

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

1. File Number: 8945	2. Status Change Date: <u>6/13/18</u>	3. Change Num: <u>CZ</u>	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: 4/19/18	
8a. Applicant(s) New to system <input type="checkbox"/> HENRY J & GRACE K. DYCK 2088 ROAD 130 LAKIN KS 67860		Person ID <u>64837</u> Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> 		Person ID _____ Add Seq# _____
8b. Landowner(s) New to system <input type="checkbox"/> HENRY J & GRACE K. DYCK 2088 ROAD 130 LAKIN KS 67860		Person ID <u>64837</u> Add Seq# _____	8d. WUC New to system <input type="checkbox"/> HENRY J & GRACE K. DYCK 2088 ROAD 130 LAKIN KS 67860		Person ID <u>64837</u> Add Seq# _____
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 checked="" 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: 5/30/18 By: TPM Date Entered: _____ By: _____					

File No. **8945** 11. County: **KE** Basin: **Ark** Stream: Formation Code: **211** Special Use:

12. Points of Diversion
 CHK
 MOD
 DEL PDIV
 ENT

Qualifier S T R ID 'N 'W Comment (AKA Line) Rate Quantity Rate Quantity Additional
 gpm/cfs af/mgy gpm/cfs af/mgy gpm/cfs af/mgy gpm/cfs af/mgy

ent ne ne se 22 24 35 2609 426

del

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

14. Limitation: ACC 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	P U S E	S T R I D	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	NE 1/4	SE 1/4	NW 1/4	SW 1/4	NE 1/4	SE 1/4					
NA																		

Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____
 Comments: _____

STATE OF KANSAS



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

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

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

June 13, 2018

HENRY J & GRACE K DYCK
2088 ROAD 130
LAKIN KS 67860

RE: Change in Point of Diversion Water Right, File No 8945

Dear Mr. & Mrs. Dyck:

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

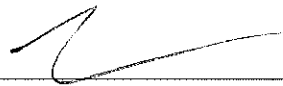
TPM:tpm
Enclosures
GMD#3

CERTIFICATE OF SERVICE

On this ^{14th} day of June 2018, I hereby certify that the attached original Approval of Application to Change the Point of Diversion under Water Right, File No. 8945 dated June 13, 2018 was mailed postage prepaid, first class, US mail to the following:

HENRY J & GRACE K DYCK
2088 ROAD 130
LAKIN KS 67860

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) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

File No. 8945

RECEIVED

10:10 AM

APR 19 2018

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
 Garden City Field Office
 Division of Water Resources

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: HENRY J. & GRACE K. DYCK

2088 ROAD 130, LAKIN, KS 67860

Phone Number: () _____

Email address: _____

Name and address of Water Use Correspondent: SAME AS ABOVE

Phone Number: () _____

Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: SAME AS ABOVE

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land ---- NAME: _____

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

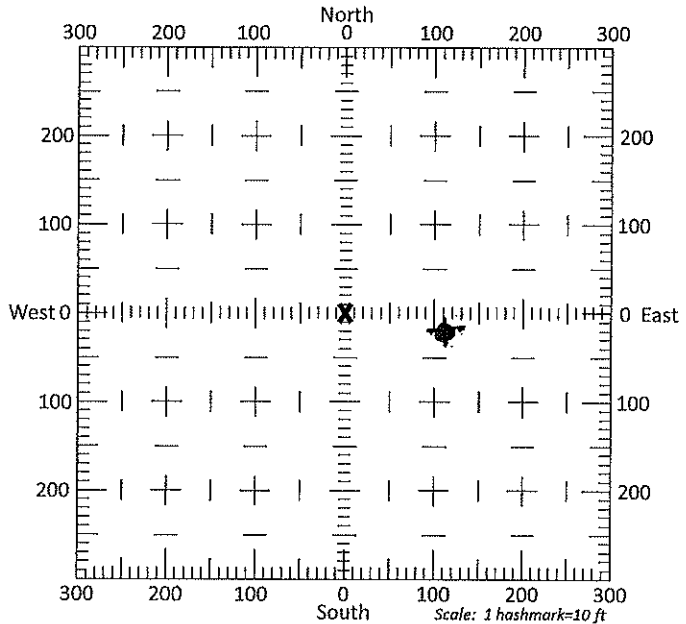
For Office Use Only: Code _____ Fee \$ 100.00 TR # _____ Receipt Date 4-19-18 Check # 1130

5. **Presently authorized point of diversion:**
 One in the SE Quarter of the SE Quarter of the NE Quarter of Section 22, Township 24 South, Range 35 W, in KEARNY County, Kansas, 2643 feet North 531 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 9 GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the SE NE Quarter of the SE NE Quarter of the NE SE Quarter of Section 22, Township 24 South, Range 35 W, in KEARNY County, Kansas, 2609 feet North 426 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 _____ (E/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: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (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. The changes herein are desired for the following reasons?
 (please be specific)
WELL NEVER REDRILLED. REVERTING TO PREVIOUS LOCATION, ID 5.

