

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

1. File Number: 39963	2. Status Change Date: 5-7-2020	3. Change Num: C3	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:
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8a. Applicant(s) Person ID **38740**
 New to system Add Seq# _____

TULS DAIRY FARMS
Attn: PO BOX 1138
1120 N WASHINGTON
LIBERAL, KS 67905

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

8d

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

8a

8d. WUC Person ID **62659**
 New to system Add Seq# _____

TULS HEMANN ENTERPRISES LAND LLC
PO BOX 1138
LIBERAL, KS 67905

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: **5/6/2020** By: **AM**
 Date Entered: _____ By: _____

File No. **39963** 11. County: **SW** Basin: **CIMARRON RIVER** Stream: Formation Code: **211** Special Use:

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

DEL 24684

ENT	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
	NW NW SE	21	33S	34W					1200	894	1200	891.6	NONE

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: **1151.6** af/yr at _____ gpm (_____ cfs) when combined with file number(s) **26649**

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 14281																									
CHK 21602																									
CHK 65464																									

Base Acres: Year: Minimum Reasonable Quantity:

Comments: **ADJUSTED ADDITIONAL QUANTITY TO CORRECT FOR LIMITATION**

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

TULS DAIRY FARMS
Attn: PO BOX 1138
1120 N WASHINGTON
LIBERAL, KS 67905

RE: Water Right, File No. 39963

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 that reads "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:am
enclosures

pc:
GMD 3

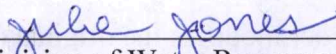
CERTIFICATE OF SERVICE

On this 7th day of May 2020, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 39,963 dated 7th day of May 2020 was mailed postage prepaid, first class, US mail to the following:

TULS DAIRY FARMS
Attn: PO BOX 1138
1120 N WASHINGTON
LIBERAL, KS 67905

Pc:

GROUNDWATER MANAGEMENT DISTRICT NO. 3



Julie Jones
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. 39963

RECEIVED
 11:15 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: Tuls Dairy Farms, Park Tuls. PO Box 1138 Liberal, KS 67905

Phone Number: (620)482-2058 Email address: _____

Name and address of Water Use Correspondent: no change

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 \$ <u>100.00</u> TR # _____ Receipt Date <u>5-6-20</u> Check # <u>244</u>
--

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ NC _____ Quarter
 of Section _____ 21 _____, Township _____ 33 _____ South, Range _____ 34 _____ (W),
 in Seward _____ County, Kansas, _____ 2620 _____ feet North _____ 2620 _____ feet West of Southeast corner of section.
 Authorized Rate _____ --- _____ Authorized Quantity _____ --- _____ Depth of well 2520 (feet)
(DWR use only: Computer ID No. 01 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 _____ SE _____ Quarter
 of Section _____ 21 _____, Township _____ 33 _____ South, Range _____ 34 _____ (W),
 in Seward _____ County, Kansas, _____ 2463 _____ feet North _____ 2572 _____ feet West of Southeast corner of section.
 Proposed Rate _____ --- _____ Proposed Quantity _____ --- _____ Proposed well depth (feet) _____ 568 _____
 This point is: Additional Well Geo Center List other water rights that will use this point none

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) _____

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

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

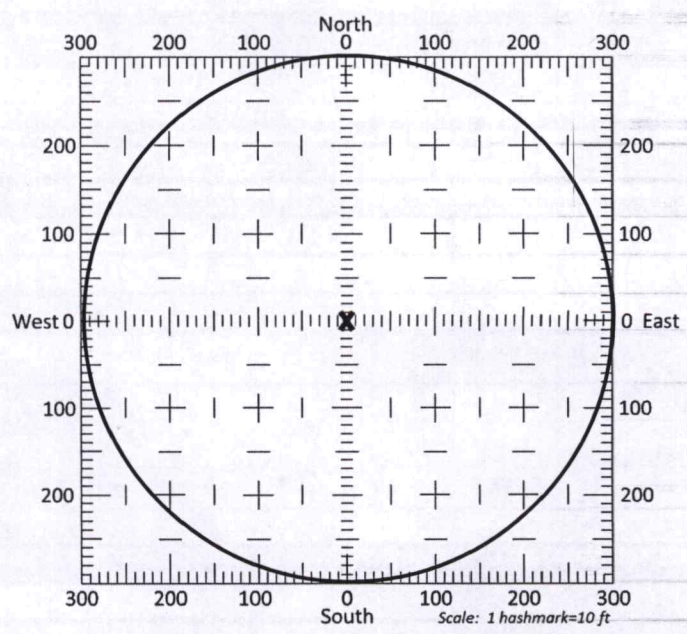
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by AJT

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 a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. **(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.)

