

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

1. File Number: 19205	2. Status Change Date: <i>12-7-2022</i>	3. Change Num: C1	4. Field Office: 4	5. GMD: 3
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: 12/5/2022
8a. Landowner, applicant, WUC New to system <input type="checkbox"/> HINES FARMS PO BOX 665 COLBY, KS 67701		Person ID <u>41845</u> Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> Person _____ Add Seq# _____	
8b. Landowner(s), New to system <input type="checkbox"/>		Person ID <u>39063</u> Add Seq# _____	8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2023</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2024</u>				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" 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: 12/7/2022 By: MAM Date Entered: _____ By: _____				

File No. 19205 11. County: SW Basin: CIMARRON RIVER Stream: Formation Code: 211/331 Special Use:

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

DEL 38238
 ENT LOT 2 (NWNE) 3 31 32W 5326 1791 1765 553 1765 553 NONE

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

14. Limitation: _____ af/ 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
						NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼				
CHK 14962																									
CHK 37871																									

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

December 7, 2022

HINES FARMS
PO BOX 665
COLBY, KS 67701

RE: Field Office Application for Change
Water Right, File No. 19205

Dear Sir:

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 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:
Enclosures

CERTIFICATE OF SERVICE

On this 7th day of December 2022, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 19,205 dated 7th day of December 2022 was mailed postage prepaid, first class, US mail to the following:

HINES FARMS
PO BOX 665
COLBY, KS 67701

A handwritten signature in blue ink, reading "Julie Jones", is written over a horizontal line.

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. 19205

RECEIVED
 8:00 am
 DEC 05 2022

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: HINES FARMS

PO BOX 665 COLBY, KS. 67701

Phone Number: (785) 443 0614

Email address: lowhines@st-tel.net

Name and address of Water Use Correspondent: : HINES FARMS

PO BOX 665 COLBY, KS. 67701

Phone Number: (785) 443 0614

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 \$ 100.00 TR # _____ Receipt Date 12-5-22 Check # 7894

5. **Presently authorized point of diversion:**
 One in the NE Quarter of the NW Quarter of the LOT 2 (NW NE) Quarter of Section 3, Township 31 South, Range 31 (W), in SEWARD County, Kansas, 5200 feet North 1400 feet West of Southeast corner of section. Authorized Rate 1765GPM Authorized Quantity 553AF Depth of well _____ (feet)
(DWR use only: Computer ID No. 4 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 NW Quarter of the LOT 2 (NW NE) Quarter of Section 3, Township 31 South, Range 32 (W), in SEWARD County, Kansas, 5326 feet North 1791 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?

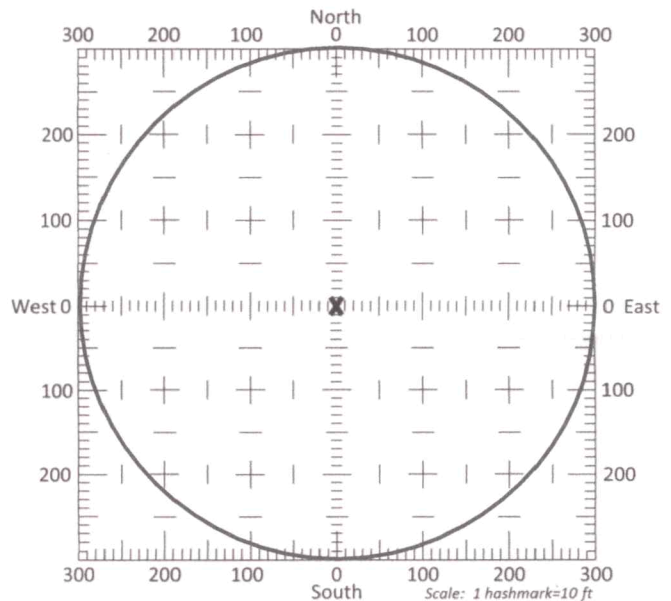
To be plugged

(b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by cac

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 Colby, Kansas, this 28 day of November, 20 22.

Louis T. Hines
 (Owner)

Audrey Hines
 (Spouse)

Louis T. Hines
 (Please Print)

Audrey Hines
 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

State of Kansas }
 County of Thomas } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 28 day of November, 20 22.

