Kansas Department of Agriculture Division of Water Resources

CHANGE: P/D WORKSHEET

1. File Number:	2. Status Change Date:	3. Change Num:	4. Field Office:	5. GMD:
6963	2/22/18	с3	04	03
6. Status: ☐ Approved ☐ De	nied by DWR/GMD	Dismiss by Reques	t/Failure to Return	7. Filing Date of Change:
				2/8/18
8a. Applicant(s)	Person ID 38580	8c. Landown		Person ID
New to system ☐	Add Seq# <u>1</u>	New to sy	rstem [_]	Add Seq#
PATRICK JOSSERAND JOSSERAND PO BOX 390 JOHNSON KS 67855-03		nc		
8b. Landowner(s)	Person ID	8d. WUC	t	Person ID 26852
New to system ☐	Add Seq#	New to sy		Add Seq# 1
nc		PAT JO PO BO	E J PARTNERSH DSSERAND X 390 SON KS 67855	IIP
9. Documents and Enclosure(s): 🗵 🗆	WR Meter(s) Date to Comp	ly: <u>12/31/18</u>	N & P Date to	Comply: <u>12/31/18</u>
☐ Anti-Reverse Meter ☐ Mete	r Seal	□ N & P Form	☐ Water Tube ☐ □	Driller Copy
☐ Conservation Plan Date Requ	ired: Da	ate Approved:	Date to	o Comply:
10. Use Made of Water From:		To:		
			Date Prepared: 2/21/ Date Entered:	18 ву: tpm Ву:

File No. 6963	11. County: STANTON		m m	asin: 1	Basin: nf cimarron	аггол					Stream:	<u> </u>						Ä Ä	Formation Code: 211/331	je:	Special Use:	
12. Points of Diversion														Rate	Rate and Quantity	iantity			***************************************		A TAXABLE AND A	
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del 81239																						
13. Storage: Rate	N.	1 1	Önč	Quantify _					_ac/ft		Additional Rate	nal Ra	g.				¥ 		Additional Quantity	ig.	30	ac/ft
14. Limitation:	af/yr at) mdg				cfs) ,	ofs) when combined with file number(s)	ombine	ed with	file nu	Imber((\$			777777777777777777777777777777777777777		A CONTRACTOR OF THE CONTRACTOR	
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15. 5YR Allocation: Allocation Type	Type	Sta	Start Year	, j		5 \	5 YR Amount	l l		- An	Amount Unit	Jnit]	Base Acres	Acres		ن ا	Comment				
16. Place of Use CHK			_	NE%			_ Z	NW1/4			S	SW%			S	SE%		Total	Owner	Chg?	Overlap Files	
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1320 Research Park Drive Manhattan, Kansas 66502 785-564-6700

Secretary Jackie McClaskey

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

Governor Jeff Colyer, M.D.

February 22, 2018

TRIPLE J PARTNERSHIP PAT JOSSERAND PO BOX 390 JOHNSON KS 67855

RE: Change in Point of Diversion Water Right, File No 6963

Dear Mr. Josserand:

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 Z3 no 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. 6963 dated February 22, 2018 was mailed postage prepaid, first class, US mail to the following:

TRIPLE J PARTNERSHIP PAT JOSSERAND PO BOX 390 JOHNSON KS 67855

Copy provided to GMD#3

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.

thar	agraph No n 100 feet nt(s) of div	t, or if p	olace d	of use	will be	e char	ited. (nged, i	Compl nclude	lete all e a top	l other	appli nic ma	cable p or d	portio letailed	ns. If I plat	chanç showir	ge in p ng the	RE(22°	-
						F	ile No	. <u>6963</u>									FEB	082	018
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						□Р	lace of	f Use		\boxtimes	Point o	of Dive	ersion						
	under the	e water	right w	thich is	s the s	ubject	of this	applic	ation i	n acco	rdance	with t	he cor	ditions	s desc	ribed l	oelow.		
	The sour	ce of su	ipply is	3;		⊠ G	Ground	water			Surfac	e wate	er						
2.	Name an	ıd addre	ess of <i>i</i>	Applic	ant: <u>P</u>	AT JO	SSER	<u>AND</u>											
	<u>РО ВОХ</u>																		
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	For Offic																		

5.	Presently authorized point of diversion:					
	One in the Quarter of the	nw	Quarte	r of the	sw	Quarter
Į	of Section36, Township	28	South.	Range	40	W.
	in <u>Stanton</u> County, Kansas, <u>1549</u> fe	et No	th 4745 fe	et West of So	utheast co	rner of section.
	Authorized Rate Authorized Quantity					
	(DWR use only: Computer ID No. 3 GPS					
	☐ This point will not be changed ☐ This point will be					
	Proposed point of diversion: (Complete only if change is					
	One in the Nw Quarter of the			r of the	SW	Quarter
	of Section 36, Township					
	in Stanton County, Kansas, 831 fe					
	Proposed Rate Proposed Quantity					
	This point is: Additional Well Geo Center List other					
L	The policie. Lividade 1701 Li eco contel Lividade	110(0	ngitto truc will ac	o the point_		<u> </u>
6. [Presently authorized point of diversion:					
٥.	One in the Quarter of the		Quarte	r of the		Ouerter
	of Section, Township					
	in County, Kansas, fe	et No	th fe	et West of Sc	utheast co	rper of section
	Authorized Rate Authorized Quantity	CI INOI	Donth of	ar Anesi ni Or	uli least co	frest)
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	Proposed point of diversion: (Complete only if change is		-			
	· · · · · · · · · · · · · · · · · · ·					0
	One in the Quarter of the					
	of Section, Township					
	in County, Kansas, fee Proposed Rate Proposed Quantity					
	This point is: Additional Well Geo Center List other					
L	This point is. Additional Well Geo Center List office	water	ngnis mai wiii us	e mis point_		
7.	Why do you need a new point of diversion?	13a.	If the proposed po	oint of diversio	n will be re	located within 100
			feet of the existin	g point of dive	ersion, indic	ate its location on
	old well needs to be replaced		the diagram below	In relation to The "X" in	tne existing 1. center o	point of diversion. f diagram below
			represents prese	ntly authorize	ed point of	diversion.)
				North		
8.	If a well, is the test hole log attached? 🛛 Yes 🔲 No		100	50 <u>0</u>	50	100
	•			1 1 1 1 1 1		
9.	When do you propose to complete the new point of		F			
	diversion?		50 -	4 =	4	⊣ 50
	february 15, 2018			·	•	
40	If the point of diversion is a well:		-	=		7
IU.			West 0 - II			l—O East
	(a) What are you going to do with the old well?		F		•	
	plug		📙			
	5.22		50 🖳	+ =	+	∃ 50
	(b) When will this be done? 2018		-	_		_
	(a) This till the 25 dollor. <u>Loto</u>		Fil	.		A
11	Groundwater Management District recommendation		100	50 0	50	100
	attached? Yes No		100	South Scale: 1") 	100
12.	Assisted by tpm	13b.	If the proposed po	oint of diversio	n will be re	located more than existing point of
			diversion, attach	a topographic	map or a	aerial photograph.
			For groundwater s	sources, show	all wells (ir	ncluding domestic)
			names and mailir	ng addresses	of the own	f diversion and the ers. For surface
			water sources, s landowner(s) one	show the nar	nes and a	addresses of the
			upstream from you	r property line	พแรนชสมม 8 8.	and Une-Hall Hille
			•			

