

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

1. File Number: 8349	2. Status Change Date:	3. Change Num: C1	4. Field Office: 04	5. GMD: 03
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 1/3/19
8a. Applicant(s) WUC, Landowner New to system <input type="checkbox"/> INGALLS FEED YARD %JON HEIMAN PO BOX 847 CIMARRON KS 67835-0847		Person ID 37321 Add Seq# 1		8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# 1
8b. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/19 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/20				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" 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: 1/8/19 By: MAM Date Entered: _____ By: _____				

File No. **8349** 11. County: GY Basin: gy Stream: **BUCKNER CREEK** Formation Code: 211 Special Use:

12. Points of Diversion										Rate and Quantity				
CHK MOD DEL ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Authorized		Additional		
										Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
ENT		NWNWSW	23	25	29	W	2370"	5133'		650	276	650	276	NONE
DEL 14573		NWNWSW	23	25	29	W	2350"	5205'		650	276	650	276	NONE
CHK 10122		SWNWNE	23	25	29	W	4335"	2105'		750	319	750	319	NONE
CHK 20981		NENESE	23	25	29	W	1970'	850'		840	357	840	357	NONE
CHK 23845		NESWNW	23	25	29	W	3380"	4505'		660	280	660	280	NONE

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										NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files
CHK MOD DEL ENT	PUSE	S	T	R	ID	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE								
						¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼								

Base Acres: Year: Minimum Reasonable Quantity:

Comments:

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

January 8, 2019

INGALLS FEED YARD
%JON HEIMAN
PO BOX 847
CIMARRON KS 67835-0847

RE: Approval of Application to Change the Point of Diversion
Water Right, File No. 8349

Dear Sir:

Enclosed is an order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

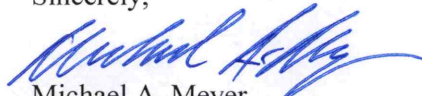
Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed.

Since this order modifies the original documents referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate. Please also submit a copy of the current ownership deed to have our records changed.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

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,


Michael A. Meyer
Water Commissioner

MAM:
enclosures

pc: GROUNDWATER MANAGEMENT DISTRICT NO. 3

CERTIFICATE OF SERVICE

On this 8th day of January, 2019, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 8,349, dated 8th day of January, 2019 was mailed postage prepaid, first class, US mail to the following:

INGALLS FEED YARD
%JON HEIMAN
PO BOX 847
CIMARRON KS 67835-0847

With photocopies to:

GROUNDWATER MANAGEMENT DISTRICT NO. 3



Division of Water Resources Staff

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. 8349

RECEIVED
 4:00 pm
 JAN 03 2019

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

Garden City Field Office
 Division of Water Resources

2. Name and address of Applicant: INGALLS FEED YARD, %JON HEIMAN
PO BOX 847, CIMARRON KS 67835-0847
 Phone Number: (620)855-3111 Email address: _____
 Name and address of Water Use Correspondent: Same

 Phone Number: () Email address: _____

3. The presently authorized place of use is:
 Owner of Land ---- NAME: Same
 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 1-3-19 Check # 45841

5. **Presently authorized point of diversion:**
 One in the NW Quarter of the NW Quarter of the SW Quarter of Section 23, Township 25 South, Range 29 (W), in GY County, Kansas, 2350 feet North 5205 feet West of Southeast corner of section. Authorized Rate 650 (GPM) Authorized Quantity 276 (AF) Depth of well _____ (feet)
(DWR use only: Computer ID No. 4 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 NW Quarter of the NW Quarter of the SW Quarter of Section 23, Township 25 South, Range 29 (W), in GY County, Kansas, 2370 feet North 5133 feet West of Southeast corner of section. Proposed Rate 650 (GPM) Proposed Quantity 276 (AF) Proposed well depth (feet) 297.
 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 SW Quarter of the NW Quarter of the NE Quarter of Section 23, Township 25 South, Range 29 (E/W), in GY County, Kansas, 4335 feet North 2105 feet West of Southeast corner of section. Authorized Rate ~~800~~ 750 GPM Authorized Quantity 319 AF Depth of well _____ (feet)
(DWR use only: Computer ID No. 1 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) _____

