

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

| | | | | |
|---------------------------------|--|-----------------------------|-------------------------------|----------------------|
| 1. File Number: 39752 | 2. Status Change Date: 5/21/18 | 3. Change Num: C1 | 4. Field Office: 04 | 5. GMD: 01 |
|---------------------------------|--|-----------------------------|-------------------------------|----------------------|

| | |
|--|--|
| 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 |
|--|--|

| | |
|--|---|
| 8a. Applicant(s) New to system <input type="checkbox"/> | Person ID 61594 Add Seq# 1 |
| 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 16643 Add Seq# 1 |
| SMITH LAND CO INC 695 KANSAS 27 SHARON SPRINGS KS 67758 | |

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

| | |
|---|---|
| 8d. WUC New to system <input type="checkbox"/> | Person ID 50040 Add Seq# 1 |
| 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: 12/31/18 <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: _____ |
|--------------------------------------|-----------|

| | |
|-------------------------------|----------------|
| Date Prepared: 5/17/18 | By: TPM |
| Date Entered: _____ | By: _____ |

File No. **39752** 11. County: **GREELY** Basin: **ladder** Stream: _____ Formation Code: _____ Special Use: _____

12. Points of Diversion
 CHK _____ Rate and Quantity
 MOD _____ Authorized _____ Additional _____
 DEL PDIV _____ Rate _____ Rate _____
 ENT _____ Comment (AKA Line) _____ af/mgy _____ gpm/cfs _____ af/mgy _____
 Qualifier S T R ID 'N 'W _____ gpm/cfs _____ af/mgy _____ gpm/cfs _____ af/mgy _____
 Overlap PD Files

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 | NE 1/4 | SW 1/4 | SE 1/4 | NW 1/4 | NE 1/4 | SW 1/4 | SE 1/4 | NW 1/4 | | | | | NE 1/4 | SW 1/4 | SE 1/4 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NC | 27946 | 3 | 16 | 40W | | | | | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 130 | 8b no | 8307 | 8308 | 10323 | 11161 | 15283 | 29985 | 39752 | |
| MOD | 33012 | 9 | 16 | 40W | | | | | | | | 15 | 17.5 | 17.5 | 15 | 32.5 | 32.5 | 32.5 | 195 | 8b no | | | | | | | | |
| MOD | 30153 | 10 | 16 | 40W | | | | | | | | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 310 | 8b no | | | | | | | | |
| NC | 25692 | 16 | 16 | 40W | | | | | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | | | | 260 | 8b no | | | | | | | | |
| MOD | 16199 | 21 | 16 | 40W | | | | | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | 32.5 | | | | 260 | 8b no | | | | | | | | |
| ENT | NEW | 21 | 16 | 40W | | | | | | | | 32.5 | 32.5 | 32.5 | 32.5 | | | | 130 | 8c yes | | | | | | | | |

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 22^{NO} 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

A handwritten signature in black ink, appearing to be a stylized 'R' or similar character.

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

File No. 39752

APR 2 2018
 4:17 pm
 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: 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 | | | | | | | | | | | | | | | | 40 | |
| 9 | 16 | 40 | | | | | | | | | | 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 | 195 | |

For Office Use Only: Code _____ Fee \$ _____ TR # _____ Receipt Date _____ Check # 2631

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? _____

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

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

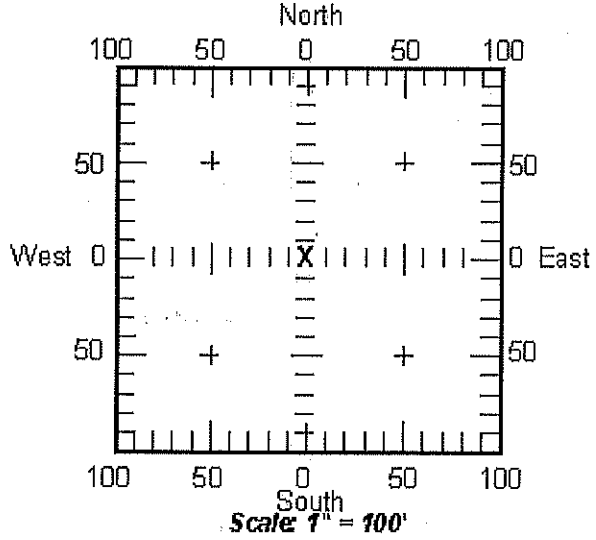
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by mdf/GCFO _____

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.

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET

FILE NO. 39752

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.)

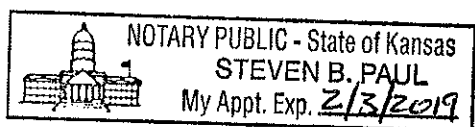
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized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

| | |
|---|-----------------------------------|
| <u>Eclipse Inc, by Al Smith</u> <small>(Owner)</small> | <small>(Spouse)</small> |
| <u>Al Smith</u> <small>(Please Print)</small> | <small>(Please Print)</small> |
| <u>Ray P Smith</u> <small>(Owner)</small> | <small>(Spouse)</small> |
| <u>Ray P Smith</u> <small>(Please Print)</small> | <small>(Please Print)</small> |
| <small>(Owner)</small> | <small>(Spouse)</small> |
| <small>(Please Print)</small> | <small>(Please Print)</small> |

State of Kansas }
 County of Wallace } 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 16th day of March, 2018.

| | | |
|--|-------|----------------|
| <u>T Bay's Land Investments LLC</u> (Owner) | _____ | (Spouse) |
| <u>Tuan Wean</u> (Please Print) | _____ | (Please Print) |
| _____ | _____ | (Spouse) |
| _____ | _____ | (Please Print) |
| _____ | _____ | (Spouse) |
| _____ | _____ | (Please Print) |

State of Kansas }
County of Greene } 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 File No. E307

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder, With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 39752.