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

pro\ K.A tern	visions of the <i>Kansas Water Appropriation Law, K.S.A. 82a-70</i> R. 5-1-1 <i>et.seq.</i> With the exception of those conditions expressus, conditions and limitations of File No. <u>6963</u>	708b, as amended, and K.A.R. 5-14-3 and other applicable of et. seq., and rules and regulations promulgated thereunder esly contained herein, this Summary Order does not change the
1.	A change application was received on February 8, 2018 diversion authorized under the above-referenced file number by	requesting that the place of use and / or point on the changed as described in the application.
2.	On and after the effective date of this summary order, the aut on the topographic map accompanying the application to chan	thorized place(s) of use shall be located substantially as showl ge the place of use.
	radius of the authorized point(s) of diversion. Applicable	s and shall be limited to the same source or sources of water a is summary order shall be located within a 300 foot
	authorized point(s) of diversion.	e located more than feet from the previousl Applicable
5.	tube or other device suitable for making water level measurer with K.A.R. 5-6-13. ☐ Applicable ☐ Not Applicable	well with a diversion rate of 100 gallons per minute or more, nents shall be installed, operated and maintained in accordance
6.	and maintained in accordance with K.A.R. 5-1-4 through 5-1-3-5e, the owner shall maintain records and report the reading annually to the Chief Engineer by March 1 following the end of Applicable ☐ Not Applicable	
	authorized extension of time. By March 1, 20 <u>19</u> the applicant diversion has been completed, on the form provided by the Ch ⊠ Applicable □ Not Applicable	
8.	The completed well log shall be submitted with the require	ed notice. 🛛 Applicable 🔲 Not Applicable
9.	with an in line, outemetre durek-cleend check Valve cananie	reign substance will be injected into the water shall be equippe of preventing pollution of the source of the water supply. Th accordance with K.A.R. 5-3-5c. ⊠ Applicable □ Not Applicabl
	Additional Conditions are attached. Yes No	
11.	water appropriated under the above-referenced file number limitations, as amended and/or supplemented by this Summ.	R. 5-5-14, all of the owners of the authorized place(s) of use of are responsible for compliance with its terms, conditions an eary Order, and with applicable provisions of the <i>Kansas Wate</i> ated thereunder. Failure to comply with these provisions manded, and/or the suspension or revocation and dismissal of the authorized by law.
	Administrative Appeal and Effective Date of Order	FOR OFFICE USE ONLY APPLICATION APPROVED AND
Yo	have the right to a hearing in accordance with K.A.R. 5-	SUMMARY ORDER ISSUED
Ka mu	3 before this Summary Order becomes final action of the nsas Department of Agriculture. Any request for a hearing st be filed with the Chief Engineer, Division of Water sources, Kansas Department of Agriculture, 109 SW	By: / M
9 th	Street, Topeka, Kansas 66612, within 15 days after the e shown on the Certificate of Service attached hereto. If a	Duly Authorized Designee of the Chief Engineer
he	aring is not requested in accordance with K.A.R. 5-14-3,	(Print Name): Thomas P Makens
this afte	s Summary Order will become effective on the 15 th day er the date shown on the Certificate of Service.	Division of Water Resources - Kansas Department of Agriculture Date of Issuance: FEBRUARY 22, 2018
	For Use by Register of Deeds	
		State of Kansas)) SS
		County of Finney)
		Acknowledged before me on Folyman, 22, 2018
		by Thomas P. Makens
		Signature: Sue Keeny
		Notary Rublic SUE KEENY My Appointment Expires June 8, 2018

My commission expires

(Notary Seal)

14. If the proposed groundwater point of diversion is 300 or fewer feet from existing point of	of diversion, complete the following:
(a) Does the undersigned represent all owners of the currently authorized place(s) of Yes No (If no, all owners must sign this application)	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 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 ☐ Yes ☐ No (If no, all owners must sign this application.)	Gorden City Lold Office
If the application proposes a surface water change in point of diversion, a groundwater charge in place of use, the application must be signed by all owners of the currently a agent (attach notarized statement authorizing representation).	nge in point of diversion greater than 300 feet
I hereby verify, being first duly sworn upon my oath or affirmation and unde age and the owner, the spouse of the owner, or a duly authorized agent of the their behalf, in regard to the water right(s) to which this application pertain contained in this application are true, correct and complete.	e owner(s) to make this application on
Dated at, Kansas, this day o	Lebruary 2017.
Interpresent	O
(Owner)	(Spouse)
Hat Jossemus TripleJ	
(Please Print) Par Changeard Chamana Hann	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
Hat Classerand	(Spouse)
(Please Print) State of Kansas County of	(Please Print)
I hereby certify that the foregoing application was signed in my presence and	sworn to before me this 6th day of
Lama !	la U Cook
My Commission Expires My 26, 2020	Notary Public
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable port accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be appropriate fee must be paid.	ions of the application form must be completed with ust be affixed to the application and notarized; and
FEE SCHEDULE	
Each application to change the place of use or the point of diversion under this section shall 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 \$200

