



File No. **18260**      11. County: **GY**      Basin: **ARKANSAS RIVER**      Stream:      Formation Code: **211**      Special Use:

12. Points of Diversion  
**CHK**  
**MOD**  
**DEL**  
**ENT**

PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate and Quantity		Additional		Overlap PD Files
									Authorized	Additional	Rate	Quantity	
									gpm	af	gpm	af	

**DEL 1697**

<b>ENT</b>	<b>NENENW</b>	<b>32</b>	<b>26</b>	<b>30W</b>		<b>5218</b>	<b>2757</b>		<b>950</b>	<b>272</b>	<b>950</b>	<b>272</b>	<b>NONE</b>
------------	---------------	-----------	-----------	------------	--	-------------	-------------	--	------------	------------	------------	------------	-------------

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 <b>CHK</b> <b>MOD</b> <b>DEL</b> <b>ENT</b>	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					
<b>CHK 5726</b>																										

**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](http://www.agriculture.ks.gov)

Mike Beam, Secretary

Laura Kelly, Governor

July 27, 2021

PHIL & JULIE DIRKS  
18005 3 RD  
INGALLS, KS 67853

RE: Water Right, File No. 18260

Dear Mr. and Mrs. Dirks:

Enclosed is an 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 the approval for change. Conditions of this approval are 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  
enclosures

pc:

GMD3

CERTIFICATE OF SERVICE

On this 27<sup>th</sup> day of July 2021, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 18,260 dated 27<sup>th</sup> day of July 2021 was mailed postage prepaid, first class, US mail to the following:

PHIL & JULIE DIRKS  
18005 3 RD  
INGALLS, KS 67853

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. 18260

**RECEIVED**  
 4:15 pm  
 JUL 26 2021

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

Garden City Field Office  
 Division of Water Resources

2. Name and address of Applicant: PHIL & JULIE DIRKS  
18005 3 RD INGALLS, KS. 67853

Phone Number: (620) 290-6408                      Email address: \_\_\_\_\_

Name and address of Water Use Correspondent: PHIL & JULIE DIRKS  
18005 3 RD INGALLS, KS. 67853

Phone Number: (620) 290-6408                      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				

<b>For Office Use Only: Code</b> _____ <b>Fee \$</b> <u>100.00</u> <b>TR #</b> _____ <b>Receipt Date</b> <u>7-26-21</u> <b>Check #</b> <u>001421</u>
--



5. **Presently authorized point of diversion:**  
 One in the NW Quarter of the NW Quarter of the NE Quarter of Section 32, Township 26 South, Range 30 (E/W), in GRAY County, Kansas, 5100 feet North 2550 feet West of Southeast corner of section. Authorized Rate 950 GPM Authorized Quantity 272 AF Depth of well \_\_\_\_\_ (feet)  
 (DWR use only: Computer ID No. 2 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 NE Quarter of the NE Quarter of the NW Quarter of Section 32, Township 26 South, Range 30 (E/W), in GRAY County, Kansas, 5218 feet North 2757 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) Lack of production on current location

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

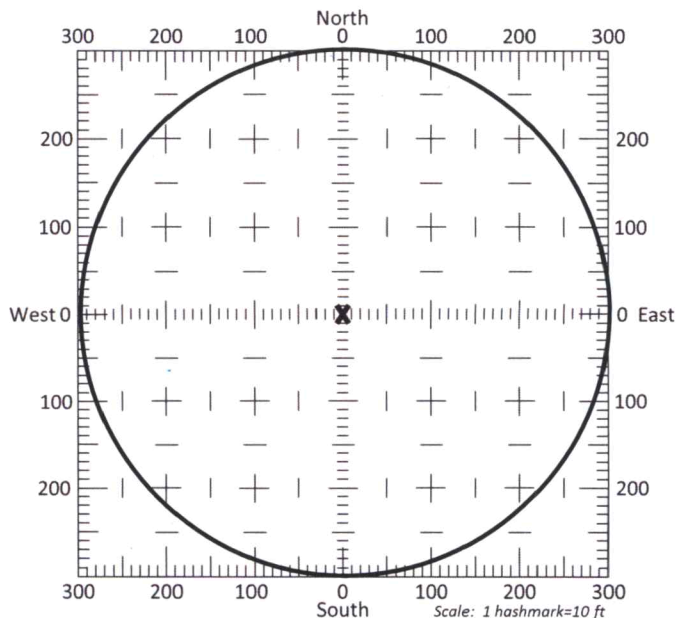
9. The change(s) (was)(will be) completed by?  
 \_\_\_\_\_

