

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

| | | | | |
|---|--|--|---|---|
| 1. File Number: KE 068 | 2. Status Change Date: <i>2-10-2023</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: 1/24/2023 |
| 8a. Applicant(s). landowner, WUC New to system <input type="checkbox"/> TRIPLE B LAND LLC PO BOX 363 LAKIN, KS 67860 | | Person ID <u>39685</u> Add Seq# _____ | 8c. Landowner(s) New to system <input type="checkbox"/> 8a | |
| 8b. Landowner(s) New to system <input type="checkbox"/> | | Person ID _____ Add Seq# _____ | 8d. WUC New to system <input type="checkbox"/> | |
| 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 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: _____ | | | | |
| Date Prepared: 2/08/2023 By: MAM Date Entered: _____ By: _____ | | | | |

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

| | | | | | | | | | | | | | | | | |
|------------|--------------|---------------|--|----------|-----------|------------|--|--|-------------|-------------|--|----------------|------------|----------------|------------|-------------|
| DEL | 51199 | | | | | | | | | | | | | | | |
| ENT | | SWNWSE | | 7 | 25 | 36W | | | 1522 | 2382 | | 2001.65 | 484 | 2001.65 | 404 | 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 | | | | 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 | | | |
| CHK | 19092 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Base Acres: Year: Minimum Reasonable Quantity:
 Comments: *Add condition for aquifer seal*

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

February 10, 2023

TRIPLE B LAND LLC
PO BOX 363
LAKIN, KS 67860

RE: Field Office Application for Change
Vested Right, File No. KE 068

Dear Sir:

Enclosed is an order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications 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. Conditions of these approvals are that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file numbers 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.

Please note the additional condition of well construction.

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, appearing to read "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:
enclosures

pc: GMD3

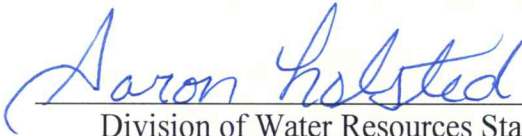
CERTIFICATE OF SERVICE

On this 10th day of February 2023, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Vested Right, File No. KE 068 dated 10th day of February 2023 was mailed postage prepaid, first class, US mail to the following:

TRIPLE B LAND LLC
PO BOX 363
LAKIN, KS 67860

Pc:

GMD3



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
 11:15 am
 JAN 24 2023

File No. KE 068

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: TRIPLE B LAND LLC

PO BOX 363 LAKIN KS 67860

Phone Number: (620) 355-6232 Email address: _____

Name and address of Water Use Correspondent: NO CHANGE SAME

Phone Number: () _____ 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 \$ 200.00 TR # _____ Receipt Date 1-24-23 Check # 2737

5. **Presently authorized point of diversion:**
 One in the SE Quarter of the SW Quarter of the SW Quarter of Section 7, Township 25 South, Range 36 W, in KE County, Kansas, 100 feet North 4500 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (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 SW Quarter of the NW Quarter of the SE Quarter of Section 7, Township 25 South, Range 36 W, in KE County, Kansas, 1522 feet North 2382 feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) 540
 This point is: Additional Well Geo Center List other water rights that will use this point _____

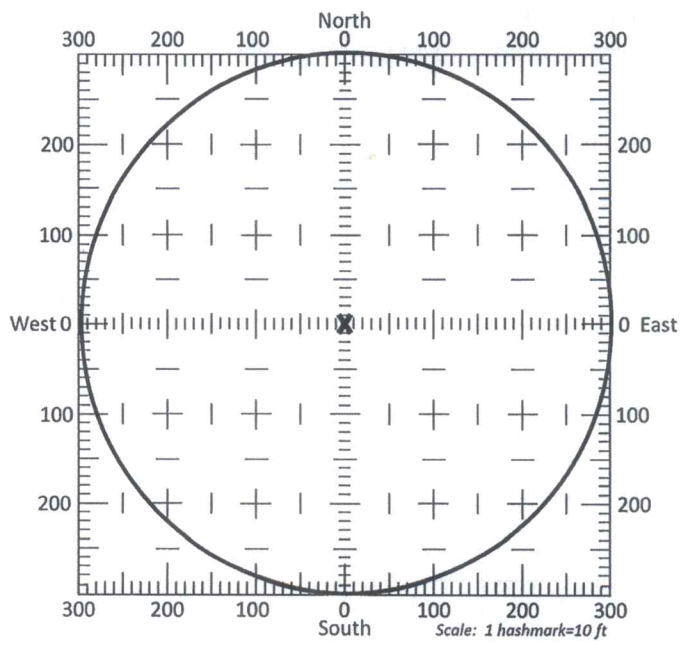
6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ 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) _____