	14. If the	he proposed	groundwater p	oint of diversion	is 300 or fewer t	feet from	existing point	t of diversion	n, complete the	following:
•	(a)	Does the u ☐ Yes	ndersigned rep	resent all owner	s of the currently	ly authoriz	zed place(s) o	of use identi	fied in this appl	ication?
	(b)	Will the ow	nership interes	t of any owner	of the currently	authorize	ed place(s) of	use identifi	ed in this appli	ication be adversely
		Yes	∏ No	(If yes, all own	equestea? ers must sian thi	is applica	fion \		FEB 08 2	N18
	(c)	If this applic ☐ Yes	pation is not ap ☐ No	proved expedition (If no, all owner	ously, will there t rs must sign this	be substa s applicat	intlal damage ion.)	to property Divi	public health of arcida City Heli son or Watar R	or safety?
	If the ap	plication pro	poses a surfac	e water change	in point of divers	slon, a gr	oundwater ch	ange in not	nt of divortion	annaise dhan 200 f
	0, 0,0,10	ango as pidoo	or doo, the ap	plication must be authorizing repre	a sioneo ny an n	wners of	the currently	authorized	place of use, or	greater than 300 feet their duly authorized
	their b	ehalf, in re ned in this	gard to the application a	e or the owne	r, or a duly at to which this ct and comple	utnorize s applic lete	d agent of t ation pertai	the owner ins. I furt	(s) to make the ther verify the	that I am of lawfu his application on at the statements
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		VIII.	(Owner)					(S	pouse)	
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	State of I	Kansas of <u>Sed</u> 9		ss			IEPTIG de of Kansaa 2-19	(FIE	ase Print)	
	l here	by certify the	nat the forego	olng application	was signed i	in my pi	esence and	sworn to	before me th	is <u>17</u> day of
		(•			<i>(</i> -	11	7		211
	My Comi	mission Expir	res <u>6-1</u>	2-19	man ^a		1000	Nota	ry Public	J
		MPLETE APP nformation; ma priate fee must		L BE PROCESSE must be included	<u>D</u> . To be complet ; signatures of all t	te, all of th the approp	e applicable por	rtions of the a	application form n d to the application	nust be completed with on and notarized; and
					FEE SCH	IEDULE				
f	(°	Application Application Application	on to change a on to change a	e of use or the ponecks payable to point of diversion point of diversions of the place of use .	oint of diversion : Kansas Depa n 300 feet or les	under thi artment o	T Agriculture) 		ሰ ለለለ

14. If the proposed groundwater point of diversion is 300 or fewer feet fi	rom existing point of diversion, complete the following:
(a) Does the undersigned represent all owners of the currently auth ☐ Yes ☐ No (If no, all owners must sign this appl	
 (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 approved as requested?) 	FER 0.8 2018
(c) If this application is not approved expeditiously, will there be su ☐ Yes ☐ No (If no, all owners must sign this appl	
If the application proposes a surface water change in point of diversion, or a change in place of use, the application must be signed by all owner agent (attach notarized statement authorizing representation).	
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 regard to the water right(s) to which this appoint this application are true, correct and complete. Dated at	rized agent of the owner(s) to make this application on
Melvin Winger Premier	
(Owner)	(Spouse)
(Please Print)	(Please Print)
Pat Cosserand	(Spouse)
(Please Print)	(Please Print) .
(Owner)	(Spouse)
(Please Print)	(Please Print)
State of Kansas County of Shan For	•
Nereby certify that the foregoing application was signed in m	ny presence and sworn to before me this but day of
PAMELA K. COOK Notary Public - State of Kansas My Appl. Expires Slau 2020	Lamela G. Cool
My Commission Expires _5/26/2020	
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, al accurate information; maps, if necessary, must be included; signatures of all the at the appropriate fee must be paid.	
FEE SCHED	<u>ULE</u>
Each application to change the place of use or the point of diversion und forth in the schedule below: Make checks payable to: Kansas Departm (1) Application to change a point of diversion 300 feet or less (2) Application to change a point of diversion more than 300 feet (3) Application to change the place of use	er this section shall be accompanied by the application fee set nent of Agriculture \$100

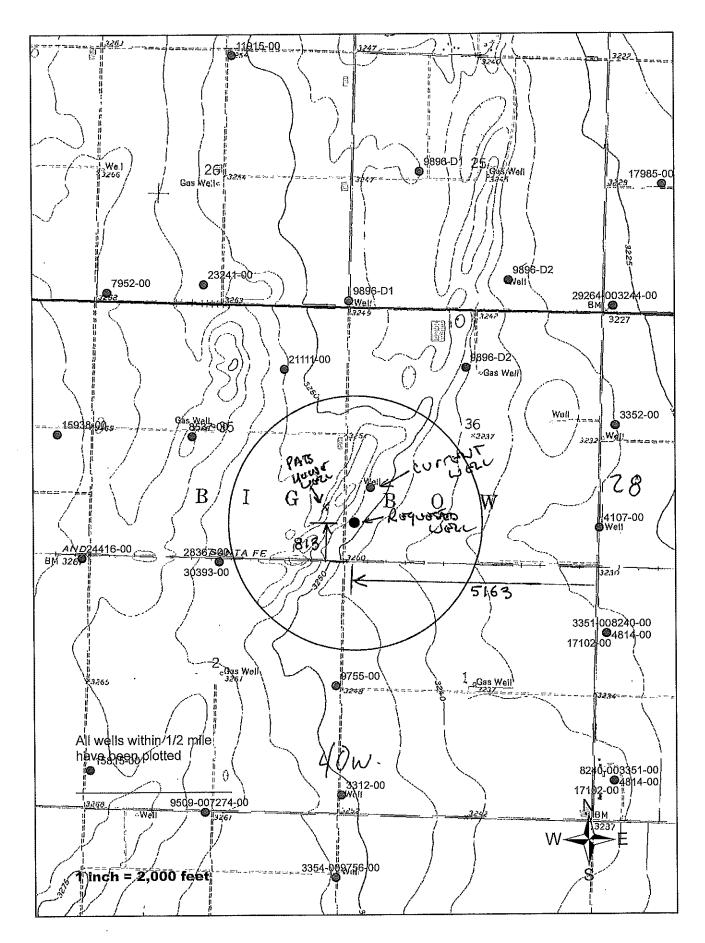
14. It trie brobosed groundwater boint of di	resion is 300 or fewer feet from existing point of	if diversion, complete the following:
(a) Does the undersigned represent al	I owners of the currently authorized place(s) of Il owners must sign this application.)	use identified in this application?
(b) Will the ownership interest of any affected if this application is appro-	OWNER of the currently sufficiend about a se	
(c) If this application is not approved e	xpeditiously, will there be substantial damage to il owners must sign this application.)	FEB 0 8 2018 property, public health or safety?
If the application proboses a surface water of	change in point of diversion, a groundwater cha	Garden City Field Office Division of Water Resources
their behalf, in regard to the water ne contained in this application are true	n upon my oath or affirmation and under owner, or a duly authorized agent of the light(a) to which this application pertains correct and complete.	r penalty of perjury, that I am of lawfull to owner(s) to make this application or is. I further verify that the statements
Dated at Chilo	(Kansas, this and day o	tebruary 2018
X Jafa to		
	beer and	(Spouse)
(Please Print)	CSSERAN)	(Please Print).
(Owner)	The transfer of the state of th	(Spousė)
(Please Print)		
·		(Please Print)
(Öwner)	P	(Spouse)
(Please Print) State of Kansas. County of Hontin	PAMELA K. COOK Notary Public - State of Kans My Appl. Expires 5/21/20	95
hereby certify that the foregoing app	olication was signed in my presence and	sworn to before me this LLD day of
My Commission Expires 5/24/2	ozo tam	los L. COOK
ONLY COMPLETE APPLICATIONS INTO SEE TO	DCESSED. To be complete, all of the applicable por	
accurate information; maps, if necessary, must be the appropriate fee must be paid.	<u>NESSEU</u> . To be complete, all of the applicable por included; signatures of all the appropriate owners' in	ons of the application form must be completed with ist be affixed to the application and notarized; and
Per t. No. of the control of the con	PEE SCHEDULE	•
(1) Application to change a point of (2) Application to change a point of	or the point of diversion under this section shall yable to: Kansas Department of Agriculture diversion 300 feet or less. Diversion more than 300 feet	\$100
A Unfair-dithit to bliguige the blace (of use	\$200
DWR 1-121 (Revised 01/05/2010)	Page 3	File No.