April Schissler
 Notary Public

My Commission Expires 03/30/2023.

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.

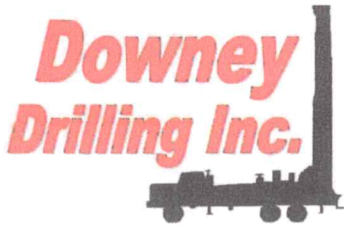
FEE SCHEDULE

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

WELL LOG

DATE: 11/21/2022



CUSTOMER NAME: HINES FARMS

TH#1

LEGAL: NE 3-31S-32W

COUNTY: SEWARD CO, KS

GPS: 37.387617

-100.785225

DRILLER: DIEGO

WO: 22-1265

TW	FROM	TO	TYPE	HARDNESS	COLOR	SPEED	PULL DOWN	OTHER / DRILLING ACTION
	0	3	TOP SOIL	SOFT	DRK BROWN	FAST		SMOOTH
	3	9	BROWN SILTY CLAY	SOFT	BROWN	FAST		SMOOTH
	9	13	SANDY CLAY W/ CALICHE	SOFT	WHITE	FAST		SMOOTH & CHOPPY
	13	16	FINE SAND	SOFT	YELLOW	FAST		VIBRATION
	16	34	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	34	51	FINE-MED-COARSE SAND W/ FINE-MED GRAVEL	FIRM		FAST		FAST CHATTER SMOOTH & VIBRATION
	51	69	SANDY CLAY W/ FINE SAND	SOFT	TAN	FAST		SMOOTH & VIBRATION
	69	84	FINE-MED-COARSE GRAVEL	STIFF		FAST		CHATTER
	84	190	FINE-MED-COARSE SAND W/ FINE-MED GRAVEL	FIRM		FAST		FAST CHATTER SMOOTH & VIBRATION
	190	195	SANDY CLAY W/ FINE SAND	SOFT	TAN	FAST		SMOOTH & VIBRATION
	195	198	CEMENTED SAND	HARD	BROWN	SLOW	X	CHATTER
	198	215	SANDY CLAY W/ BROWN CLAY	SOFT	TAN & BROWN	FAST		SMOOTH
	215	297	FINE-MED-COARSE SAND	FIRM		FAST		FAST CHATTER
	297	301	SANDY CLAY W/ FINE-MED SAND	SOFT	TAN	FAST		SMOOTH & CHOPPY
	301	308	FINE-MED-COARSE SAND	SOFT		FAST		CHATTER
	308	391	FINE-MED-COARSE SAND W/ FINE GRAVEL / LIME ROCK & CEMENTED SAND LAYERS	SOFT	WHITE	FAST		CHATTER
	391	392	HARD SPOT	HARD		SLOW	X	CHATTER
	392	405	FINE-MED-COARSE SAND W/ FINE GRAVEL / LIME ROCK & CEMENTED SAND LAYERS	SOFT		FAST		CHATTER
	405	428	WHITE SANDY CLAY W/ LIME ROCK	FIRMER	WHITE	FAST		SMOOTH & CHOPPY
	428	466	SANDY CLAY, CLAY W/VERY THIN SAND LAYERS	SOFT	BROWN	FAST		SMOOTH
	466	503	LIME ROCK W/ FINE - MED SAND, TR. SANDY CLAY	FIRM	WHITE & TAN	FAST		CHOPPY & SMOOTH
	503	519	SAND, SANDY CLAY W/ TR. CLAY	SOFT	TAN & BROWN	FAST		SMOOTH
	519	523	RED CLAY	SOFT	RED	FAST		SMOOTH
X	523	545	SANDSTONE W/ BROWN ROCK & FINE SAND	SOFTER	WHITE & BROWN	FAST		FAST CHATTER
	545	560	RED BED	HARD	RED	SLOW		CHATTER
			SUPER GEL - 8					
			WATER LOADS - 1 1/2					
			SA - 1/2					
			EZ MUD - 1/4					
			HOLE PLUG - 2					
			CS - 1					

11/21/2022
MEASURED
STATIC 300'

142