

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

1. File Number: 23011	2. Status Change Date: 2/19/18	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: 2/2/18
8a. Applicant(s) New to system <input type="checkbox"/> SCOTT CLARK JR GST TRUST SCOTT J CLARK TRUSTEE 4601 WINGED FOOT DR APT 4 HUTCHINSON, KS 67502-8064		Person ID <u>2866</u> Add Seq# <u>1</u>		
8b. Landowner(s) New to system <input type="checkbox"/> SCOTT CLARK JR GST TRUST SCOTT J CLARK TRUSTEE 4601 WINGED FOOT DR APT 4 HUTCHINSON, KS 67502-8064		Person ID <u>2866</u> Add Seq# <u>1</u>		
8c. Landowner(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____		
8d. WUC New to system <input type="checkbox"/>		Person ID <u>2866</u> Add Seq# <u>1</u>		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/18</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>12/31/18</u>				
<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: _____				
Date Prepared: 2/2/18 By: LK Date Entered: _____ By: _____				

File No. 23011	11. County: Gray	Basin: PAWNEE RIVER	Stream:	Formation Code:	Special Use:												
12. Points of Diversion CHK MOD DEL PDIV ENT																	
Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm/cfs	Quantity af/mgy	Rate gpm/cfs	Quantity af/mgy	Additional	Rate gpm/cfs	Quantity af/mgy	Overlap PD Files		
ent	se	sw	nw	6	25	29w	2880	3991									
del	30660																
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		Total		Owner	Chg?	Overlap Files
					NE 1/4	SW 1/4	SE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4			
NC																	
Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____ Comments: _____																	



1320 Research Park Drive
Manhattan, Kansas 66502
785-564-6700

900 SW Jackson, Room 456
Topeka, Kansas 66612
785-296-3556

Secretary Jackie McClaskey

Governor Jeff Colyer, M.D.

February 19, 2018

SCOTT CLARK JR GST TRUST
SCOTT J CLARK TRUSTEE
4601 WINGED FOOT DR APT 4
HUTCHINSON KS 67502-8064

RE: Change in Point of Diversion Water Right, File No 23011

Dear Mr. Clark:

Enclosed you will find a *Summary Order Approving Application for Change in Points of Diversion* for the above referenced file. This order modifies the authorized well location under the referenced file. This order modifies the original document; it should be recorded at the County Register of Deeds.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this order. The diversion works should be completed and reported to the Division of Water Resources by **December 31, 2018**. Enclosed is a form for this purpose, along with other information for reference.

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.

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. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

Thomas P. Makens
Assistant Water Commissioner

TPM:tpm
Enclosures
GMD#3

CERTIFICATE OF SERVICE

On this 20th day of February 2018, I hereby certify that the attached original Approval of Application to Change the Point of Diversion under Water Right, File No. 23011 dated February 19, 2018 was mailed postage prepaid, first class, US mail to the following:

SCOTT CLARK JR GST TRUST
SCOTT J CLARK TRUSTEE
4601 WINGED FOOT DR APT 4
HUTCHINSON KS 67502-8064

Copy provided to GMD#3

A handwritten signature in black ink, appearing to be 'R. A.', written over a horizontal line.

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
 8:06 AM
 FEB 02 2018

File No. 23011

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: SCOTT CLARK JR GST TRUST SCOTT J CLARK TRUSTEE
4601 WINGED FOOT DR APT 4 HUTCHINSON KS 67502-8064
 Phone Number: () Email address: _____
 Name and address of Water Use Correspondent: SCOTT CLARK JR GST TRUST SCOTT J CLARK TRUSTEE
4601 WINGED FOOT DR APT 4 HUTCHINSON KS 67502-8064
 Phone Number: (620) 727 1294 Email address: jake502@sbglobal.net

3. The presently authorized place of use is:
- Owner of Land ----- NAME: SCOTT CLARK JR GST TRUST SCOTT J CLARK TRUSTEE
 ADDRESS: 4601 WINGED FOOT DR APT 4 HUTCHINSON KS 67502-8064
 (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: no change to acres
 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 TR # _____ Receipt Date 2/2/18 Check # 16395