JAN 3 1 2018

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 (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? (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 (If no, all owners must sign this application.) **Garden City Field Office** If the application proposes a surface water change in point of diversion, a groundwater change water change in point of diversion, a groundwater change water change in point of diversion, a groundwater change water change in point of diversion. 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. Kansas, this 26th day of January McPherson (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) State of Kansas County of McPhe. hereby certify that the foregoing ar SWOTARY PUBLICES and sworn to before me this 24 day of STATE OF KANSAS My Appt. Exp. 11-07-2 My Commission Expires 11-07-2020 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

My Commission Expires	14. If the proposed groundwater point of diversion is 300 of fewer feet	nom existing point of diversion, complete the following.
affected if this application is approved as requested? Yes		in the author A
(c) if this application is not approved expeditiously, will there he substantial damage to property public health or seleto? Yes No	affected if this application is approved as requested?	EED 4.0 0010
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 30 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 statement authorizing representation). I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of It 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 regard to the water right(s) to which this application pertains. I further verify that the statementation in this application are true, correct and complete. Dated at	(c) If this application is not approved expeditiously, will there be s	substantial damage to property, public health or safety?
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(Spouse) (Please Print) (Please Print) (Please Print) (Please Print) (Owner) (Spouse) (Owner) (Spouse) (Please Print) (Owner) (Spouse) (Owner) (Owner) (Owner) (Spouse) (Owner) (Owner)	age and the owner, the spouse of the owner, or a duly auth their behalf, in regard to the water right(s) to which this a	orized agent of the owner(s) to make this application on pplication pertains. I further verify that the statements
(Please Print) (Spouse) (S	Dated at, Kansas, th	nis, 20
(Owner) (Spouse) (Please Print) (Please Print) (Owner) (Spouse) (Please Print) (Spouse) (Owner) (Spouse) (Please Print) (Spouse) (Owner) (Spouse) (Please Print) (Spouse) (Outly Vin Love (Spouse) (Spouse) (Please Print) (Spouse) (Please Print) (Spouse) (Please Print) (Spouse) (Analytic Seal (Spouse) (Spouse) (Owner) (Spouse) (Owner) (Spouse) (Please Print) (Spouse) (Analytic Seal (Spouse) (Spouse) (Owner) (Spouse) (Please Print) (Spouse) (Analytic Seal (Spouse) (Spouse) (Analytic Seal (Spouse) (Spouse) (Spouse) (Analytic Seal (Spouse)	Y Janey Selverthor	(Spouse)
(Please Print) (Owner) (Please Print) (Owner) (Please Print) (Owner) (Spouse) (Please Print) (Please Print) (Spouse) (Please Print) (Spouse) (Please Print) (Spouse) (Please Print) (ATHY LYNN LOVE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5/7/2019 I hereby certify that the foregoing application was signed in my presence and sworn to before me this da (Authority Public) (ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be complete appropriate fee must be paid. (ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be complete the appropriate fee must be paid. (ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the application form must be complete the appropriate fee must be paid. (ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the application form must be complete the appropriate fee must be paid. (Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee forth in the schedule below. Make checks payable to: Kansas Department of Agriculture (1) Application to change a point of diversion more than 300 feet	(Please Print)	(Please Print)
(Owner) (Spouse) (Please Print) (Please Print) (Please Print) (CATHY LYNN LOVE) State of Kansas (County of (CATHY LYNN LOVE) (CATHY LYNN LOVE) (CATHY LYNN LOVE) I hereby certify that the foregoing application was signed in my presence and sworn to before me this day (Commission Expires (County of (CATHY LYNN LOVE) (CATHY LYNN LOVE) (CATHY LYNN LOVE) (COMMISSION EXPIRES 5/7/2019) I hereby certify that the foregoing application was signed in my presence and sworn to before me this day (CATHY LYNN LOVE) (COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be complete accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized the appropriate fee must be paid. PEE SCHEDULE	(Owner)	(Spouse)
(Please Print) State of Kansas County of	(Please Print)	(Please Print)
State of Kansas County of	(Owner)	(Spouse)
State of Kansas County of		
I hereby certify that the foregoing application was signed in my presence and sworn to before me this	State of Kansas) Z NOTARY F	PUBLIC. STATE OF ILLINOIS ?
My Commission Expires	County of	MISSION EXPIRES 5/7/2019
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be complete accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized 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 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		
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Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee 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	accurate information; maps, if necessary, must be included; signatures of all the	
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee 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	FEE SCHE	DULE
(3) Application to change the place of use \$200	Each application to change the place of use or the point of diversion unforth in the schedule below: Make checks payable to: Kansas Depar (1) Application to change a point of diversion 300 feet or less (2) Application to change a point of diversion more than 300 f	nder this section shall be accompanied by the application fee set the third section fee set the third section fee set the section fee set the section feet

