

8b. Landowner(s) New to system <input type="checkbox"/>	Person ID <u>61594</u> Add Seq# <u>1</u>
ECLIPSE INC A BRADFORD SMITH 695 KANSAS HWY 27 SHARON SPRINGS KS 67758-6029	

8d. WUC New to system <input type="checkbox"/>	Person ID <u>50040</u> Add Seq# <u>1</u>
A BRADFORD SMITH P O BOX 547 SHARON SPRINGS KS 67758	

9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/18</u> <input type="checkbox"/> N & P Date to Comply: _____	
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input type="checkbox"/> Check Valve <input type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input 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: _____
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	Date Prepared: 5/17/18	By: TPM
	Date Entered:	By:

File No. 15283	11. County: GREELY	Basin: ladder	Stream:	Formation Code:	Special Use:
12. Points of Diversion CHK MOD DEL PDIV ENT					
Qualifier	S	T	R	ID	'N
Comment (AKA Line)	'W				
Rate gpm/cfs	Quantity af/mgy	Authorized	Rate gpm/cfs	Quantity af/mgy	Additional
Overlap PD Files					
nc					
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	CHK	MOD	DEL	ENT	PUSE
S	T	R	ID		
NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4
SW 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 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	NE 1/4
Total	Owner	Chg?	Overlap Files		
130	8b no	15283	8307	8308	11161
195	8b no	8b no	29985	39752	310
260	8b no	8b no	32.5	32.5	260
260	8b no	8b no	32.5	32.5	260
130	8c yes	8c yes	32.5	32.5	130
Base Acres: 1275 Year: _____ Minimum Reasonable Quantity: _____					
Comments: delete puid# 36822					

STATE OF KANSAS



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

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

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

May 21, 2018

ECLIPSE INC
A BRADFORD SMITH
695 KANSAS HWY 27
SHARON SPRINGS KS 67758-6029

RE: Change the Place of Use, File Nos 8307, 8308, 10323
11161, 15283, 29985, 39752

Dear Mr. Smith;

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#1

CERTIFICATE OF SERVICE

On this 22ND day of May 2018, I hereby certify that the attached original Approval of Application to Change the Place of Use under Water Right File 8307, 8308, 10323, 11161, 15283, 29985, 39752 dated May 21, 2018, was mailed postage prepaid, first class, US mail to the following:

ECLIPSE INC
A BRADFORD SMITH
695 KANSAS HWY 27
SHARON SPRINGS KS 67758-6029

Copy provided to GMD#1



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) 862-6300
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
www.ksda.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.

RECEIVED

APR 2 2018
 4:15 pm
 Garden City Field Office
 Division of Water Resources

File No. 15283

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: ECLIPSE INC. A BRADFORD SMITH

~~695 KANSAS HWY 27, SHARON SPRINGS KS 67758-6029~~ 419 S Gardner
 Phone Number: () Email address: _____

Name and address of Water Use Correspondent: A BRADFORD SMITH
P O BOX 547, SHARON SPRINGS KS 67758
 Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land --- NAME: ECLIPSE INC. A BRADFORD SMITH
ADDRESS: ~~695 KANSAS HWY 27, SHARON SPRINGS KS 67758-6029~~ 419 S Gardner

(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			
3	16	40							32.5	32.5	32.5	32.5									130
8	16	40											<u>OWNER T OADR 5 →</u>				40	40			
9	16	40											32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5	195

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: ECLIPSE
 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			
3	16	40							32.5	32.5	32.5	32.5									130
9	16	40									15	17.5	17.5	15	32.5	32.5	32.5	32.5	32.5	32.5	195

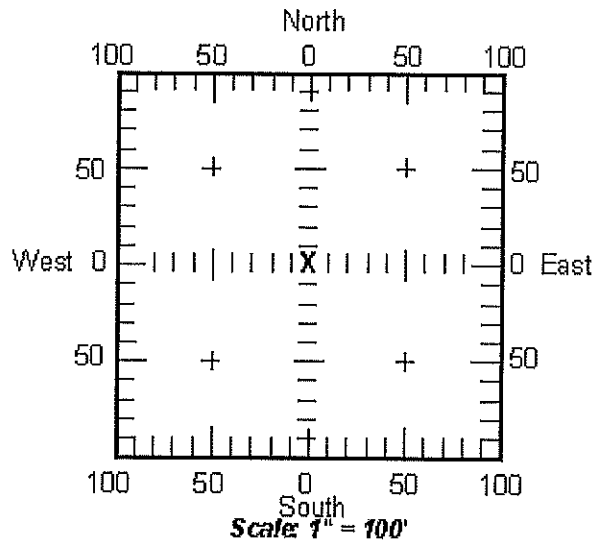
For Office Use Only: Code _____ Fee \$ _____ TR # _____ Receipt Date _____ Check # _____
--

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 _____ 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 _____ 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? _____

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 mdf/GCFO

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.