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 MM/CFGO



- 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 Lakin, Kansas, this 24th day of January, 2023.

| | |
|---|-------------------------|
| <u>Robert K. Beymer</u> Robert K. Beymer (Owner) | _____ (Spouse) |
| <u>Managing Member Triple B Land, LLC</u> (Please Print) | _____ (Please Print) |
| _____ (Owner) | _____ (Spouse) |
| _____ (Please Print) | _____ (Please Print) |
| _____ (Owner) | _____ (Spouse) |
| _____ (Please Print) | _____ (Please Print) |

State of Kansas }
 County of Kearny } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 24th day of January, 2023.

NOTARY PUBLIC - State of Kansas
PATTI L. DUNLAP
 My Commission Expires May 28, 2024
 My Appt. Exp

Patti L. Dunlap
 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

ADDITIONAL CONDITIONS TO
SUMMARY ORDER APPROVING APPLICATION FOR CHANGE
AND IMPOSING CONDITIONS,
Vested Right, File Nos. KE 068

The effective date of the change shall be the date this order is executed by the Chief Engineer, after which the following condition is included as a condition of the approval of this application for change in point of diversion.

That the applicant shall set surface casing through any shallow groundwater aquifers, at an approximate depth of 112 feet below land surface, and shall cause the wells under this appropriation to be constructed so that the source of supply will be restricted to withdrawal of water from the Ogallala aquifer system, thereby precluding withdrawal of water from any overlying water-bearing strata and ensure that an adequate seal is placed between the Ogallala aquifer system, and all overlying water-bearing strata so as to prevent any movement of water between formations.

That the gravel pack shall not extend more than two feet above the top of the well screen, and shall be properly sealed (e.g. bentonite pellets) so as to prevent any movement of water between formations along the well annulus.

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

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

Dated of Issuance: February 10, 2023

State of Kansas)
) SS
County of Finney)

Acknowledged before me on the 10th day of February 2023

By Michael A. Meyer

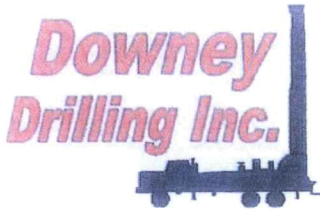
Signature Julie Jones
Notary Public

My Commission expires: _____



WELL LOG

DATE: 1/5/2023



CUSTOMER NAME: QUALITY HAY C/O DARRIN SMITH

TH#3

LEGAL: SE 7-255-36W

COUNTY: KEARNY CO, KS

GPS: ~~37° 53' 25" N~~ **N 37.89029**
~~100° 18' 43" W~~ **W -101.31226**

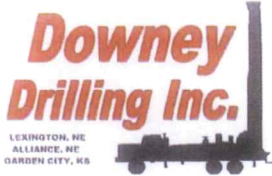
DRILLER: CHRIS P.