14. If the proposed groundwater point of diversion is 300 or fewer feet from	m existing point of diversion, complete the following:
 (a) Does the undersigned represent all owners of the currently autho ☐ Yes ☐ No (If no, all owners must sign this application) 	
(b) Will the ownership interest of any owner of the currently authori affected if this application is approved as requested? ☐ Yes ☐ No (If yes, all owners must sign this application)	CCD 0.0 0040
(c) If this application is not approved expeditiously, will there be subs ☐ Yes ☐ No (If no, all owners must sign this applic	stantial damage to property, public health or safety? ation.) Division of Water Resources
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 affirmating age and the owner, the spouse of the owner, or a duly authorize their behalf, in regard to the water right(s) to which this application are true, correct and complete. Dated at	zed agent of the owner(s) to make this application on
* Muhail W previous	•
(Own ft)	(Spouse)
(Please Print)	(Please Print):
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	GENNIFER W. GARNER NOTARY PUBLIC
(Please Print)	(PSTATE TO P COLORADO
State of Kansas Colorado County of Douglas	NOTARY ID 20094028999 MY COMMISSION EXPIRES AUGUST 28, 2021
I hereby certify that the foregoing application was signed in my	presence and sworn to before me this Z day of
· · · · · · · · · · · · · · · · · · ·	Aland Bern
My Commission Expires <u>08/28/20 7/</u>	Notary Public
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all o accurate information; maps, if necessary, must be included; signatures of all the appetite appropriate fee must be paid.	of the applicable portions of the application form must be completed with propriate owners' must be affixed to the application and notarized; and
FEE SCHEDUI	w.E.
Each application to change the place of use or the point of diversion under forth in the schedule below: Make checks payable to: Kansas Departme (1) Application to change a point of diversion 300 feet or less (2) Application to change a point of diversion more than 300 feet (3) Application to change the place of use	nt of Agriculture



RECEIVED

sec. 32	6 BIR T	28	
Survey R 4	tai i	Garden City Field Office Division of Wat N 0 so 2 6	016
N.37.548	v. 101.	(529/P	
		P.Ö. Box 784 Sunray, Texas 79086 (806) 948-4421 Seth Ne Lapon	
			<u></u>
		Test & Waterwell D	
DATE 9-4	-17-	No. 2-17-	
FROM	TO	DESCRIPTION	SAND
O	100	Surface top Soil fine sand of Sandy clay strips	
lo o	220	Brown sticky clay	
420	F., 1.1	Sand w/minor clay strips	
380	ata con a constant of the cons	med to coasse fairly loose sand is graved	20
400	420	med to coasse fairly loose sand w/growel	20
420	440	med to coase early base and w/grow!	80
440	460	med to coasse fairly loose sand of gover!	20
460	480	Tight yellow sandstone w/hard-sandstone stop to black clay	; ; ;
480	500	Black clay tishale where sandstone staps	4 stone
500	520	Tight yellow to gray sound sandstone w/ clay mex	20
520	540	Tight too sand sand tone wered day stop water 530	16
540		fine tight sand sand tone of loose sand stop + some claymer &	20
560	<i>.58</i> 0	Pine hight sand sandstone whome sand stops toome clay rick &	
580	600	Fine light souls sands tone of loose good stops loose Core 599 &	Pr
600	620	fine Englit sandsandstone us/loose sond stript ASEN LOT EXATER	
		1/2 draw bit	e e e e e e e e e e e e e e e e e e e
		2 sne hulls on 66-140	ir en en
	ing Ja	4 1/2 BATS Hydro pac reg	
		1 BKT Hydro Sect.	
		NO electore Loc	

4

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Well T28S, R40W, Sec. 35, NE SE SE, Action: Constructed

Loc	cation Info									
	Owner: Josserand, Pat Status: Constructed									
	Location: T28S, R40W, Sec. 35, NE	SE SE		County: Stanton						
	Directions: 846 S Rd G									
	Longitude: -101.6539429									
	Longitude and latitude calculated by Sonly good to within the quarter call ac		township-	range-section-quarter calls.						
	View well on interactive map This li interactive map of this well and its nei	nk will crea ighbors.	te a new w	rindow and display an						
Ge	neral Info									
	Well Depth: 480 ft.		Elevation	n: ft.						
	Static Water Level: ft.		Est. Yield: gpm.							
	Comp. Date: 14-Dec-2010		Well Use: Domestic							
	DWR Applic. #:		Other II):						
Dr	iller Info									
	Driller: Tyler Water Well, Inc.			License #: 473						
Sca	anned Form									
	View scan of this form in PDF format									
	You will need the Acrobat PDF Read	<u>er,</u> available	free from	Adobe, to read this file.						
	Chemical Sample Submitted?: Water Well disinfected?:									
Ca	sing Info									
	Casing Type: Casing Joints:	Dia	m: in. to f							
	Casing height above land surface: in Casing Weight: lbs/ft Wall thickness or gauge no.:									
Sci	Screen and Perforation Info									
	Screen Type:		Scree	en Openings:						
	Screen-perforated intervals		Fron	: ft to ft						
	Gravel pack intervals		From	ı: ft to ft						
Gr	out Info									

Grout used:	From: to ft
Source of Possible Contamination	1
Source:	
Direction from well:	Distance: ft
Lithologic Log (Log data entered by KGS.)	
From: 0 ft. to 40 ft.	Topsoil and brown clay
From: 40 ft. to 100 ft.	Brown clay streaks of sand
From: 100 ft. to 160 ft.	Sandy clay
From: 160 ft. to 180 ft.	Sand coarse
From: 180 ft. to 200 ft.	Clay
From: 200 ft. to 300 ft.	Sand little clay
From: 300 ft. to 320 ft.	Sand and clay mix
From: 320 ft. to 350 ft.	Brown clay little sand
From: 350 ft. to 460 ft.	Sand little clay
From: 460 ft. to 480 ft.	Sand, clay and little brown rock
From: 480 ft. to ft.	Shale

Kansas Geological Survey Comments to webadmin@kgs.ku.edu

URL=http://www.kgs.ku.edu/Magellan/WaterWell/index.html Display Programs Updated July 2, 2014 Data added continuously.