8. If a well, is the test hole log attached? Yes No
9. The change(s) (was)(will be) completed by?
NA
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
NA
 (b) When will this be done? NA
11. Groundwater Management District recommendation attached?
 Yes No
12. Assisted by BSC



13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines

13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:
- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

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

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Garden City, Kansas, this 19th day of April, 2018.

Henry Dyck
(Owner)
Henry Dyck
(Please Print)

(Owner)

(Please Print)

(Owner)

(Please Print)

Grace Dyck
(Spouse)
Grace Dyck
(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

State of Kansas }
County of Stimney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 19th day of April, 2018.



Julie Jones
Notary Public

My Commission Expires _____

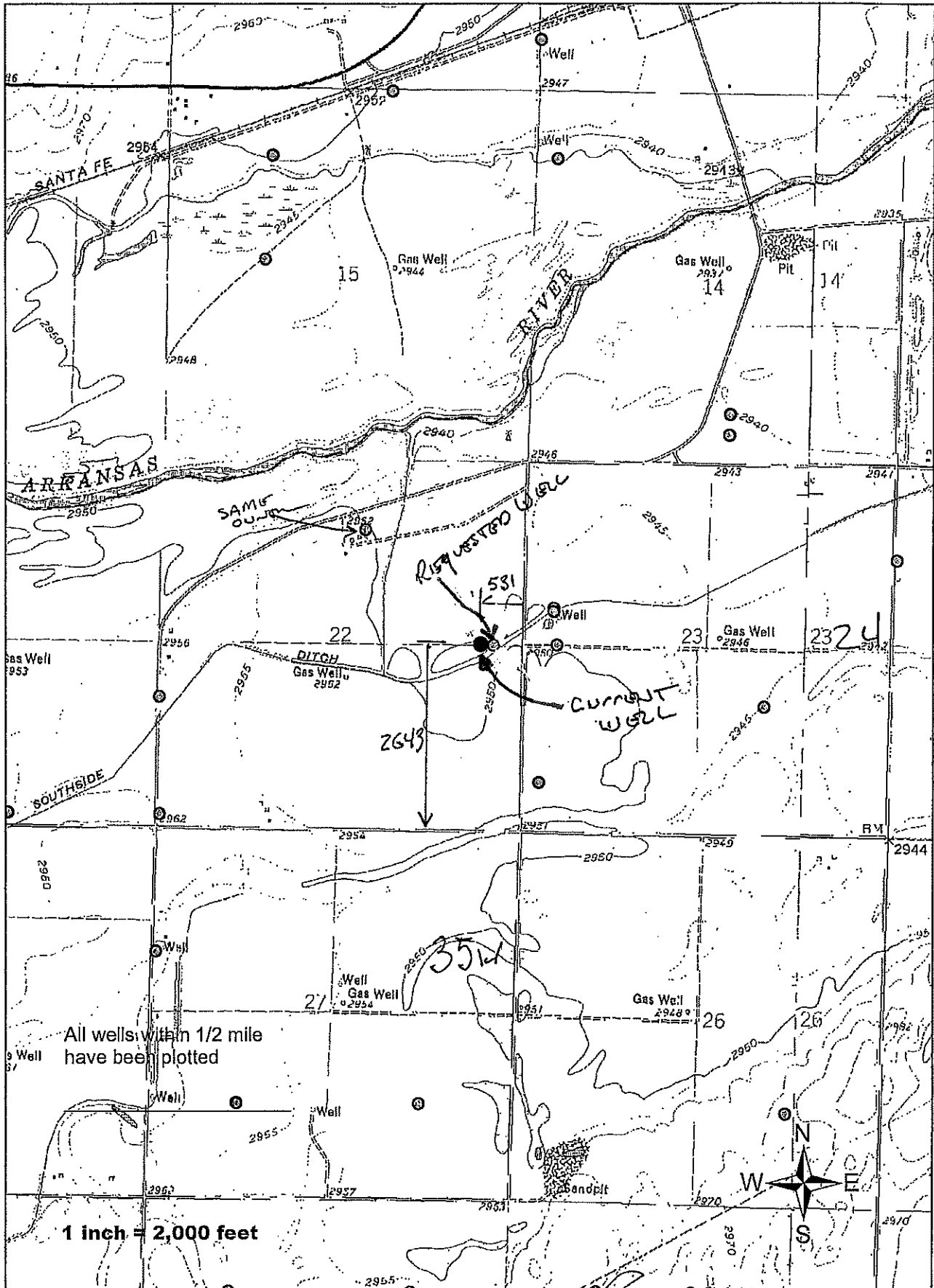
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate 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

8945



SCANNED