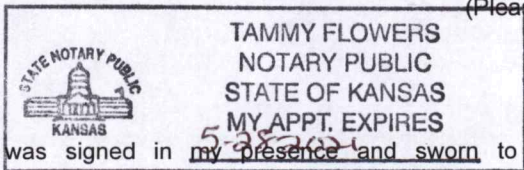
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 5/4/2020, Kansas, this May day of 4, 2020.

 (Owner)	 (Spouse)
<u>Parker Tuls</u> (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 4 day of May, 2020.

Tammy Flowers
 Notary Public

My Commission Expires 5-28-2021

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

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder. With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 39963.

1. A change application was received on May 6, 2020 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. Applicable Not Applicable
5. The point(s) of diversion authorized herein shall not actually be located more than _____ feet from the previously authorized point(s) of diversion. Applicable Not Applicable
6. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2020**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
8. **Installation of the works for diversion of water shall be completed on or before December 31, 2020**, or within any authorized extension of time. By March 1, 2021 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
9. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
11. Additional Conditions are attached. Yes No
12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

FOR OFFICE USE ONLY
**APPLICATION APPROVED AND
 SUMMARY ORDER ISSUED**

By: Michael A. Meyer
 Duly Authorized Designee of the Chief Engineer

(Print Name): MICHAEL A. MEYER
 Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: May 7, 2020

State of Kansas)
) SS
 County of Linney)

Acknowledged before me on May 7, 2020
 by Michael A. Meyer

Signature: Julie Jones
 Notary Public

My commission expires: _____
 My Appointment Expires December 15, 2022
 (Notary Seal)



