

NOTICE

This scan only represents the application as filed. The information contained herein meets the requirements of K.A.R. 5-3-1 or K.A.R. 5-5-1, and has been found acceptable for filing in the office of the Chief Engineer. The application should not be considered to be a complete application as per K.A.R. 5-3-1b or K.A.R. 5-5-2a.

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. 22382

RECEIVED

11:16 AM

MAY 06 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: DEBORAH BUCHANAN & MARK A MILLER

PO BOX 125 MEADE KS 67864

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: PHIL HARDAWAY

PO BOX 511 MEADE KS 67864

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: NO CHANGE

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: NO CHANGE

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 \$ 200.00 TR # _____ Receipt Date 5-6-20 Check # 1

5. **Presently authorized point of diversion:**
 One in the SW Quarter of the NW Quarter of the NE Quarter of Section 19, Township 30 South, Range 28 (W), in MEADE County, Kansas, 4060 feet North 2440 feet West of Southeast corner of section. Authorized Rate --- Authorized Quantity --- Depth of well ≈ 310 (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 SW Quarter of the SW Quarter of the NE Quarter of Section 19, Township 30 South, Range 28 (W), in MEADE County, Kansas, 2815 feet North 2553 feet West of Southeast corner of section. Proposed Rate --- Proposed Quantity --- Proposed well depth (feet) 540'
 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) LOSS OF PRODUCTION

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

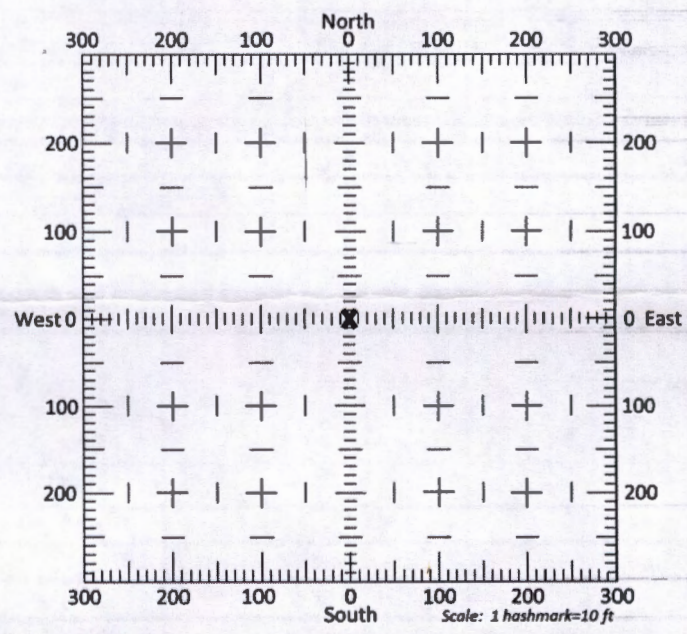
9. The change(s) (was)(will be) completed by?
UPON APPROVAL

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
PLUG / CAP
 (b) When will this be done? UPON COMPLETION

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.)

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 _____, Kansas, this _____ day of _____, 20_____.

Deborah Buchanan
(Owner)

(Spouse)

Deborah Buchanan
(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

State of ~~Kansas~~ SC }
County of York } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 24th day of April, 2020.

Antu E. Strickland
Notary Public

My Commission Expires Aug 25, 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

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.)

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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 30th day of APRIL, 2020.

X Mark [Signature]
 (Owner)

 (Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

State of Kansas }
 County of FINNEY } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 30TH day of APRIL, 2020.