EMERY F JOSSERAND LLC 1827 N DENISE MARIE ST WICHITA KS 67212-7408

IVAN L JOSSERAND TESTAMENTARY TRUST PATRICK & MICHAEL TTEES PO BOX 390 JOHNSON KS 67855

JOSSERAND CATTLE INC PO BOX 539 JOHNSON KS 67855

MARGARET G JOSSERAND 102 E LANE DR APT 8 JOHNSON KS 67855

MCPHERSON COLLEGE ADMINISTRATIVE OFFICE PO BOX 1402 MCPHERSON KS 67460

PREMIER FARMS LLC MELVIN WINGER PO BOX 914 JOHNSON KS 67855

MICHAEL JOSSERAND 5572 KILLEN AVE CASTLE ROCK CO 80104

PATRICK JOSSERAND & CYNTHIA JOSSERAND PO BOX 390 JOHNSON KS 67855-0390

SUMMER LAND TRUST

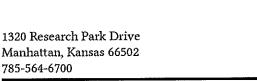
GERALDINE SUMMER NAMEY

302 HIGHLAND PL

WASHINGTON IL 61571-1455

TRIPLE J PARTNERSHIP PAT JOSSERAND PO BOX 390 JOHNSON KS 67855

JOSSERAND FARMS INC PATRICK JOSSERAND PO BOX 390



Secretary Jackie McClaskey



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

Governor Jeff Colyer, M.D.

February 14, 2018

Southwest Kansas Groundwater Management District No 3 409 Campus Drive, Suite 106 Garden City KS 67846

Re: Water Right file number 6963

Dear Mr. Norquest;

Pat Josserand has applied to relocate the wells authorized by the above water right number. There are no neighboring wells within ½ mile of the requested.

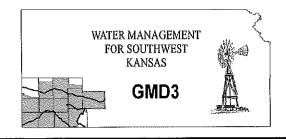
We are delaying action for 15 days on the change application to allow you time to review and provide a recommendation if you feel one is warranted.

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

Sincerely;

Thomas P Makens

TPM:tpm enc



Southwest Kansas Groundwater Management District No. 3 2009 E. Spruce Street Garden City, Kansas 67846

(620) 275-7147 phone (620) 275-1431 fax www.gmd3.org

February 15, 2018

RECEIVED

Thomas P. Makens Division of Water Resources 2508 N Johns Street Garden City, Kansas 67846

FEB 16 2018

Garden City Field Office Division of Water Resources

RE: Application for Change in Point of Diversion

Water Right, File No. 6963

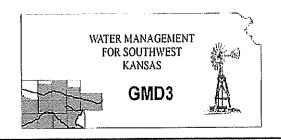
Dear Thomas:

We have completed a review of the application for the above referenced water right. The proposal is not in conflict with the Management Program of the Southwest Kansas Groundwater Management District No. 3 (GMD3). The proposed distance moved and well spacing is in accordance with K.A.R. 5-23-3. One domestic well was found to not meet spacing, however that well is owned by the applicant that signed the application. It is therefore recommended that the application be approved at this time.

Thank you for the opportunity to review the applications and to provide a recommendation. If you have any questions, please don't hesitate to contact us.

Sincerely,

Jason L. Norquest Assistant Manager



Southwest Kansas Groundwater Management District No. 3 2009 E. Spruce Street

Garden City, Kansas 67846

(620) 275-7147 phone (620) 275-1431 fax www.gmd3.org

February 15, 2018

Thomas P. Makens Division of Water Resources 2508 N Johns Street Garden City, Kansas 67846

RECEIVED

FEB. 16 2018

RE:

Application for Change in Point of Diversion

Water Right, File No. 6963

Garden City Field Office Division of Water Resources

Dear Thomas:

We have completed a review of the application for the above referenced water right. The proposal is not in conflict with the Management Program of the Southwest Kansas Groundwater Management District No. 3 (GMD3). The proposed distance moved and well spacing is in accordance with K.A.R. 5-23-3. One domestic well was found to not meet spacing, however that well is owned by the applicant that signed the application. It is therefore recommended that the application be approved at this time.

