

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: PD WORKSHEET

1. File Number: 8644	2. Status Change Date: <i>12-1-2023</i>	3. Change Num: C1	4. Field Office: 04	5. GMD: 03
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: 11/29/2023
8a. LANDOWNER, New to system <input type="checkbox"/> DONALD R & ELIZABETH A KNOLL 2174 ROAD 250 DEERFIELD, KS 67838-3825		8c. Correspondent New to system <input checked="" type="checkbox"/> Person ID <u>25232</u> Add Seq# _____		
8b. Landowner(s), New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		8d. correspondent New to system <input type="checkbox"/> 8A Person ID _____ Add Seq# _____		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2024</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2025</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: 12/01/2023 By: MAM Date Entered: _____ By: _____				

File No. **8644** 11. County: **FI** Basin: **ARKANSAS RIVER** Stream: Formation Code: **211** Special Use:

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

DEL 19059

ENT **SWSWNW** **25** **22** **33W** **3063** **5229** **1500** **640** **1500** **640** **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 16942																				

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 1, 2023

DONALD R & ELIZABETH A KNOLL
2174 ROAD 250
DEERFIELD, KS 67838-3825

RE: Water Right, File Nos. 8644, 19367, 21555

Dear Sir or Madam:

Enclosed are orders 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.

Your attention is directed to this enclosure and to the terms, conditions, and limitations specified in this approval for change. A condition of this approval is that acceptable water flowmeter 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 these orders modify the original documents referred to above, they should be recorded with the Register of Deeds as other instruments affecting real estate.

The abandoned wells 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 to call 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". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Michael A. Meyer
Water Commissioner

MAM:
enclosures

CERTIFICATE OF SERVICE

On this 1st day of December 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File Nos. 8,644, 19,367, 21,555, dated 1st day of December 2023 was mailed postage prepaid, first class, US mail to the following:

DONALD R & ELIZABETH A KNOLL
2174 ROAD 250
DEERFIELD, KS 67838-3825

A handwritten signature in blue ink that reads "Aaron Holsted". The signature is written in a cursive style and is positioned above 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. 8644

RECEIVED
 2:45 pm
 NOV 30 2023
 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: DON KNOLL
2147 ROAD 250, DEERFIELD, KS 67838

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: Same As Above

Same As Above

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 11-30-23 Check # 9893

5. **Presently authorized point of diversion:**
 One in the SE Quarter of the SW Quarter of the NW Quarter of Section 35, Township 22 South, Range 33 W, in Finney County, Kansas, 2750 feet North 4150 feet West of Southeast corner of section. Authorized Rate Authorized Quantity Depth of well 192 (feet)
(DWR use only: Computer ID No. 1 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 SE Quarter of the SW Quarter of the NW Quarter of Section 35, Township 22 South, Range 33 W, in Finney County, Kansas, 2849 feet North 4030 feet West of Southeast corner of section. Proposed Rate Proposed Quantity Proposed well depth (feet) 292
 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?

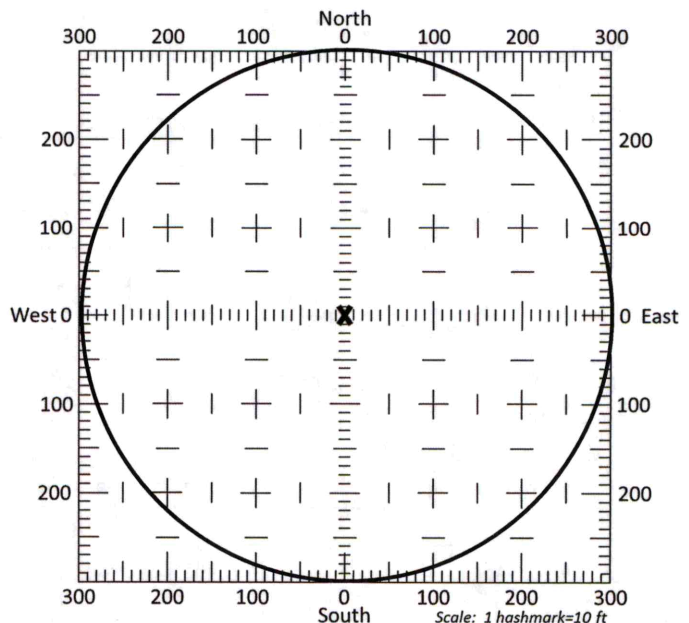
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by JG/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 Warden City, Kansas, this 30th day of November, 20 23.

<u>Donald Knoll</u> (Owner)	_____ (Spouse)
<u>Donald Knoll</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }
 County of Atterbury } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 30th day of November, 20 23.

My Commission Expires _____



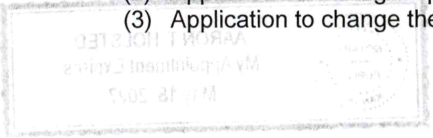
Julie Jones
 Notary Public

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





Kansas Water Wells inc.

Test# 2 .

Customer	Don Knoll	Date	11/29/23			
Address	2147 Road 250	City/State	Deerfield, Kansas 67838			
County	Finney	Quarter	NW	Sec.	35	
				Township	22	
				Range	33	
GPS Format	WGS-84	Lat.	N38.098972		Long.	-101.915856
Static Water Level	160'	Well Depth	222+ sump			

	From	Pay	To	Description of Strata
0			2	Top soil
2			23	Brown sandy clay
23			25	Fine-med sand
25			97	Grey/brown/white sandy clay
97			103	Brown & red sandy clay/gyp
103			113	White sandy clay/gyp
113			118	Fine-med sand
118			124	Brown sandy clay/small 1/8" gravel (mix)
124			147	Fine-med sand (mostly fine)
147			157	Fine-med sand/clay streaks
157			162	60% fine/40% med-coarse sand (little loose)
162	14		176	30% fine/20% med/30% coarse sand/20% clay streaks (loose)
176			187	50% yellow clay/10% fine sand/40% small 1/8" gravel
187	8		195	50% fine/40% med-coarse sand/10% clay streaks (little loose)
195	5		200	30% fine/60% med-coarse/10% clay (loose)
200	4		204	10% fine/50% med-coarse/40% broken lime rock-brown gravel-
				White gravel (loose)
204	3		207	70% fine sandy white clay/30% med-coarse sand
207			217	80% white clay/20% broken lime rock
217	5		222	40% white clay/60% broken lime rock (felt layered-some chatter)
				(used small amount of water)
222			240	Yellow clay
240			242	Soft black shale
Location From Old Hole		193' east		
Bags Of High Yield	6	Bags Of Hole Plug	1	

Signature _____.