WO: 22-841

| TW | FROM | TO | TYPE | HARDNESS | COLOR | SPEED | PULL DOWN | OTHER / DRILLING ACTION |
|----|------|-----|---|-----------|-------------|--------|-----------|-------------------------|
| | 0 | 6 | TOP SOIL / CLAY | FIRM | DARK | FAST | | SMOOTH |
| X | 6 | 41 | FINE-MED-COARSE SAND / FINE-MED GRAVEL | SOFT | RED | FAST | | SMOOTH |
| X | 41 | 70 | FINE-MED-COARSE SAND / FINE-MED-COARSE GRAVEL / ROCKS | SOFT | RED | FAST | | SLIGHT CHATTER |
| | 70 | 91 | CLAY | FIRM | TAN | SLOW | | SMOOTH |
| | 91 | 93 | FINE-MED-COARSE SAND | SOFT | RED | FAST | | SLIGHT CHATTER |
| | 93 | 104 | FINE-MED-TRACE-COARSE SAND | SOFT | RED | FAST | | SLIGHT CHATTER |
| | 104 | 112 | CLAY | FIRM | GRAY | SLOW | | SMOOTH |
| | 112 | 144 | FINE-MED-COARSE SAND | SOFT | RED | FAST | | SLIGHT VIBRATION |
| | 144 | 174 | FINE-MED-COARSE SAND / FINE GRAVEL | SOFT | RED | FAST | | SLIGHT VIBRATION |
| | 174 | 200 | FINE-MED-COARSE SAND | SOFT | RED | FAST | | SLIGHT VIBRATION |
| | 200 | 267 | FINE-MED SAND | SOFT | RED | FAST | | SLIGHT VIBRATION |
| | 267 | 275 | CLAY / SOAPSTONE | FIRM | | SLOWER | | CHOPPY @ TIMES |
| | 275 | 290 | FINE SAND / TR. BROWN ROCK | SOFTER | BROWN / TAN | FASTER | | SLIGHT CHATTER |
| | 290 | 294 | CLAY / SOAPSTONE | SEMI-FIRM | | SLOWER | | MOSTLY SMOOTH |
| | 294 | 301 | FINE SAND / TR. BROWN ROCK | SOFTER | BROWN / TAN | FASTER | | SLIGHT CHATTER |
| | 301 | 304 | SHALE | FIRM | GRAY | SLOW | | SMOOTH |
| | 304 | 312 | FINE SAND / TR. BROWN ROCK | SOFTER | BROWN / TAN | FASTER | | SLIGHT CHATTER |
| X | 301 | 317 | SHALE (TOOK LOTS OF WATER) | FIRM | GRAY | SLOW | | SMOOTH |
| | 312 | 366 | SHALE / SAND LENSES | FIRM | GRAY | SLOW | X | CHOPPY @ TIMES |
| X | 366 | 379 | FINE SAND / TRACE-MED SAND | SOFT | RED | FASTER | | SLIGHT CHOPPY |
| | 379 | 383 | SHALE | FIRM | GRAY | SLOW | X | SMOOTH |
| X | 383 | 431 | FINE-MEDMSAND / TRACE-SANDSTONE | SOFT | RED | FAST | | SLIGHT VIBRATION |
| | 431 | 452 | SHALE | FIRM | GRAY | SLOW | | SMOOTH |
| X | 452 | 515 | FINE-SAND | SOFT | GRAYISH | FASTER | | SMOOTH ? |
| | 515 | 540 | SHALE | FIRM | GRAY | SLOW | X | SMOOTH |
| | | | 6 - LOADS OF WATER | | | | | |
| | | | 13 - BAGS QUIK GEL | | | | | |
| | | | 2 - BAGS BRAN | | | | | |
| | | | 1 - JUG EZ-MUD | | | | | |
| | | | 1 - BAG HOLE PLUG | | | | | |

6

2-10-2023



Well Design & Construction

"PROPOSED as per DWR "
WR #KE-68

Customer Name: ROBERT BEYMER QUALITY HAY LLC / DARIN SMITH -TENANT

Legal: SE 7-25S-36W County: KEARNY

G.P.S.: 37.89029 Date: _____

-101.31226 WO #: 22-1930

DRILLER: _____ WATER SUPPLY: NEARBY IRRIGATION WELL

HELPER(S): _____ DRILLING RIG: SD-54 #2018

BOREHOLE DIAMETER: 30" DRILLING METHOD: REVERSE CIRCULATION

CASING DIAMETER: 16" SDR 26 PVC QUIKGEL: TBD HOLE PLUG: 20 FT: 112'