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 15283
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

Owner of Land ---- NAME: ECLIPSE INC, A BRADFORD SMITH
ADDRESS: 695 KANSAS HWY 27, SHARON SPRINGS KS 67758-6029

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	
10	16	40									32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5	260
16	16	40	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5									260
21	16	40	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5									260

Owner of Land ---- NAME: RAY P SMITH
ADDRESS: 695 KANSAS HWY 27, SHARON SPRINGS KS 67758-6029

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	
21	16	40									32.5	32.5	32.5	32.5					130

Owner of Land ---- NAME: _____
ADDRESS: _____

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. *Continued:* 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: ECLIPSE INC, A BRADFORD SMITH
ADDRESS: 695 KANSAS HWY 27, SHARON SPRINGS KS 67758-6029

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	
10	16	40			25	25					32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5	310
16	16	40	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5									260
21	16	40	32.5	32.5	32.5	32.5	32.5	32.5	32.5	32.5									260

Owner of Land ---- NAME: RAY P SMITH SMITH LAND Co INC
ADDRESS: 695 KANSAS HWY 27, SHARON SPRINGS KS 67758-6029

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	
21	16	40									32.5	32.5	32.5	32.5					130

Owner of Land ---- NAME: _____
ADDRESS: _____

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. 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 SHARON SPRINGS, Kansas, this 20 day of MARCH, 20 18.

by Ab Smith for Eclipse Inc.

(Owner)

Ab Smith

(Please Print)

Ray Smith

(Owner)

Ray Smith

(Please Print)

(Owner)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

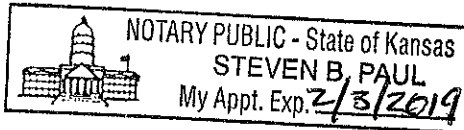
(Please Print)

(Spouse)

(Please Print)

State of Kansas

County of Waukegan } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 20 day of MARCH, 20 18.

Steven B. Paul
Notary Public

My Commission Expires 2/3/2019

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

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 Tribune, Kansas, this 16 day of March, 2018.

<u>T. B. S. Land Investments</u> (Owner)	
<u>Ken Miller</u> (Please Print)	

State of Kansas }
 County of Graves } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 16 day of March, 2018.

Kassie L. Weinland
Notary Public

My Commission Expires 7-25-2018

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

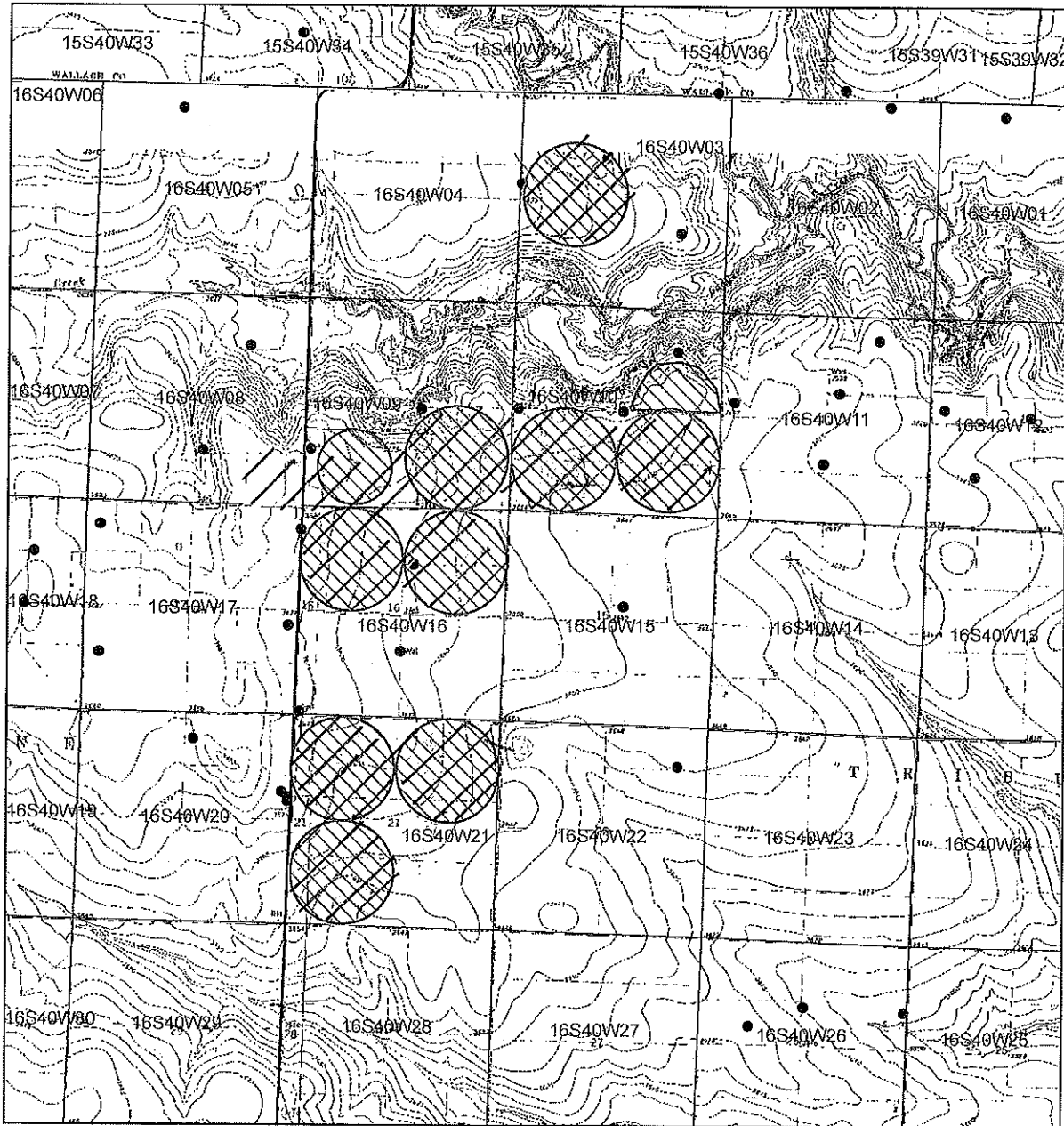
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