10. If the point of diversion is a well:  
 (a) What are you going to do with the old well?  
To be plugged  
 (b) When will this be done? \_\_\_\_\_

11. Groundwater Management District recommendation attached?  
 Yes  No

12. Assisted by \_\_\_\_\_

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 WARREN CITY, Kansas, this 26<sup>th</sup> day of JULY, 2021.

<p><u>Phil Dinks</u>          _____          (Owner)</p> <p><u>Phil Dinks</u>          _____          (Please Print)</p> <p>_____          (Owner)</p> <p>_____          (Please Print)</p> <p>_____          (Owner)</p> <p>_____          (Please Print)</p>	<p>_____          (Spouse)</p> <p>_____          (Please Print)</p> <p>_____          (Spouse)</p> <p>_____          (Please Print)</p> <p>_____          (Spouse)</p> <p>_____          (Please Print)</p>
--	---

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 26<sup>TH</sup> day of JULY, 2021.



Catherine Reinert  
 \_\_\_\_\_  
 Notary Public

My Commission Expires 9-14-22

**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**

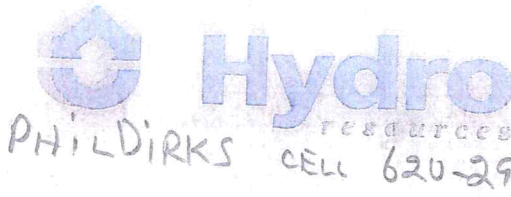
- (1) Application to change a point of diversion 300 feet or less ..... \$100
- (2) Application to change a point of diversion more than 300 feet ..... \$200
- (3) Application to change the place of use ..... \$200







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



PO Box 636  
 Garden City, KS 67846  
 Fax: 620-277-0224

Customer Name: Phil Dirks WO#: 22266 Date: 7-15-21  
 Street Address: 18005 3 ROAD Test #: 3 E LOG: Yes  
 City, State: INGALLS, KS 67853 Driller: Dale Guinn  
 County: Gray Quarter: NW Section: 32 Township: 26 Range: 30  
 Location: 284' West & 5' North of Existing Well GPS: N37.75085 W100.62537  
 Rig #: 10003 Elevation: 2796' Static WL: Lev: 195' Estimated? 309  
 Proposed Well Depth 309