Catherine Reinert
 Notary Public

My Commission Expires 9-14-22

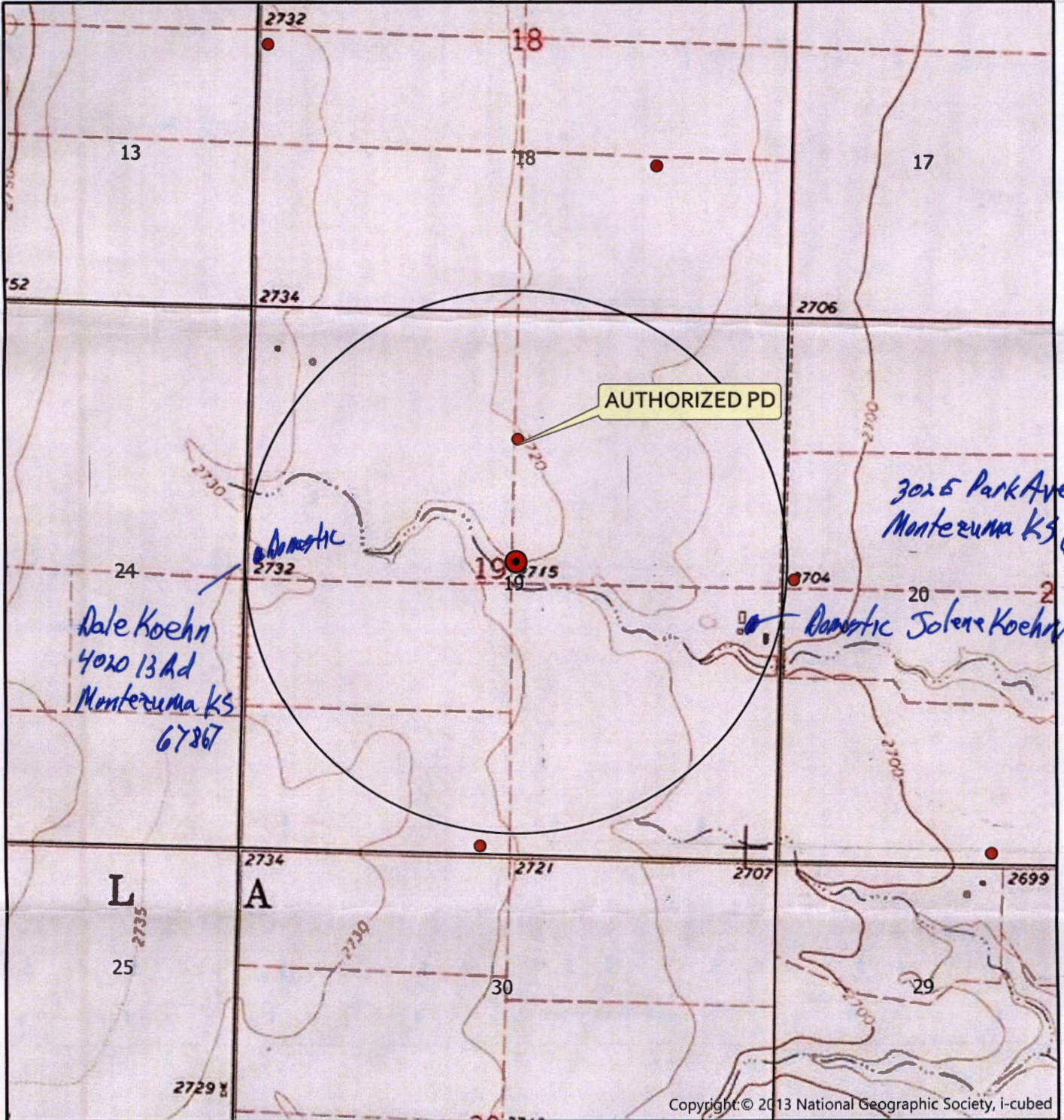
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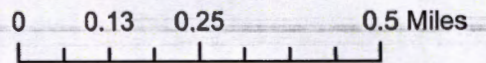
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- (2) Application to change a point of diversion more than 300 feet **\$200**
- (3) Application to change the place of use \$200

CHANGE IN POINT OF DIVERSION FILE NO. 22382



Township 30 South Range 28 West
Meade County



- POINT OF DIVERSION
- PROPOSED PD

All wells within 1/2 mile are shown on the map



3795 W. Jones Ave.
Garden City, KS 67846
PH: 620-277-2389



PO Box 639
Garden City, KS 67846
Fax: 620-277-0224

GARY HARSHBERGER 620-338-0888

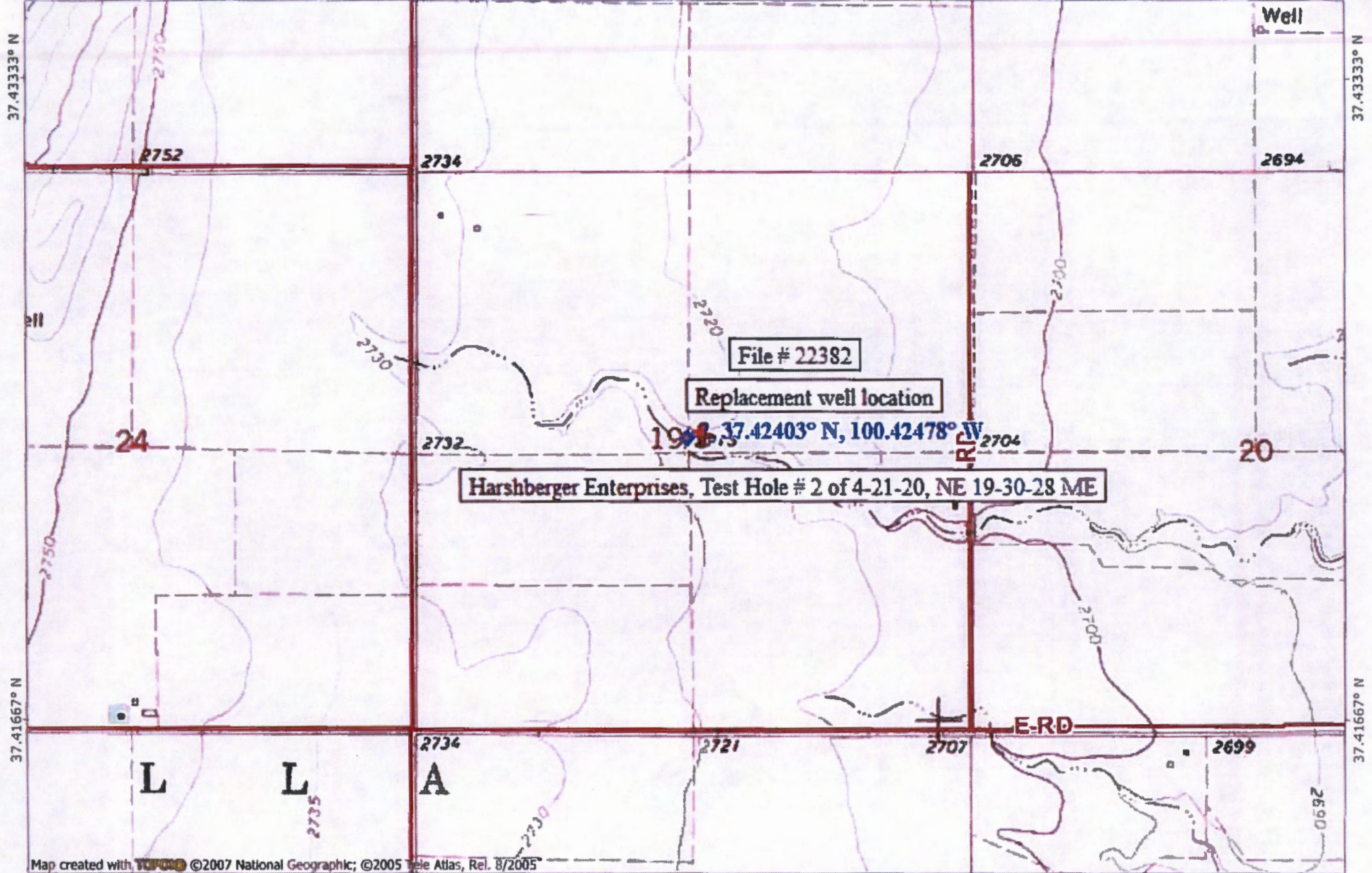
Customer Name: Harshberger Enterprises WO#: 20026 Date: 4-21-20
Street Address: 10905 WILMIRE RO. Test #: 2 E LOG: _____
City, State: MINNEOLA, KS. 67865 Driller: Dale Guinn
County: Meade Quarter: NE Section: 19 Township: 30 Range: 28
Location: _____ GPS: N37.424029 W100.424775
Rig #: 10002 Elevation: _____ Static WL: Appx. 217' Estimated? _____
Proposed Well Depth 540
WELL LOCATION 20' SURF

