

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

1. File Number: 20902	2. Status Change Date: 7-5-2020	3. Change Num: C1	4. Field Office: 4	5. GMD: 3
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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: 6/10/2020
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8a. Applicant(s) New to system <input type="checkbox"/> Person ID 64846 Add Seq# _____ SANDYHILL ENTERPRISES LLC Attn: JACOB NEUFELD P O BOX 1005 HOLCOMB, KS 67851	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
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8b. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____ 8a	8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____ 8a
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9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2020 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2021	
<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: 6/12/2020 By: AM
Date Entered: _____ By: _____

File No. **20902** 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)	Rate	Quantity	Rate	Quantity	Overlap PD Files
ENT												gpm/cfs	af/mgy	gpm/cfs	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					
ENT				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
CHK				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 15th, 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 15th 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 15th 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.

RECEIVED
 4:55 pm
 JUN 10 2020

Garden City Field Office
 DIVISION OF WATER RESOURCES

File No. 20902

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

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

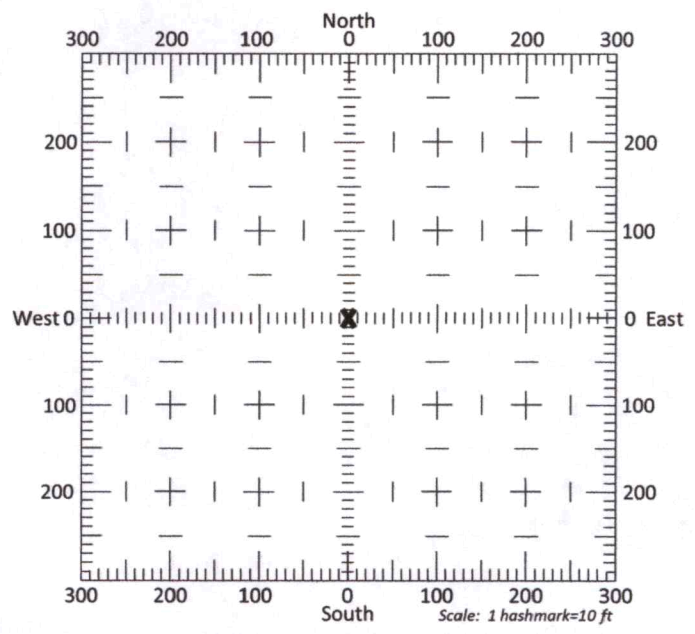
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (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					
4	25S	34W	34	34	34	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	34	34	34	544
10	25S	34W	34	34	34	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					
3	25S	34W	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	34	34	34	544
2	25S	34W	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	34	34	34	544
11	25S	34W	34	34	34	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 Newfeld

 (Spouse)

Jacob Newfeld

 (Please Print)

Aganetha Newfeld

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

State of Kansas }
 County of Linney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 10th 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

