

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

1. File Number: <b>8260</b>	2. Status Change Date:	3. Change Num: <b>C2</b>	4. Field Office: <b>4</b>	5. GMD: <b>1</b>
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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: <b>6/5/2023</b>
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8a. Applicant(s) <span style="float: right;">Person ID <u>29987</u></span> New to system <input type="checkbox"/> <span style="float: right;">Add Seq# _____</span>  <b>DONALD E &amp; FRANCES L PLETCHER</b> <b>PO BOX 303</b> <b>SHARON SPRINGS, KS 67758-0303</b>	8c. Landowner(s) <span style="float: right;">Person ID _____</span> New to system <input type="checkbox"/> <span style="float: right;">Add Seq# _____</span>
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8b. Landowner(s) <span style="float: right;">Person ID _____</span> New to system <input type="checkbox"/> <span style="float: right;">Add Seq# _____</span>  <b>8a</b>	8d. WUC <span style="float: right;">Person ID _____</span> New to system <input type="checkbox"/> <span style="float: right;">Add Seq# _____</span>  <b>8a</b>
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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 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: _____
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Date Prepared: <b>6/20/2023</b> By: <b>AM</b>
Date Entered: _____    By: _____

File No. **8260**      11. County: **WA**      Basin: **LADDER CREEK**      Stream:      Formation Code:      Special Use:

12. Points of Diversion										Rate and Quantity							
CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
CHK																	
CHK																	
CHK																	

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										NE¼								NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID		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								
										L-1	L-2			L-3	L-4	L-5					L-6	L-7											
ENT	6097			6				15S39W 1		40.71	40.5	40	40	40.3	41.34	41.33	40	40	40	40	41.42	41.51	40	40	40	40	40	40	40	647.11	8a	N	MULTIPLE
										L-1	L-2			L-3	L-4																		
CHK	28667			5				15S39W 1		38.91	39.62	40	40	40.39	40.67	40	40	40	40	40	40	40	40	40	40	40	40	40	640.49	8a	N	MULTIPLE	

Base Acres:      Year:      Minimum Reasonable Quantity:

Comments: **OVERLAPPING WR ON PLACE OF USE: 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114**

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

June 21, 2023

DONALD E & FRANCES L PLETCHER  
PO BOX 303  
SHARON SPRINGS, KS 67758-0303

RE: Filed Office Application for Change  
Water Right, File Nos. 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114

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 numbers. **Note: this approval does not allow any single point of diversion to exceed its annual authorized quantity.**

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/or 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.

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 "Austin J. McColloch".

Austin J. McColloch  
Assistant Water Commissioner

AM:  
enclosures

pc: GMD 1

## CERTIFICATE OF SERVICE

On this 21<sup>st</sup> day of June, 2023, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 2,398, 3,249, 7,543, 8,260, 9,063, 12,493, 12,582 and 22,114 dated 21<sup>st</sup> day of June, 2023 was mailed postage prepaid, first class, US mail to the following:

DONALD E & FRANCES L PLETCHER  
PO BOX 303  
SHARON SPRINGS, KS 67758-0303

Pc:

GMD 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.

**RECEIVED**  
 10:33 am  
 JUN 05 2023

File No. 8260

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: DONALD E & FRANCES L PLETCHER

PO BOX 203, SHARON SPRINGS, KS 67758

Phone Number: (    )                      Email address: \_\_\_\_\_

Name and address of Water Use Correspondent: same as above

Phone Number: (    )                      Email address: \_\_\_\_\_

3. The presently authorized place of use is:

Owner of Land ---- NAME: same as above

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	
5	15S	39W	39.81	39.62	40	40	40.39	40.67	40	40	40	40	40	40	40	40	40	40	640.49

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: same as above

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	
6	15S	39W	40.71	40.5	40	40	40.3	41.34	41.33	40	40	41.42	41.51	40	40	40	40	40	647.11
5	15S	39W	39.81	39.62	40	40	40.39	40.67	40	40	40	40	40	40	40	40	40	40	640.49

**For Office Use Only:** Code \_\_\_\_\_ Fee \$ 200.00 TR # \_\_\_\_\_ Receipt Date 6-5-23 Check # 7412

5. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ (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 \_\_\_\_\_ (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 \_\_\_\_\_