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

9. The change(s) (was)(will be) completed by?

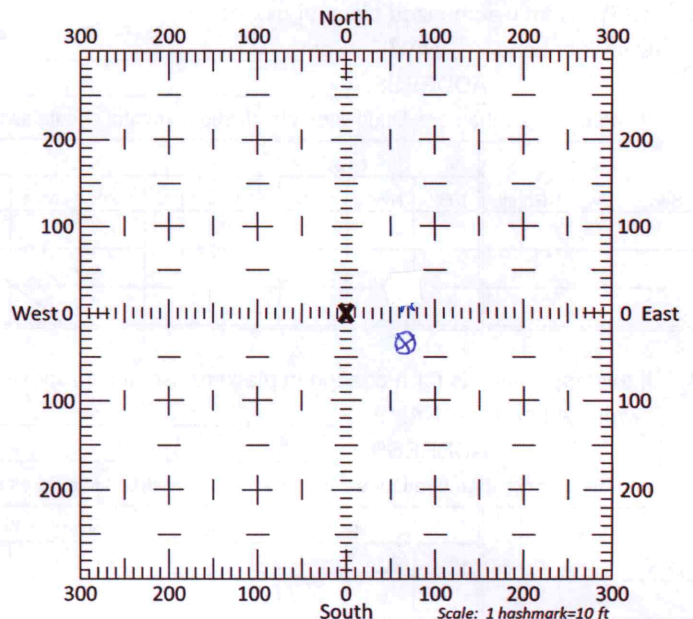
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by mf/GCFO _____

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.)

continued

5. **Presently authorized point of diversion:**
 One in the NE Quarter of the NE Quarter of the SE Quarter
 of Section 23, Township 25 South, Range 29 (E/W),
 in GY County, Kansas, 1970 feet North 850 feet West of Southeast corner of section.
 Authorized Rate 840 GPM Authorized Quantity 357 AF Depth of well _____ (feet)
 (DWR use only: Computer ID No. 2 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 _____

6. **Presently authorized point of diversion:**
 One in the NE Quarter of the SW Quarter of the NE Quarter
 of Section 23, Township 25 South, Range 29 (E/W),
 in GY County, Kansas, 3380 feet North 4505 feet West of Southeast corner of section.
 Authorized Rate 660 GPM Authorized Quantity 280 AF Depth of well _____ (feet)
 (DWR use only: Computer ID No. 3 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) _____

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

9. The change(s) (was)(will be) completed by?

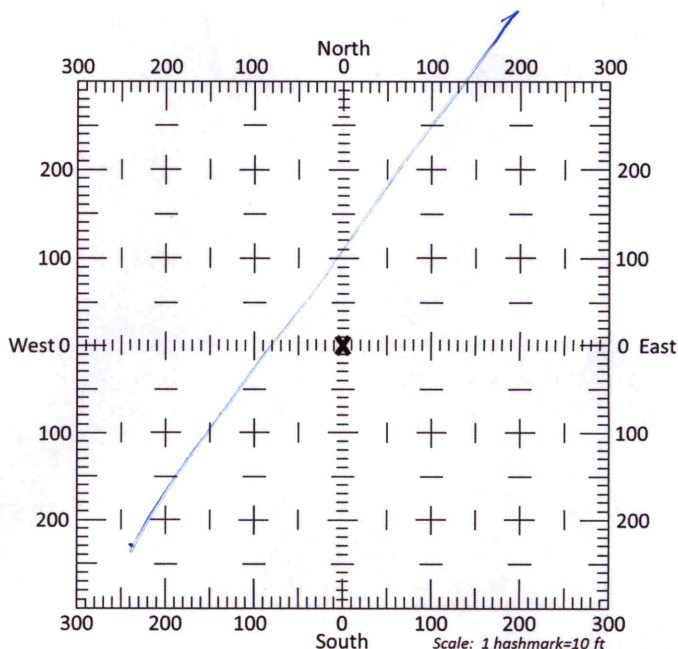
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by _____

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.)

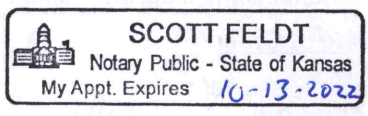
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 Camarillo, Kansas, this 3rd day of January, 2019.

<p><u>[Signature]</u> _____ (Owner)</p> <p><u>John M. Petz</u> _____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p>	<p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p>
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State of Kansas }
 County of GRAY } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 3rd day of JANUARY, 2019.

