

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

1. File Number: <b>20893</b>	2. Status Change Date: <b>7/15/2020</b>	3. Change Num: <b>C3</b>	4. Field Office: <b>4</b>	5. GMD: <b>3</b>
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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: <b>6/10/2020</b>
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8a. Applicant(s) Person ID **64846**  
 New to system  Add Seq# \_\_\_\_\_

**SANDYHILL ENTERPRISES LLC**  
**Attn: JACOB NEUFELD**  
**P O BOX 1005**  
**HOLCOMB, KS 67851**

8c. Landowner(s) Person ID \_\_\_\_\_  
 New to system  Add Seq# \_\_\_\_\_

8b. Landowner(s) Person ID \_\_\_\_\_  
 New to system  Add Seq# \_\_\_\_\_

**8a**

8d. WUC Person ID \_\_\_\_\_  
 New to system  Add Seq# \_\_\_\_\_

**8a**

9. Documents and Enclosure(s):  DWR Meter(s) Date to Comply: **12/31/2020**     N & P Date to Comply: **3/1/2021**

Anti-Reverse Meter     Meter Seal     Check Valve     N & P Form     Water Tube     Driller Copy     H & E Letter

Conservation Plan    Date Required: \_\_\_\_\_    Date Approved: \_\_\_\_\_    Date to Comply: \_\_\_\_\_

10. Use Made of Water    From: \_\_\_\_\_    To: \_\_\_\_\_

Date Prepared: **6/12/2020**    By: **AM**  
 Date Entered: \_\_\_\_\_    By: \_\_\_\_\_



File No. **20893** 11. County: FI Basin: **ARKANSAS RIVER** Stream: Formation Code: **211** Special Use:

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

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 ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼					
CHK				1763	9			25S34W	1	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544	8a	N	MULTIPLE
ENT				28904	4			25S34W	1	L-1 34	L-2 34	34	34	L-3 34	L-4 34	34	34	34	34	34	34	34	34	34	34	34	544	8a	N	MULTIPLE
ENT				28419	10			25S34W	1	34	34	34	34	34	34	34	34									272	8a	N	MULTIPLE	
ENT				40119	3			25S34W	1	L-1 34	L-2 34	34	34	L-3 34	L-4 34	34	34	34	34	34	34	34	34	34	34	34	544	8a	N	MULTIPLE
ENT				31371	2			25S34W	1	L-1 34	L-2 34	34	34	L-3 34	L-4 34	34	34	34	34	34	34	34	34	34	34	34	544	8a	N	MULTIPLE
ENT				17990	11			25S34W	1	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544	8a	N	MULTIPLE
ENT				22348	4			25S34W	2									34	34	34	34	34	34	34	34	272	8a	N	MULTIPLE	

Base Acres: Year: Minimum Reasonable Quantity:  
 Comments: **OVERLAPPING PU W/ FILE NOS. 20893; 20894; 20897; 20898; 20902; 22565; 22566**

Garden City Field Office  
4532 W. Jones, Suite B  
Garden City, KS 67846



Phone: 620-276-2901  
Fax: 620-276-9315  
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

July 15<sup>th</sup>, 2020

SANDYHILL ENTERPRISES LLC  
Attn: JACOB NEUFELD  
P O BOX 1005  
HOLCOMB, KS 67851

RE: Water Right, File Nos. 20893, 20894, 20897, 20898, 20902, 22565 & 22566

Dear Sir or Madam:

Enclosed are the orders executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications for change under the above referenced file numbers.

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

Since the order modifies the original documents referred to above, they should be recorded with the Register of Deeds as other instruments affecting real estate.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael A. Meyer".