6. **Presently authorized point of diversion:**  
 One in the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter of the \_\_\_\_\_ Quarter  
 of Section \_\_\_\_\_, Township \_\_\_\_\_ South, Range \_\_\_\_\_ (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 \_\_\_\_\_ (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

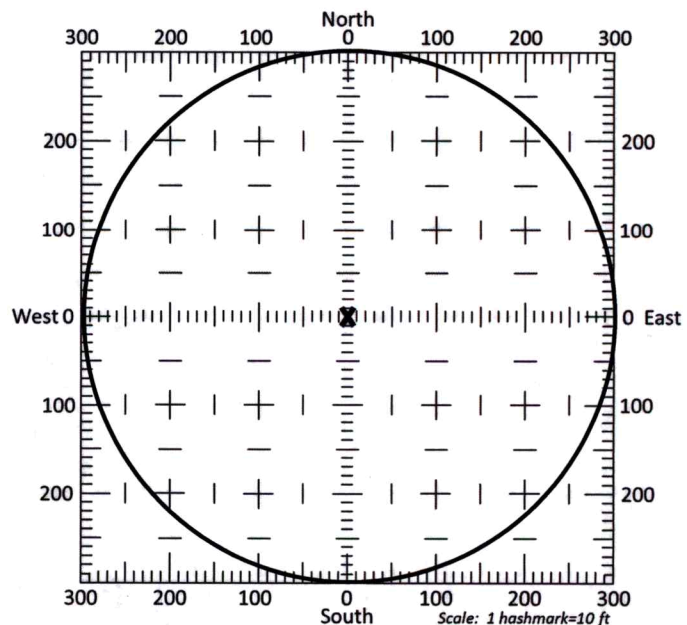
9. The change(s) (was)(will be) completed by?  
 \_\_\_\_\_  
 \_\_\_\_\_

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 CI, 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 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 Garden City, Kansas, this 5<sup>th</sup> day of June, 2023.

Donald E Pletcher  
\_\_\_\_\_  
(Owner)

Frances L Pletcher  
\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Spouse)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Please Print)

State of Kansas }  
County of Linney }



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 5 day of June, 2023.

Aaron Holsted  
\_\_\_\_\_  
Notary Public

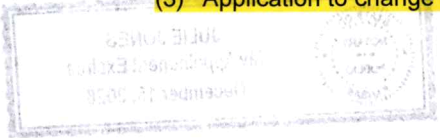
My Commission Expires May 18 2027.