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Sincerely,

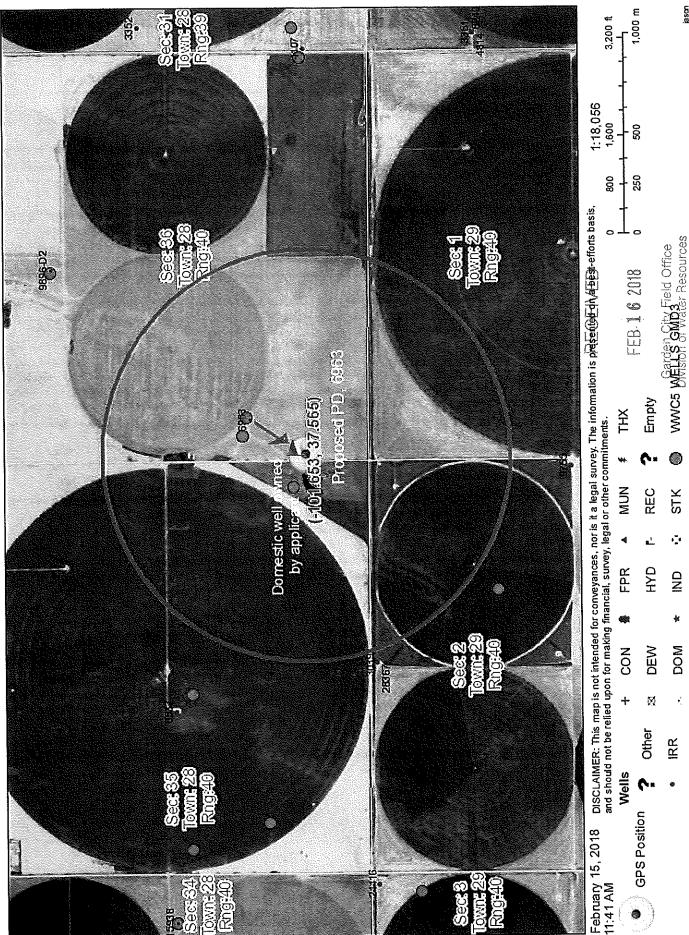
Jason L. Norquest Assistant Manager

GMD3 Change Review

File No(s).: 6963	<u>_</u> .		DWR office: GC.	
App filed to chang	ge: <u>PD</u> .			
Is Landowner(s) c	orrect in WRIS	S: <u>Appears</u>	<u>s so.</u>	
If NO, is d	ocumentation i	included?		RECEIVED
Is Water Use Corr	espondent corr	ect in WRI	S? Appears so.	U @ dentalist control.
If NO, is d	ocumentation i	ncluded?		FEB 1 6 2018
Regulation(s) Rev	iewed: KAR 5	-23-3		
Point of diversion	ID No(s) <u>3</u>	being chan	ged.	Garden City Field Office Division of Water Resources
	ft. North	ft. West		
Authorized PD	1549	4745	Sect. 36-28-40	
Proposed PD	831	5163		
Difference	718 S	-418 \		
a2 + b2 = c2	515524	174724	830.8117 foot mov	e SW
GPS for proposed				
Is proposed PD sta	<u> </u>	-		
Is Proposed PU ov		ting WRs?	•	
Land Owner(s) no				
Name	Na	_		
Address	Ad	dress		
Zip	Zip			
	ied well(s) not	ified: No o	other wells within hal	<u>f mile</u> .
Name	Na			
Address	Ad	dress		
Zip	Zip			
			ound, but is owned by	the applicant.
Name	Na		•	
Address	Ad	dress		
Zip	Zip	··	•	
Base Acres:				
Perfected Acres: _	 '			
Irr.Return-Flow _				
Domestic well do	es not meet sp	acing to the	e west. However it is	s the applicant's home
and they signed o	ff on the appli	cation.		
Is a waiver needed				
				n, it appears the current
area rules are met.	Staff therefore	e recommei	nds approval of the ap	plication.

12





jason GIS Workshop, LLC.

STX

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DOM

RR

Water Rights and Points of Diversion Within 1.00 miles of point defined as: 831 ft N and 5163 ft W of the SE Corner of Section 36, T 28S, R 40W Located at: 101.652396 West Longitude and 37.564782 North Latitude

GROUNDWATER ONLY

2300' on All

File	Number		Use	ST	sr	Dist (ft	:) Ç	4	Q3	Q2	Qı	FeetN	FeetW	Sec	Twp	Rng	ID	Batt	Auth_Quan	Add_Quan	Unit	: _
A	4107	00	IRR	NK	G	520	33 ~	-	NW	SW	sw	845	5085	31	28	39W	5		640.00	640.00	AF	
A	6963	00	IRR	NK	G	∠ >>83	i1 -	-	sw	NW	SW	1549	4745	36	28	4 OW	3		630.00	630.00	AF	_
A	8537	00	IRR	NK	G	360	08 -	-	NE	NE	SW	2413	3124	35	28	4 OW	5		624.00	624.00	AF	/
A	9755	00	IRR	NK	G	347	25 -	_	SW	SW	NW	2680	5200	1	29	40W	2		633.00	633.00	AF	
A	9896 I	D1	IRR	NK	G	447	78 -	-	SW	SW	SW	25	5155	25	28	4 OW	1		806.00	806.00	AF	
A	9896 I	D2	IRR	NK	G	403	l6 -	-	SE	NE	NW	4115	2851	36	28	4 0 W	2		442.00	442.00	AF	/_
A	21111 (00	IRR	NK	G	345	52 -	-		NC	NE	3960	1320	35	28	40W	2		640.00	640.00	AF	/_
A	28367 (00	IRR	NK	G	284	·3 -	-				5190	2580	2	29	40W	2		312.00	312.00	AF	
A	30393 (00	IRR	NK	G	284	13 -	-				5190	2580	2	29	4 OW	2		308.00	308.00	AF	

Total	Net Quant:	ities Au	thor	ized:	Direct	Storage	
Total	Requested	Amount	(AF)	5	.00	.00	
Total	Permitted	Amount	(AF)	12	.00	.00	
Total	Inspected	Amount	(AF)	=	.00	.00	
Total	Pro_Cert	Amount	(AF)	=	.00	.00	
Total	Certified	Amount	(AF)	=	5035.00	00	

Total Vested Amount (AF) = .00 .00 TOTAL AMOUNT (AF) = 5035.00 .00

Spacing MET!!
Nowells withir /2 mile

An * after the source of supply indicates a pending application for change for the file number.

An * after the ID indicates a 15 AF exemption was granted for the file number.

A "G" in the Batt column indicates the GEO CTR of a battery. A "B" indicates a well in the battery. The number in the Batt column is the number of wells in the battery.

Water Rights and Points of Diversion Within 1.00 miles of point defined as: 101.652396 West Longitude and 37.564782 North Latitude

GROUNDWATER ONLY

WATER USE CORRESPONDENTS:

File Number Use ST SR

4107 00 IRR NK G

WESTWIND FARMS INC

JON K & RITA NELSON

PO BOX 142

JOHNSON KS 67855

FFB. 1 6 2018

Garden City Field Office Division of Water Resources

6963 00 IRR NK G

- TRIPLE J PARTNERSHIP
- PAT JOSSERAND
- PO BOX 390
- JOHNSON KS 67855

8537 00 TRR NK G

- TRIPLE J PARTNERSHIP
- PAT JOSSERAND
- PO BOX 390
- JOHNSON KS 67855

>	
A 9755 00 IRR NK G	
> WESTWIND FARMS INC	
> JON K & RITA NELSON	
> PO BOX 142	
> JOHNSON KS 67855	
>	RECEIVED
A 9896 D1 IRR NK G	(() () () () ()
> O W & NANCY JOSSERAND	FFD # @ 0040
>	FEB-1 6 2018
> 6365 E ROAD 11	Garden City Field Office
> JOHNSON KS 67855	Division of Water Resources
)	Manager of French (1999)
A 9896 D2 IRR NK G	
> PATRICK JOSSERAND & CYNTHIA JOSSERAND	
> PO BOX 390	
> JOHNSON KS 67855	
> 00m00	
A 21111 00 IRR NK G	
> MCPHERSON COLLEGE	
> PEOPLES BANK & TRUST/FARM MGT	
> 601 E 30TH	
> HUTCHINSON KS 67502	
>	
A 28367 00 IRR NK G	
> WESTWIND FARMS INC	
> JON K & RITA NELSON	
> PO BOX 142	
> JOHNSON KS 67855	
>	
A 30393 00 IRR NK G	
> FREEDOM FARMS INC	
•	
> PO BOX 619	
> JOHNSON KS 67855	
>	
2200003255252566652622525555555555555555	200000000000000000000000000000000000000