WELL LOCATION 20' SAMP

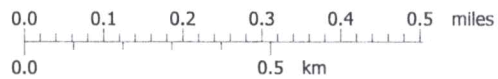
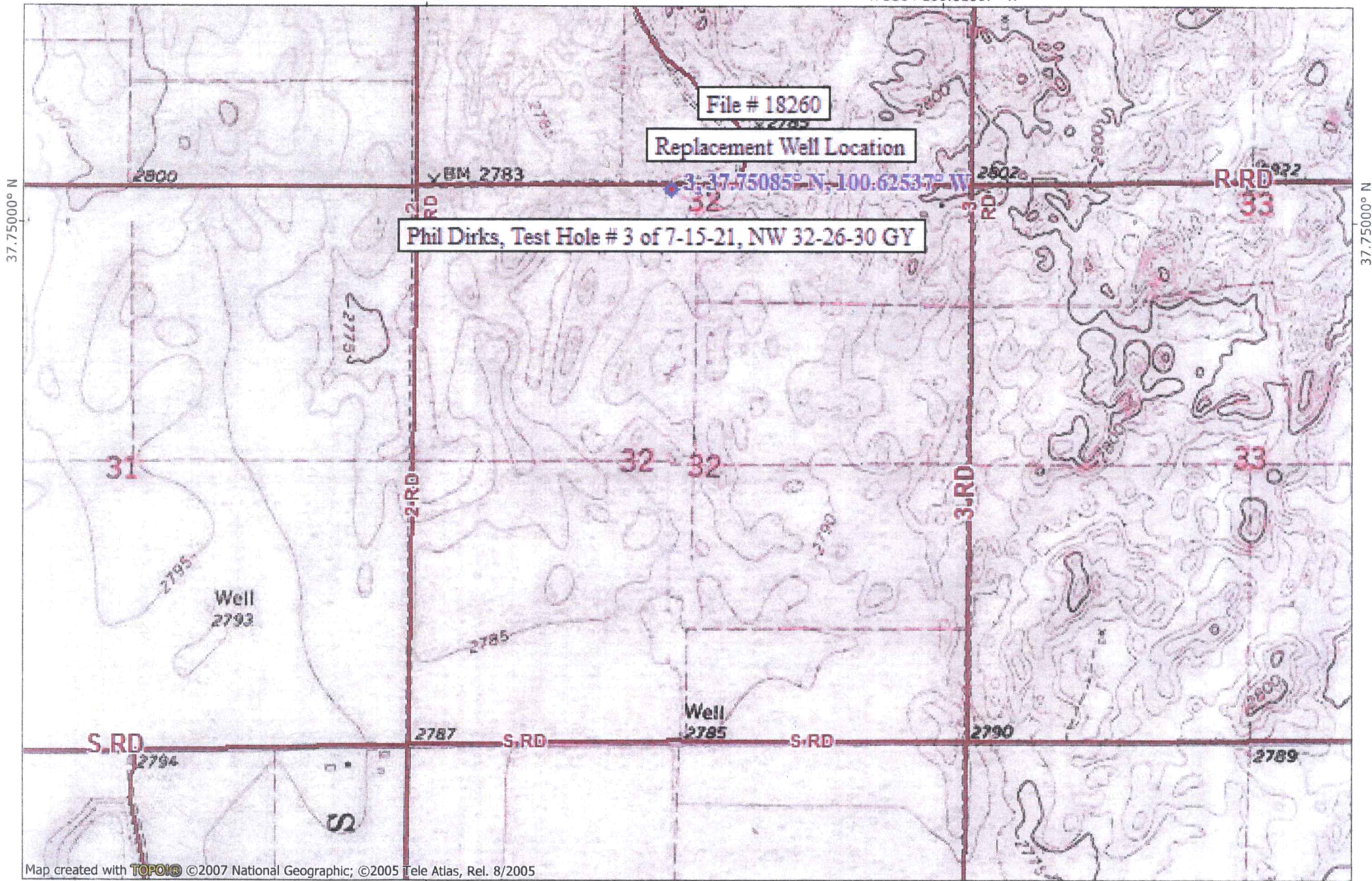
%	Footage			Description of Strata
	From	Pay	To	
	0		2	Top Soil
	2		6	Fine Sand
	6		17	Brown Clay
	17		25	Fine Sand
	25		38	Fine Med Sand w/Few Clay Stringers
	38		55	Fine Med Course Sand Small Gravel
	55		74	Fine Med Course Sand Small Med Few Large Gravel
	74		77	Brown Sandy Clay
	77		93	Fine Med Course Sand Small Med Some Large Gravel
	93		101	Brown Sandy Clay
	101		129	Fine Med Course Sand Small Gravel
	129		138	Brown Sandy Clay w/Couple Sand Layers
	138		162	Fine Med Course Sand w/Couple Clay Layers
	162		188	Fine Med Course Sand Small Gravel
	188		190	Brown Sandy Clay
30	190	27	222	Fine Med Course Sand Small Gravel w/White Rock
20	222	12	234	Fine Med Course Sand w/White Rock "Little Stiff In Places"
	234		238	Brown Sandy Clay
10	238	13	251	Fine Sand w/some clay layers
	251		259	Brown Sandy Clay
15	259	22	281	Fine Some Med w/Few White Rock & Some clay stringers
5	281	8	289	Fine Sand w/White Rock & some clay Mixed
	289		294	Yellow Soapstone
	294		300	Black Shale
				Super Gel X -5
				Grout -3
				Hook Plug -6
				Perma Plug -1



TOPO! map printed on 07/16/21 from "Untitled.tpo"

100.63333° W

WGS84 100.61667° W



07/16/21