1. A change application was received on April 2, 2018 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a _____ foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. Applicable Not Applicable
5. The point(s) of diversion authorized herein shall not actually be located more than _____ feet from the previously authorized point(s) of diversion. Applicable Not Applicable
6. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2018**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
8. **Installation of the works for diversion of water shall be completed on or before December 31, 20____**, or within any authorized extension of time. By March 1, 20____ the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
9. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
11. Additional Conditions are attached. Yes No
12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

FOR OFFICE USE ONLY
**APPLICATION APPROVED AND
SUMMARY ORDER ISSUED**

By: [Signature]
Duly Authorized Designee of the Chief Engineer

(Print Name): Thomas P Makens
Division of Water Resources - Kansas Department of Agriculture

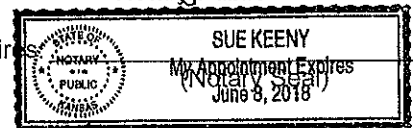
Date of Issuance: MAY 21, 2018

State of Kansas _____)
County of Finney) SS

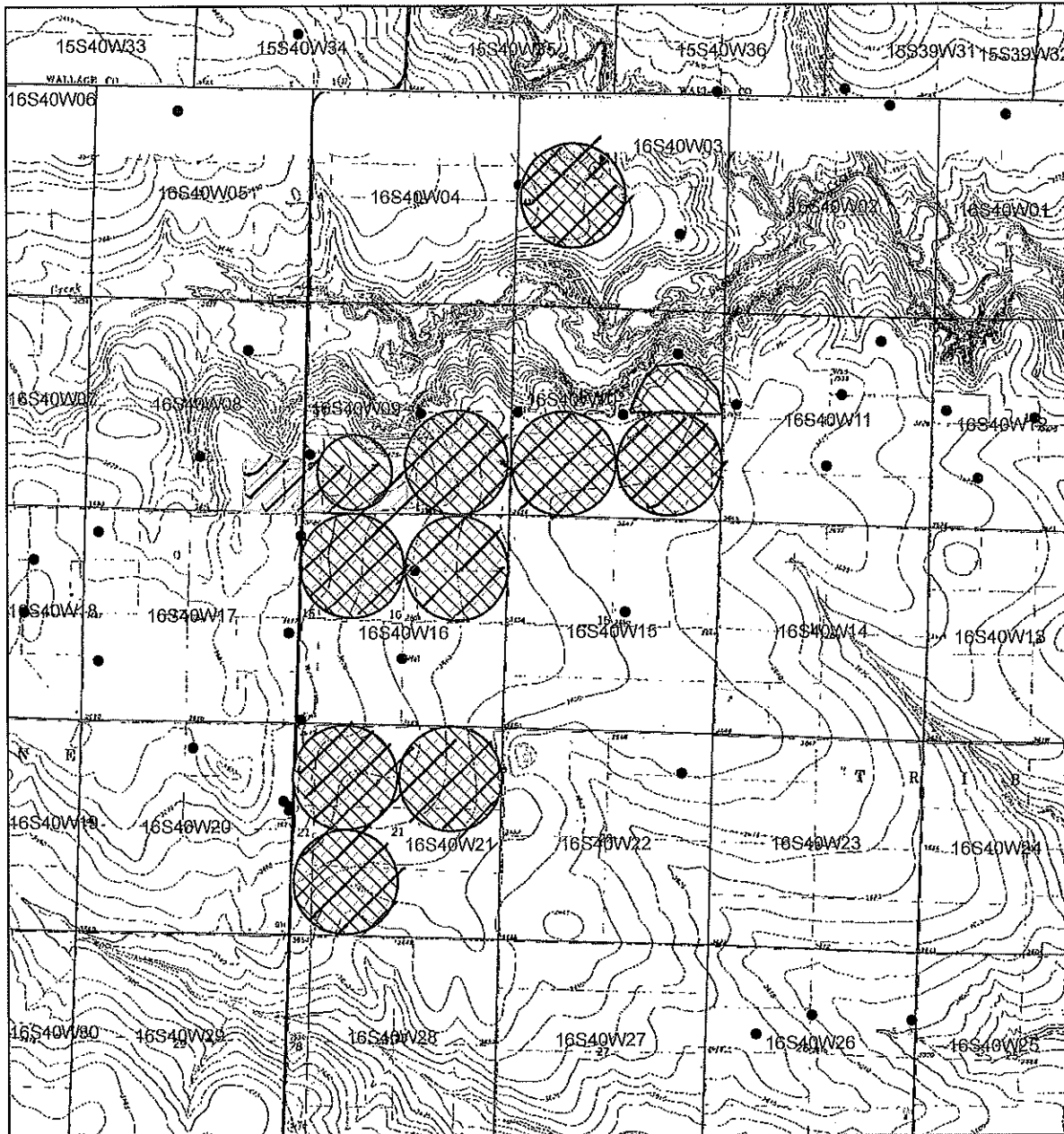
Acknowledged before me on May 21, 2018
by Thomas P Makens

Signature: [Signature]
Notary Public

My commission expires _____



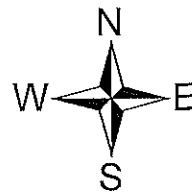
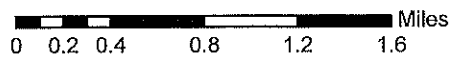
**Change in Place of Use
for Water Right Number 39752
All in Township 16 S, Range 40 West, Greeley County**



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

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

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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

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 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

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

APR 23 2018

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