**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**

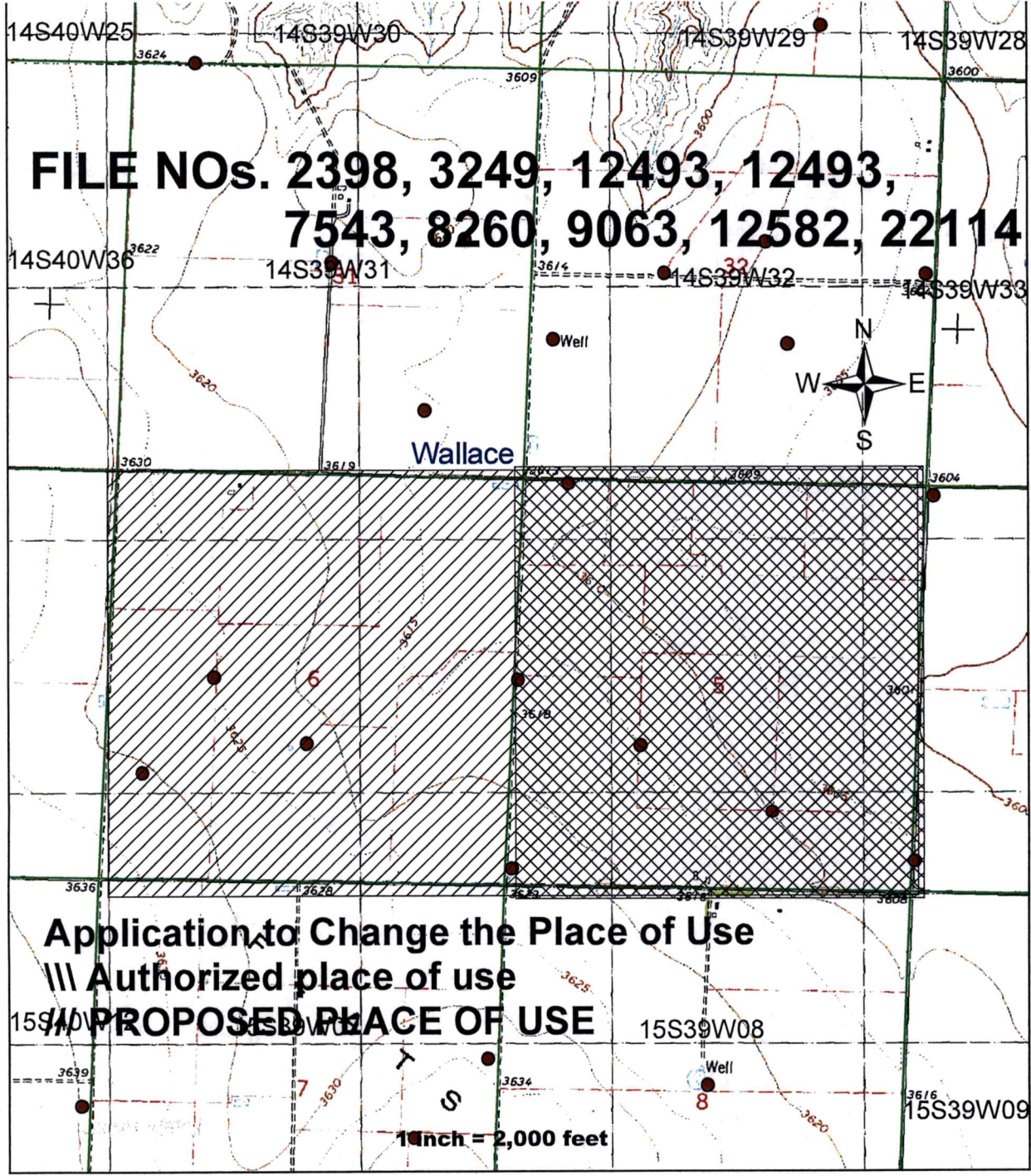
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (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









**FILE NOs. 2398, 3249, 12493, 12493,  
7543, 8260, 9063, 12582, 22114**

**Application to Change the Place of Use**  
**Authorized place of use**  
**PROPOSED PLACE OF USE**

**1 inch = 2,000 feet**



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WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO.1

Garden City Field Office  
4532 W. Jones, Suite B  
Garden City, KS 67846

June 20th, 2023

Re: Request for Recommendation,  
File No. 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114

Dear Sir or Madam:

The Western Kansas Groundwater Management District No. 1 Staff has reviewed the Change of Place of Use applications for the above referenced water right numbers and is providing recommendation.

If you have any questions or concerns, please feel free to reach out to District staff.

Regards,

Katie Durham  
District Manager  
GMD1

Garden City Field Office  
4532 W. Jones, Suite B  
Garden City, KS 67846

Mike Beam, Secretary



Phone: 620-276-2901  
Fax: 620-276-9315  
[www.agriculture.ks.gov](http://www.agriculture.ks.gov)

Laura Kelly, Governor

June 5, 2022

GROUNDWATER MANAGEMENT DISTRICT #1  
906 W. 5<sup>TH</sup>  
P.O. BOX 604  
SCOTT CITY KS 67871

Re: Request for Recommendation,  
File No. 2398; 3249; 7543; 8260; 9063; 12493; 12582 & 22114

Dear Sir or Madam:

We are enclosing a copy of the referenced application, which was submitted by Donald Pletcher and appears to be in proper form, for your review.

We are delaying any further action for a period of 15 days from the date of this letter to allow you time to submit your recommendation concerning this application. Please submit your recommendation within the allotted time, or any authorized extension of time thereof.

If you have any questions, please contact me at (620) 276-2901. If you wish to discuss a specific file, please have the file number ready to that I may help you more efficiently.

Sincerely,

A handwritten signature in blue ink that reads "Austin McColloch".

Austin McColloch  
Assistant Water Commissioner

Enclosure  
pc: