

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

1. File Number: 27029	2. Status Change Date: 9-3-2020	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: 9/2/2020
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8a. Applicant(s) New to system <input type="checkbox"/> TRIO LLC 1880 CR O COLBY, KS 67701	8c. Landowner(s) New to system <input type="checkbox"/> GARY R & SONJA J HATHAWAY 218 N WILSON ST ULYSSES, KS 67880-1950
Person ID 62749 Add Seq# _____	Person ID 377722 Add Seq# _____

8b. Landowner(s) New to system <input type="checkbox"/> 8a	8d. WUC New to system <input type="checkbox"/> 8a
Person ID _____ Add Seq# _____	Person ID _____ Add Seq# _____

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: **9/2/2020** By: **AM**
 Date Entered: _____ By: _____

File No. **27029** 11. County: **MT** Basin: **N F CIMARRON RIVER** Stream: _____ Formation Code: **331** Special Use: _____

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm af gpm af Overlap PD Files

DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
DEL	4773													
ENT		SE SW NE	36	31S	42W		3202	1383		330	133	330	133	NONE
CHK	22704	CS NE	36	31S	42W	5	2650	1380		285	115	285	115	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 CHK MOD DEL ENT	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files	
						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	30771																									
CHK	51672																									

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

Comments: _____

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

September 3, 2020

TRIO LLC
1880 CR O
COLBY, KS 67701

RE: Water Right, File No. 27029

Dear Sir or Madam:

Enclosed is the 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 the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

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 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

MAM:am
enclosures

pc: GARY R & SONJA J HATHAWAY
GROUNDWATER MANAGEMENT DISTRICT NO. 3

CERTIFICATE OF SERVICE

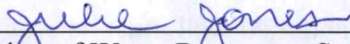
On this 3rd day of September 2020, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 27,029 dated 3rd day of September 2020 was mailed postage prepaid, first class, US mail to the following:

TRIO LLC
1880 CR O
COLBY, KS 67701

Pc:

GARY R & SONJA J HATHAWAY
218 N WILSON ST
ULYSSES, KS 67880-1950

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. 27029

RECEIVED
 1:00 pm
 SEP 02 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: TRIO LLC 1880 CR O COLBY, KS 67701

Phone Number: () _____ Email address: _____

Name and address of Water Use Correspondent: TRIO LLC 1880 CR O COLBY, KS 67701

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

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			

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 9-2-20 Check # 1111

5. **Presently authorized point of diversion:**
 One in the NC S2 Quarter of the S2 Quarter of the NE Quarter
 of Section 36, Township 31 South, Range 42 W,
 in Morton County, Kansas, 3110 feet North 1380 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 6 GPS _____ feet North 150 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 S2 SE Quarter of the S2 SW Quarter of the NE Quarter
 of Section 36, Township 31 South, Range 42 W,
 in Morton County, Kansas, 3202 feet North 1383 feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 340'
 This point is: Additional Well Geo Center List other water rights that will use this point _____

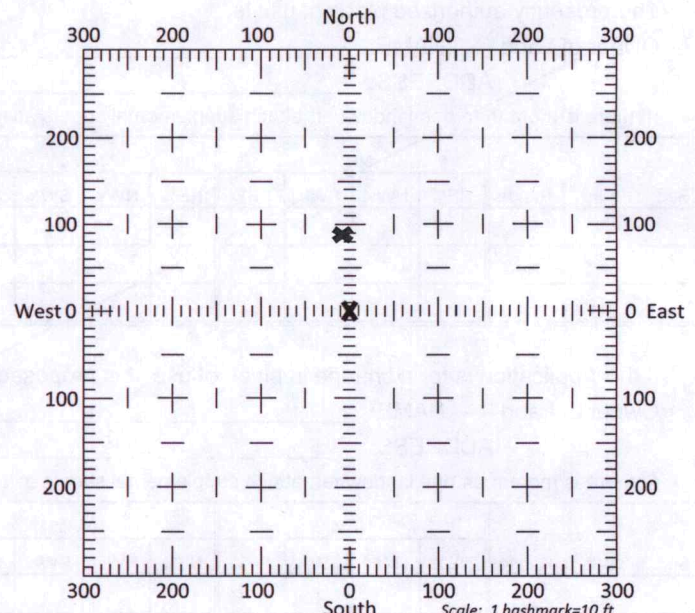
6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the CS Quarter of the NE Quarter
 of Section 36, Township 31 South, Range 42 (E/W),
 in MORTON County, Kansas, 2650 feet North 1380 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. 05 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 GCFO/SZ



- 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 Warden City, Kansas, this 2nd day of September, 20 20.

[Signature]

(Owner)

(Spouse)

Paul F. Nibroc K

(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 2nd day of September, 20 20.



[Signature]

Notary Public

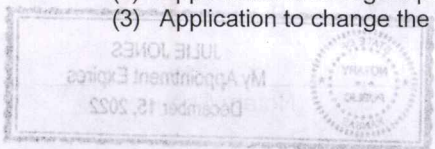
My Commission Expires _____

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



4/2/2020		
Trio LLC	NE 1/4 36-31-42 Morton County, Kansas	
From	To	Description
0	20	Surface top soil brown clay to fine sandy clay
20	74	Sand w/clay mix & clay strips
74	120	Black clay & shale w/hard gray shale strip
120	140	Tight gray clay & shale w/red shale strip & hard shale strip
140	160	Red clay & shale w/hard shale strips
160	180	Tight red clay w/tight sandstone strip & clay mix
180	200	Tight fine sand/sandstone w/clay mix
200	220	Tight fine sand/sandstone w/clay mix
220	240	Tight fine sand/sandstone
240	260	Tight fine sand/sandstone
260	280	Tight fine sand/sandstone
280	300	Fine tight sand/sandstone
300	320	Fine tight sand/sandstone w/red shale strip
320	340	Fine tight sand/sandstone

37.310499
-101.832654