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



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

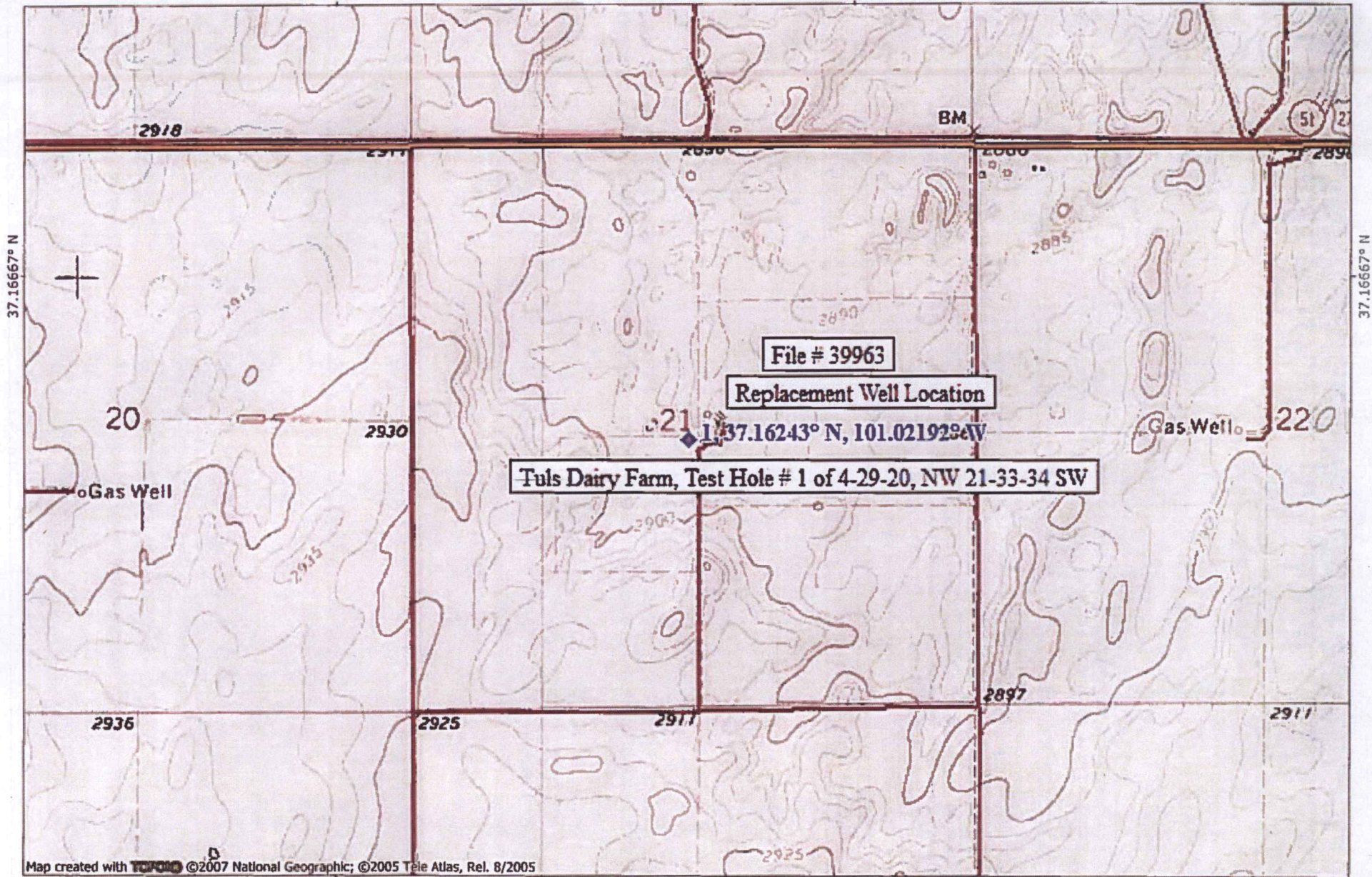
PARKER TULS 620-492-2058

39963

Customer Name: Tuls Dairy Farm WO#: 20028 Date: 4-29-20
Street Address: P.O. Box 1138 Test #: 1 E LOG: _____
City, State: LIBERAL KS 67905 Driller: Dale Guinn
County: Seward Quarter: NW Section: 21 Township: 33 Range: 34
Location: 149' SOUTH & 101' EAST J WELL GPS: N 37.16243 W 101.02192
Rig #: 10002 Elevation: 2892' Static WL: 218' Estimated? _____
Proposed Well Depth 568'

REPLACEMENT WELL LOCATION 20' SUMP

%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil
	2		10	Fine Sand
	10		14	Fine Some Med Sand
	14		16	Gray Clay
	16		31	Fine Some Med Sand
	31		45	Fine Med Course Sand Small Gravel
	45		49	Brown Sandy Clay
	49		68	Fine Med Course Sand Small Med Large Gravel
	68		75	Brown Sandy Clay
	75		81	Fine Med Course Sand Small Med Gravel
	81		110	Tan & Brown Clay
	110		129	Calich & Tan Clay
	129		139	Calich & Lime Rock
	139		154	Fine Med Course Sand
	154		160	Brown Sandy Clay w/Few Sand Strips
	160		209	Fine Med Course Sand Small Gravel w/Couple Clay Layers
30	209	16	234	Fine Med Course Sand Small Gravel w/Couple Clay Layers "Loose"
	234		239	Brown Sandy Clay
25	239	33	272	Fine Med Sand w/Few Brown & Red Clay Strips "Loose"
30	272	28	300	Fine Med Some Course Sand w/Few Clay Stringers "Loose"
25	300	21	321	Fine Med Sand w/Few Clay Stringers "Loose"
30	321	73	394	Fine Med Some Course Sand w/Few Clay Stringers "Loose"
25	394	38	432	Fine Med Sand w/Few Clay Stringers "Loose"
30	432	46	478	Fine Med Some Course w/Few Clay Stringers "Loose"
	478		485	Reddish Brown Sandy Clay
35	485	36	521	Fine Med Course w/Couple clay stringers "Loose"
5	521	27	548	Fine Red Sand w/Red Sandy Clay Mixed
	548		560	Red Bed "Hard"
				Super Gel X - 4
				Grout - 4
				Hole Plug 3/4 - 5
				Perma Plug - 1
				4 3/4 Drag Blade - 1



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