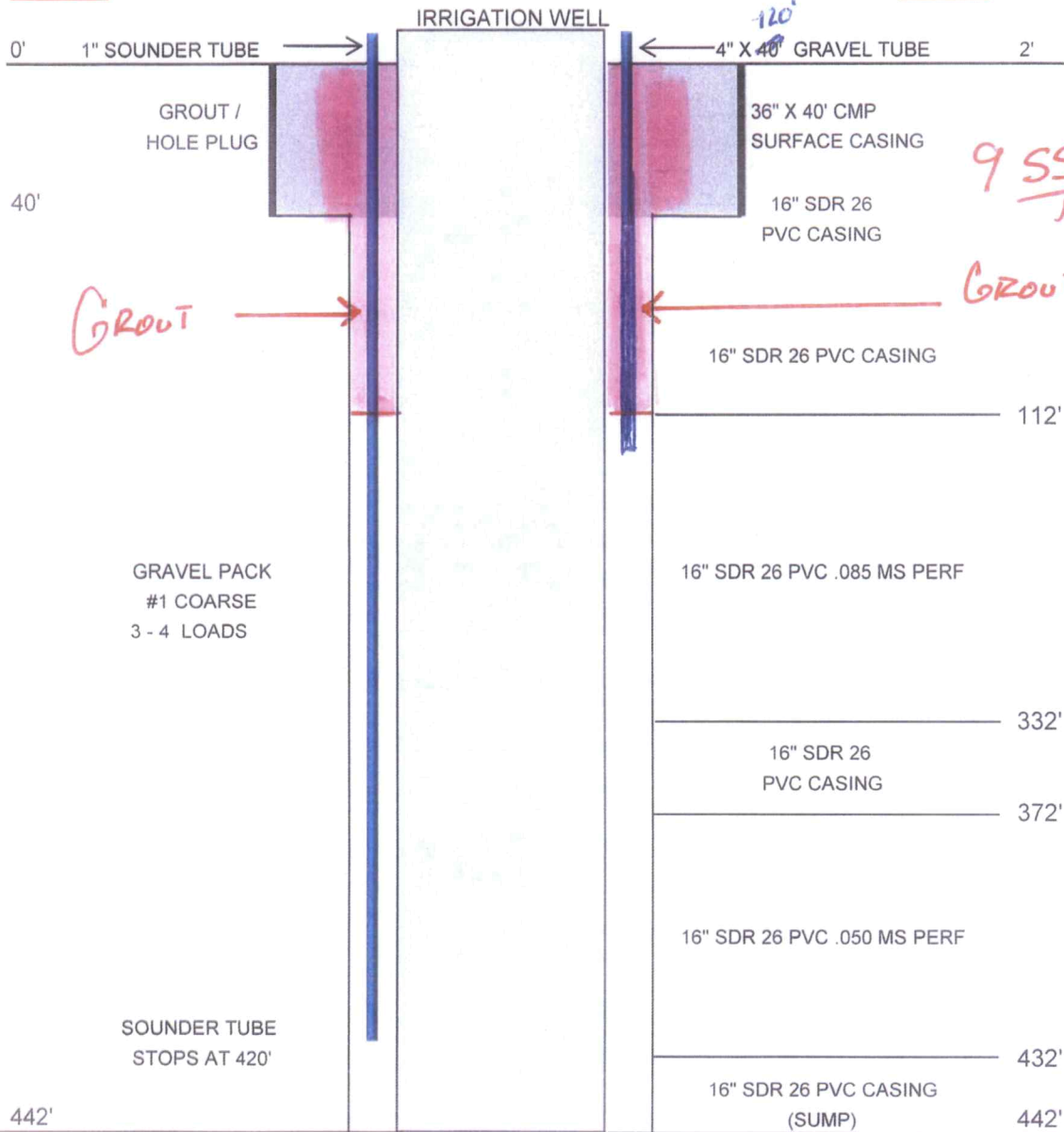
TOTAL WELL DEPTH: 442' GRAVEL: 90+ TON #1 COARSE X 4 LOADS