[Signature]

 Notary Public

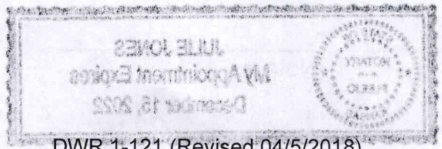
My Commission Expires 10-13-2022.

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

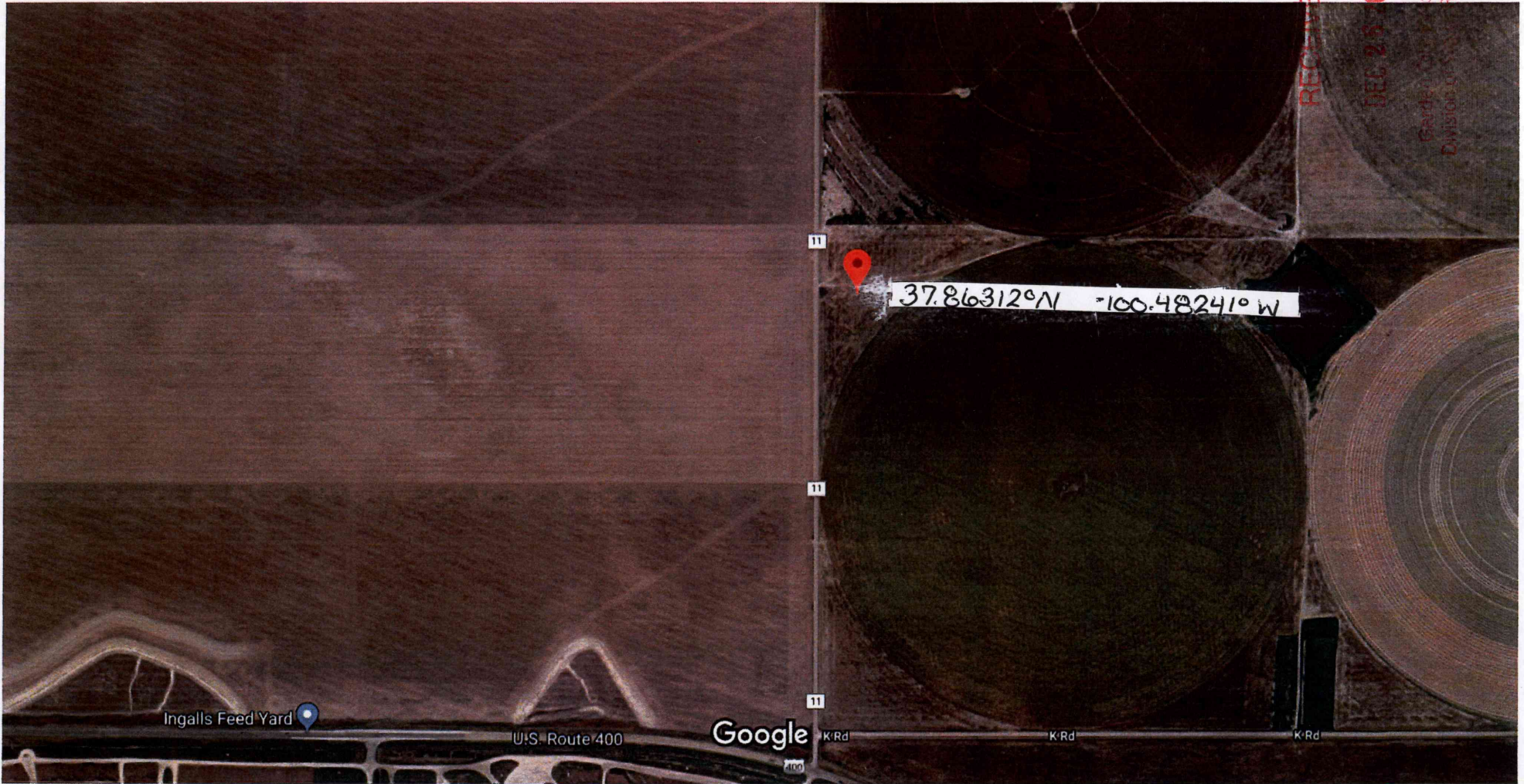
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (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



Google Maps

37°51'47.2"N 100°28'56.7"W



RECEIVED
 DEC 25 2018
 Game Warden's Office
 Division of Resources

Imagery ©2018 Google, Map data ©2018 Google 500 ft

Ingalls Feedyard

DUPLICATE