Michael A. Meyer  
Water Commissioner

MM:am  
enclosures

pc:

GROUNDWATER MANAGEMENT DISTRICT NO. 3



**CERTIFICATE OF SERVICE**

On this 15<sup>th</sup> day of July, 2020, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 20893, 20894, 20897, 20898, 20902, 22565 & 22566 dated 15<sup>th</sup> day of July, 2020 was mailed postage prepaid, first class, US mail to the following:

SANDYHILL ENTERPRISES LLC  
Attn: JACOB NEUFELD  
P O BOX 1005  
HOLCOMB, KS 67851

Pc:

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. 20893

**RECEIVED**

4:51 pm  
**JUN 10 2020**

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: SANDYHILL ENTERPRISES LLC Attn. JACOB NEUFELD

P O BOX 1005 HOLCOMB KS 67851

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	
9	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544

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: 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	
			SEE SUPPLEMENTAL SHEET																

**For Office Use Only:** Code \_\_\_\_\_ Fee \$ 200.00 TR # \_\_\_\_\_ Receipt Date 6-10-20 Check # 1108



5. **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 \_\_\_\_\_.

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) OVERLAP PU FOR ALL FILES  
20893; 20894; 20897; 20898; 20902; 22565; 22566

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

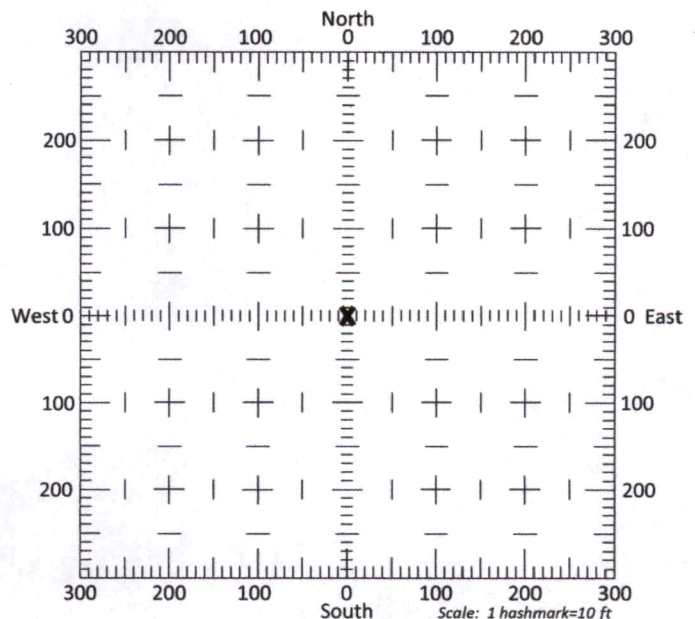
9. The change(s) (was)(will be) completed by?  
UPON APPROVAL

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 AM/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.)**



APPLICATION FOR APPROVAL TO CHANGE  
THE PLACE OF USE  
SUPPLEMENTAL SHEET  
**FILE NOS. 20893; 20894; 20897; 20898; 20902; 22565; 22566**  
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

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		

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		

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: SANDYHILL ENTERPRISES LLC Attn. JACOB NEUFELD  
ADDRESS: P O BOX 1005 HOLCOMB KS 67851

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		
			L-1	L-2			L-3	L-4												
4	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544
9	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544
10	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544

Owner of Land ---- NAME: SANDYHILL ENTERPRISES LLC Attn. JACOB NEUFELD  
ADDRESS: P O BOX 1005 HOLCOMB KS 67851

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		
			L-1	L-2			L-3	L-4												
3	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544
2	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544
11	25S	34W	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	544

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 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 Holcomb, Kansas, this 10 day of June, 2020.

[Signature]  
\_\_\_\_\_  
(Owner)

Aganetha Neufeld  
\_\_\_\_\_  
(Spouse)

Jacob Neufeld  
\_\_\_\_\_  
(Please Print)

Aganetha Neufeld  
\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

State of Kansas }  
County of Juney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 10<sup>th</sup> day of June, 2020.

TAMMY RAMIREZ  
Notary Public - State of Kansas  
My Appt. Expires

[Signature]  
\_\_\_\_\_  
Notary Public

My Commission Expires 8-13-2020

**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**

- (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