DRILLING FLUID: TBD GRAVEL SUPPLIER: HUBER

ADDITIONAL INFO: TEST HOLE #3 LOCATION 36" X 40' SURFACE CASING

GROUT
GRAVEL

SCREEN AND
CASING

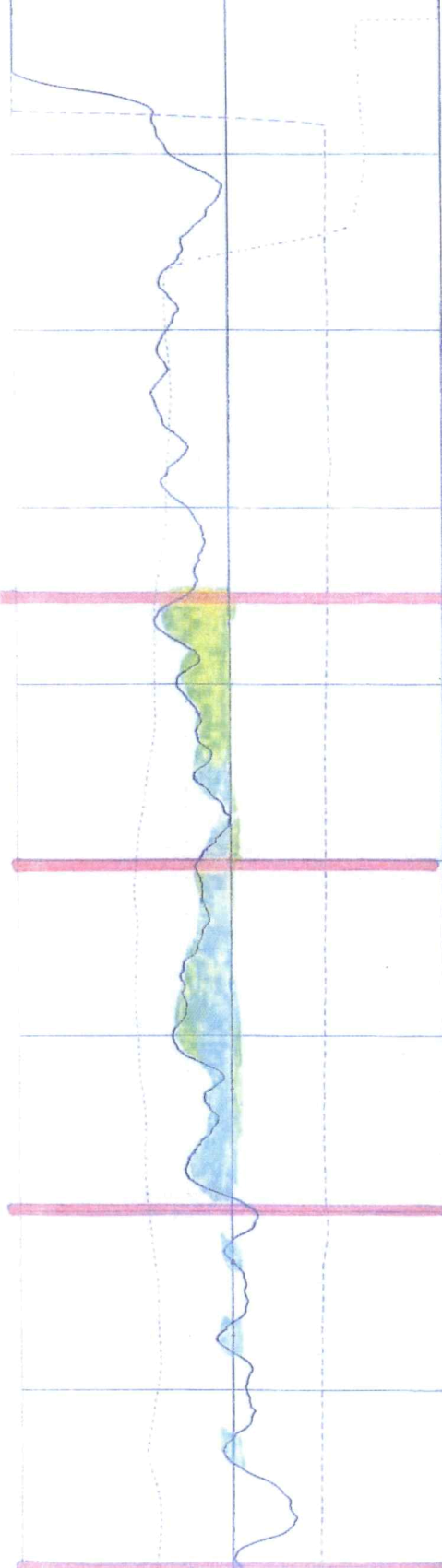


*9 SS HOLEPLUG
TOTAL*