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil
	2		22	Brown Sandy Clay
	22		29	Brown Clay w/Few Lime Rock Strips + Some Fine Sand
	29		39	Brown Sandy Clay w/Fine Sand + Lime Rock Mixed
	39		57	Fine Med Sand
	57		64	Fine Med Course Sand Small Med Some Large Gravel
	64		75	Brown Clay w/Some Calich
	75		101	Brown Sandy Clay w/Some Calich
	101		118	Fine Med Course Sand Small Gravel
	118		120	Brown Sandy Clay
	120		195	Fine Med Course Sand Small + Few Med Gravel "Loose"
	195		198	Brown Sandy Clay
	198		203	Fine Med Course Sand
	203		215	Brown + Gray Sandy Clay
	215		239	Fine Med Course Sand
	239		245	Gray Clay
25	245	26	271	Fine Med Course Sand w/some small Gravel
	271		279	Brown Sandy Clay
30	279	56	335	Fine Med Course w/some Dark Brown Rock + Small Gravel
	335		340	Gray Clay
	340		350	Blue Clay
25	350	26	376	Fine Med Course Sand w/Few Brown Clay Stringers + Couple Brown Clay Layers
30	376	17	393	Fine Med Course Sand Small Gravel "Loose"
5	393	31	424	Brown Sandy Clay w/Many Fine Sand Layers
10	424	23	447	Fine Sand + Calich Mixed
10	447	18	465	Fine Sand + Brown Sandy Clay Mixed
	465		480	Brown Sticky Clay
10	480	18	498	Fine Sand w/Couple clay layers
20	498	7	505	Fine Med Sand w/Brown Rock
35	505	15	520	Fine Med Course Sand w/Brown Rock
	520		526	Soapstone
	526		540	Gray Shale
				Super Gel X - 3
				Grout - 5
				Hole Plug 3/4 - 6
				Perma Plug - 1
				4 3/4 Drag Blade - 1

TOPOI map printed on 04/22/20 from "Untitled.tpo"

100.43333° W

NAD27 100.41667° W



Harshberger Enterprises, Test Hole # 2 of 4-21-20, NE 19-30-28 ME

File # 22382

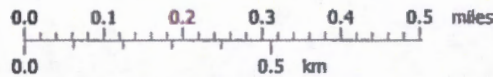
Replacement well location

37.42403° N, 100.42478° W

Map created with ©2007 National Geographic; ©2005 Tele Atlas, Rel. 8/2005

100.43333° W

NAD27 100.41667° W



TN MN
5°
04/22/20

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

May 7, 2020

JOLENE KOEHN
302 E PARK AVE
MONTEZUMA KS 67877

RE: Water Right, File No. 22382

Dear Sir or Madam:

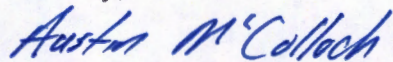
This is to advise you that Mark Miller has filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the point of diversion under the above referenced application. An irrigation well is proposed to be relocated to the Southwest Quarter of the Southwest Quarter of the Northeast Quarter (SW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$) of Section 19, Township 30 South, Range 28 West, Meade County.

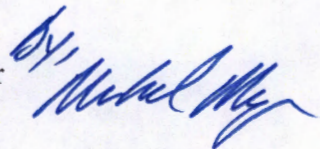
You can find the complete applications posted by water right file number as referenced above at: <https://agriculture.ks.gov/divisions-programs/dwr/water-appropriation/notices>

You are notified on this proposed point of diversion (well) so that you may furnish this office with any comments or other information you want to submit. Such comments or other information must be received in this office within 15 days from the date of this letter.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,


Austin J. McColloch
Assistant Water Commissioner



AM:
enclosures

pc:
GROUNDWATER MANAGEMENT DISTRICT NO. 3

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

May 7, 2020

DALE KOEHN
4020 13 RD
MONTEZUMA KS 67867

RE: Water Right, File No. 22382

Dear Sir or Madam:

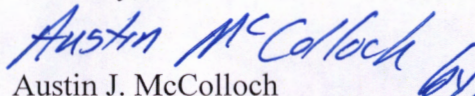
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Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,


Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc:
GROUNDWATER MANAGEMENT DISTRICT NO. 3

A handwritten signature in blue ink, likely of the Assistant Water Commissioner, Austin J. McColloch.