(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

RECEIVED

MAR 26 2018

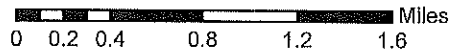
Change in Place of Use for Water Right Number 15283 All in Township 16 S, Range 40 West, Greeley County



Authorized Place of Use



Requested Place of Use



All wells within 1/2 mile have been identified.

X Al Smith

Property Details for PID: 0360252100000001010

QuickRef ID : R152
Owner Name : SMITH LAND CO INC
Location: 00000 COUNTY RD
Abbreviated Boundary Description: S21 , T16 , R40W , ACRES 317.0 , S2 LESS CO RD ROW

Owner Information:

Owner SMITH LAND CO INC
Mailing Address 695 KS HWY 27 SHARON SPRINGS,
KS 67758

Property Information:

Type Agricultural Use
Status Active
Taxing Unit TRIBUNE TWP
Neighborhood Code 031

No Secondary Address Details found

STATE OF KANSAS

DEPARTMENT OF AGRICULTURE
1320 RESEARCH PARK DRIVE
MANHATTAN, KS 66502
PHONE: (785) 564-6700
FAX: (785) 564-6777



900 SW JACKSON, ROOM 456
TOPEKA, KS 66612
PHONE: (785) 296-3556
www.agriculture.ks.gov

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

April 4, 2018

LANDON KOEHN
1050 E COUNTY RD E
MARIENTHAL KS 67863

RE: Water Right file no. 8307 8308 10323 11161 15283 29985 39752

This is to advise you that the Eclipse Inc has filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the place of use under the above referenced application.

You are notified on this proposed change in place of use so that you may furnish this office with any comments or other information you may want to submit.

You can find the complete application posted by water right file number as referenced above at www.agriculture.ks.gov/divisions-programs/dwr/water-appropriation/notices Should you have any questions, please feel free to call this office. If you would prefer, an appointment could be arranged 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 "Thomas P. Makens".

Thomas P. Makens
Environmental Scientist III

pc: GMD#1

DEPARTMENT OF AGRICULTURE
1320 RESEARCH PARK DRIVE
MANHATTAN, KS 66502
PHONE: (785) 564-6700
FAX: (785) 564-6777

STATE OF KANSAS



900 SW JACKSON, ROOM 456
TOPEKA, KS 66612
PHONE: (785) 296-3556
www.agriculture.ks.gov

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

April 20, 2018

Western Kansas Groundwater
Management District No 1
PO Box 604
Scott City KS 67861-0604

Re: Water Right file no. 8307, 8308, 10323, 11161, 15283, 29985, 39752

Dear Mr. Spencer;

Eclipse Inc has applied to correct the acres due to added pivots. The base acres are 1275.

We are delaying action for 15 days on the change application to allow you time to review and provide a recommendation if you feel one is warranted

Thank you and as always feel free to call or write us at any time.

Sincerely;

A handwritten signature in black ink, appearing to read "Thomas P Makens", written over a horizontal line.

Thomas P Makens

enc



WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO.1

April 20, 2018

RECEIVED

APR 23 2018

Mr. Thom Makens
Assistant Water Commissioner
Division of Water Resources
Garden City Field Office
2508 Johns Street
Garden City, KS 67846

Garden City Field Office
Division of Water Resources

RE: Water Right File Nos: 8307, 8308, 10323, 11161,
15283, 29985, & 39752

Dear Mr Makens:

After reviewing the change application involving
the above water rights, GMD#1 recommends approval.

Sincerely,

Kyle Spencer
District Manager

ks/vr