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ nc Quarter of the _____ w2 Quarter
 of Section _____ 6 _____, Township _____ 25 _____ South, Range _____ 29 _____ W,
 in Gray _____ County, Kansas, _____ 2680 _____ feet North _____ 3960 _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS _____ 2843 _____ feet North _____ 3893 _____ 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 _____ se Quarter of the _____ sw Quarter of the _____ nw Quarter
 of Section _____ 6 _____, Township _____ 25 _____ South, Range _____ 29 _____ W,
 in Gray _____ County, Kansas, _____ 2880 _____ feet North _____ 3991 _____ 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? _____
 old well needs to be replaced _____

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

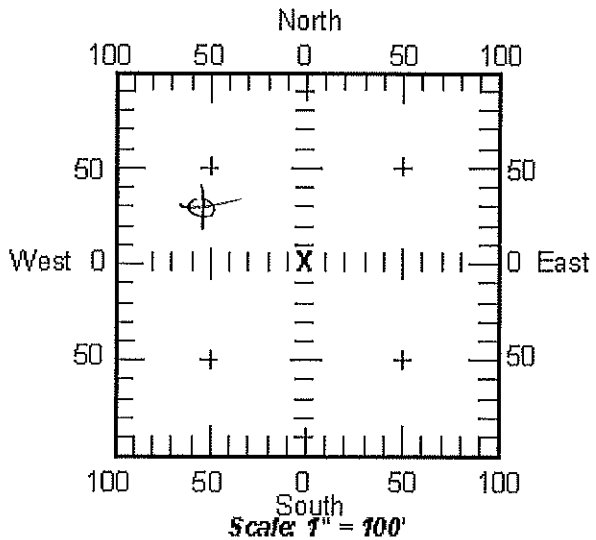
9. When do you propose to complete the new point of diversion?
 february 15, 2018 _____

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
 plug _____
 (b) When will this be done? 2018 _____

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 MESA, ⁴² ~~Kansas~~, this 29 day of January, 20 18.

<i>Scott J Clark</i> (Owner)	(Spouse)
SCOTT J CLARK (Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)

State of ~~Kansas~~ ARIZONA }
 County of MARICOPA } SS



I hereby certify that the foregoing application was signed by me, sworn to before me this 29 day of January, 20 18.

Notary Public

My Commission Expires 5/16/18

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

3795 W. Jones Ave.
 Garden City, KS 67846
 PH: 620-277-2389



Hydro

PO Box 639
 Garden City, KS 67846
 Fax: 620-277-0224

SCOTT CLARK JR GST TRUST
 11221 E ONZAAVE
 MESA, AZ 85212

DEF

Customer Name: Jake Clark WO#: 12923 Date: 12/23/17
 Street Address: _____ Test #: 3 E LOG: Yes
 City, State: _____ Driller: Dana Ferrell
 County: Gray Quarter: NW Section: 6 Township: 25 Range: 29
 Location: from old well - 56' west 84' N GPS: 37.90810°N 100.55065°W
 Rig #: 10003 Elevation: 2826 Static WL: 203 Estimated? old well
 Proposed Well Depth 303'

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Surface
	2		61	Brown Clay (fine), few caliche, few snags
	61		77	Sand, fine to med, coarse, small - large gravel (Remnant in place)
	77		90	Sand, fine to med (remnant)
	90		145	Sand, fine to med, few clay
	145		178	Brown Clay, few limonite
	178		205	Sand, fine to med, thin clay, few pebbles
	205		222	Brown Clay (Shifting Sand)
10%	222	15	237	Sand, fine to small, clay mixed
15%	237	19	256	Sand, fine to med, few clay
35%	256	27	283	Sand, fine to med, coarse, brown + white sand
	283		289	Shale, steel
	289		300	Shale
				091624
				- Test Rig -
				- Set up EART
				- Pit to Search
				1- Super Gel X
				3- Grout
				5- Bentonite Plug
				1- Perma Plug

23011