INPUTS	
Target Section Definition	
Section	36
Township	28
Range	40
Range Direction	M ************************************
Target Point Coordinates (NAD27 or NAD83)	27 or NAD83)
Target Longitude	-101.652910
Target Latitude	37.564810

-101.65331126 -101.63507609 -101.63503083 3.45010003E-06 2.74629528E-06

37.57702864

₹ Z

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SE

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37.56254907

Corner Latitudes

Corner

37.56251822

Degrees Longitude per Foot

Degrees Latitude per Foot

37.57702881

-101.65323414

Corner Longitudes

From LEOBASE using NAD83

Loaded Section Data

Load Date and Compute

larget point is In Section

Corner Feet North(+)/South(-) Feet East(-)/West(+)

SW

ĭ N

핑망

Target Point Distances from Corners using NAD83

-116 5169 5182

-4449 4449

834

Instructions

- 1. Enter values for section, township, range and range direction.
 - Enter NAD27 or NAD83 longitude and latitude of target point.
 Click "Load Data and Compute" button.
- 4. Use feet distances corresponding to datum of target point.

5299 -101,63462800 -101,63458300 3.45009920E-06 2.74598553E-06 5312 -101,65278600 -101.65286300 Corner Feet North(+)/South(-) Feet East(-)/West(+) Target Point Distances from Corners using NAD27 **Corner Longitudes** From LEOBASE using NAD27 Loaded Section Data -4443 4443 37,56253100 37,57701100 37,57701100 37.56250000 841 Degrees Longitude per Foot Degrees Latitude per Foot Corner Corner Latitudes š ì SS 밀 ß W

Target point is NOT in Section

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	Difference (NAD83 Minus NAD27)	lus NAD27)
Corner	Corner Corner Latitudes	Corner Longitudes
SW	0.00001807	-0.00044814
× ×	0.00001764	-0.00044826
焸	0.00001781	-0.00044809
SE	0.00001822	-0.00044783
	Difference (NAD83 Minus NAD27)	ius NAD27)
Corner	Ľ	Feet East(-)/West(+)
SW	-6.67338239	-129.89189469
Š	-5.92204625	-129 92667094

	INPUTS					
	Longitude			^	i	applicant
Point 1	-101.652910	37.564810	Proposed 6963	m est	by	aff
Point 2	-101.653943	37.565248	Proposed 6963 Domestic in 35-28-40	own	U	1'

Degrees Longitude per Foot

3.44988080E-06

Degrees Latitude per Foot

2.74629777E-06

Distance Between Points (ft)

339

Compute Distance Between Points

Instructions

- 1. Enter Longitudes and Latitudes of the two points (both must be in the same datum, NAD27 or NAD83).
- 2. Click "Compute Distance Between Points" button.

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Garden City Field Office Division of Water Resources



Specific Water Well Detail

Domes tic

Well T28S, R40W, Sec. 35, NE SE SE, Action: Constructed

Lo	cation Info						
	Owner: Josserand, Pat	Status: Constructed					
	Location: T28S, R40W, Sec. 35, NE SE SE	County: Stanton					
	Directions: 846 S Rd G						
	Longitude: -101.6539429 Latitude : 37.56	52481	Datum NAD 27				
	Longitude and latitude calculated by Survey from township-range-section-quarter calls. Only good to within the quarter call accuracy.						
	View well on interactive map This link will create a new window and display an interactive map of this well and its neighbors.						
Ge	neral Info						
	Well Depth: 480 ft.	Elevation:	Elevation: ft.				
	Static Water Level: ft.	Est. Yield:	gpm.				
	Comp. Date: 14-Dec-2010	Well Use: I					
	DWR Applic. #:	Other ID:					
Dri	iller Info						
	Driller: Tyler Water Well, Inc.	Lie	cense #: 473				
Sea	nned Form						
	View scan of this form in PDF format.						
	You will need the Acrobat PDF Reader, available	free from A	dobe, to read this file.				
	Chemical Sample Submitted?: Water Well disinfected?:						
Cas	sing Info						
	Casing Type: Casing Joints: Diam: in. to ft						
	Casing height above land surface: in Casing Weight: lbs/ft Wall thickness or gauge no.:						
Ser	een and Perforation Info						
	Screen Type:	Screen (Openings:				
	C	From: fi	t to ft				
	Screen-perforated intervals	From: 1	1 10 11				
	Gravel pack intervals	From: f					
Gro							

Grout used:	From: to ft		
Source of Possible Contamination	ı		
Source:			
Direction from well:	Distance: ft		
Lithologic Log (Log data entered by KGS.)			
From: 0 ft. to 40 ft.	Topsoil and brown clay		
From: 40 ft. to 100 ft.	Brown clay streaks of sand		
From: 100 ft. to 160 ft.	Sandy clay		
From: 160 ft. to 180 ft.	Sand coarse		
From: 180 ft. to 200 ft.	Clay		
From: 200 ft. to 300 ft.	Sand little clay		
From: 300 ft. to 320 ft.	Sand and clay mix		
From: 320 ft. to 350 ft.	Brown clay little sand		
From: 350 ft. to 460 ft.	Sand little clay		
From: 460 ft. to 480 ft.	Sand, clay and little brown rock		
From: 480 ft. to ft.	Shale		

Kansas Geological Survey
Comments to webadmin@kgs.ku.edu
URL=http://www.kgs.ku.edu/Magellan/WaterWell/index.html
Display Programs Updated July 2, 2014
Data added continuously.

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