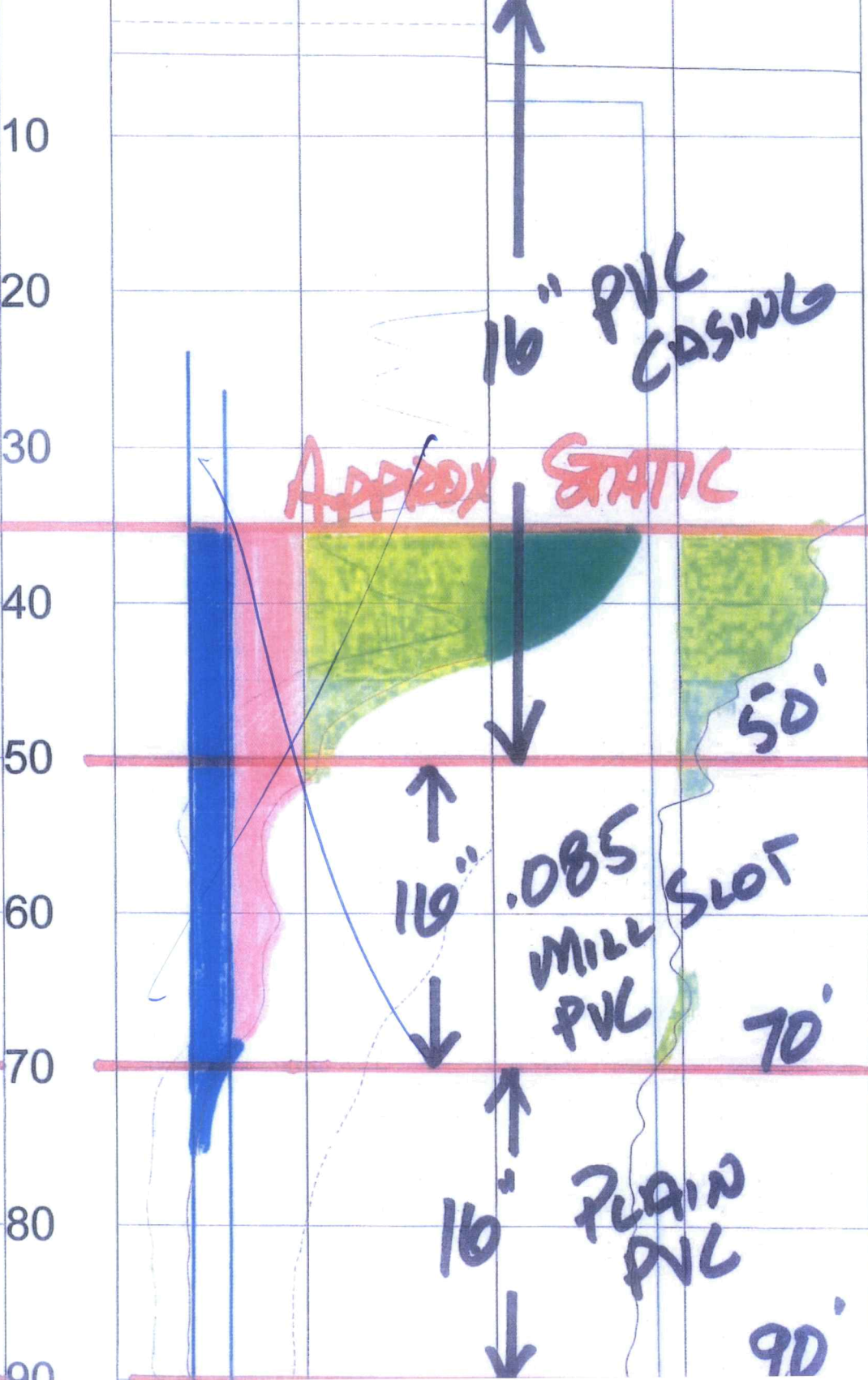
Grout

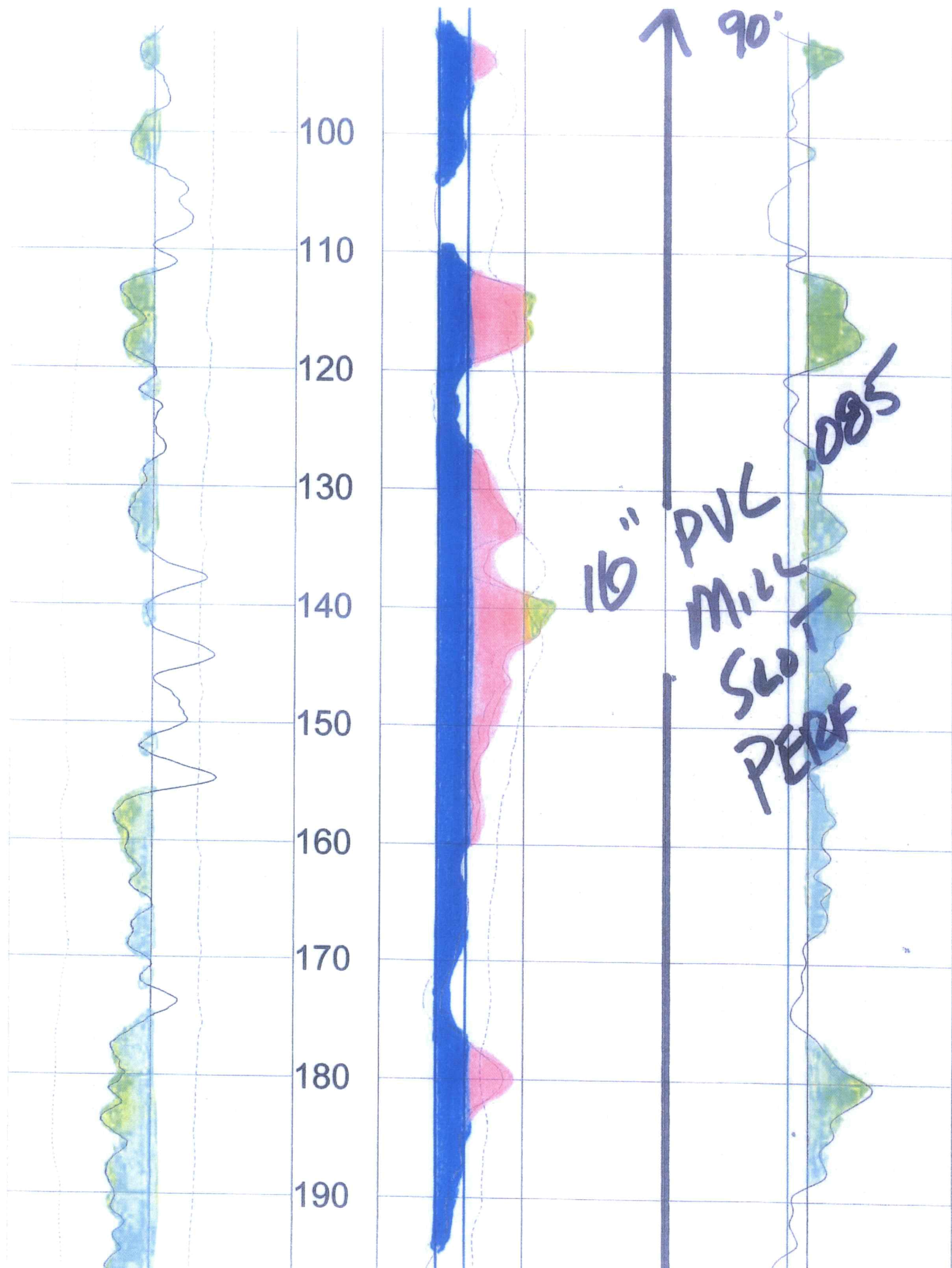
Grout

| | | |
|---------|--------|------|
| RES(FL) | | |
| 10 | OHM-M | 20 |
| | SP | |
| -700 | MV | -500 |
| | GAMMA | |
| 0 | API-GR | 200 |



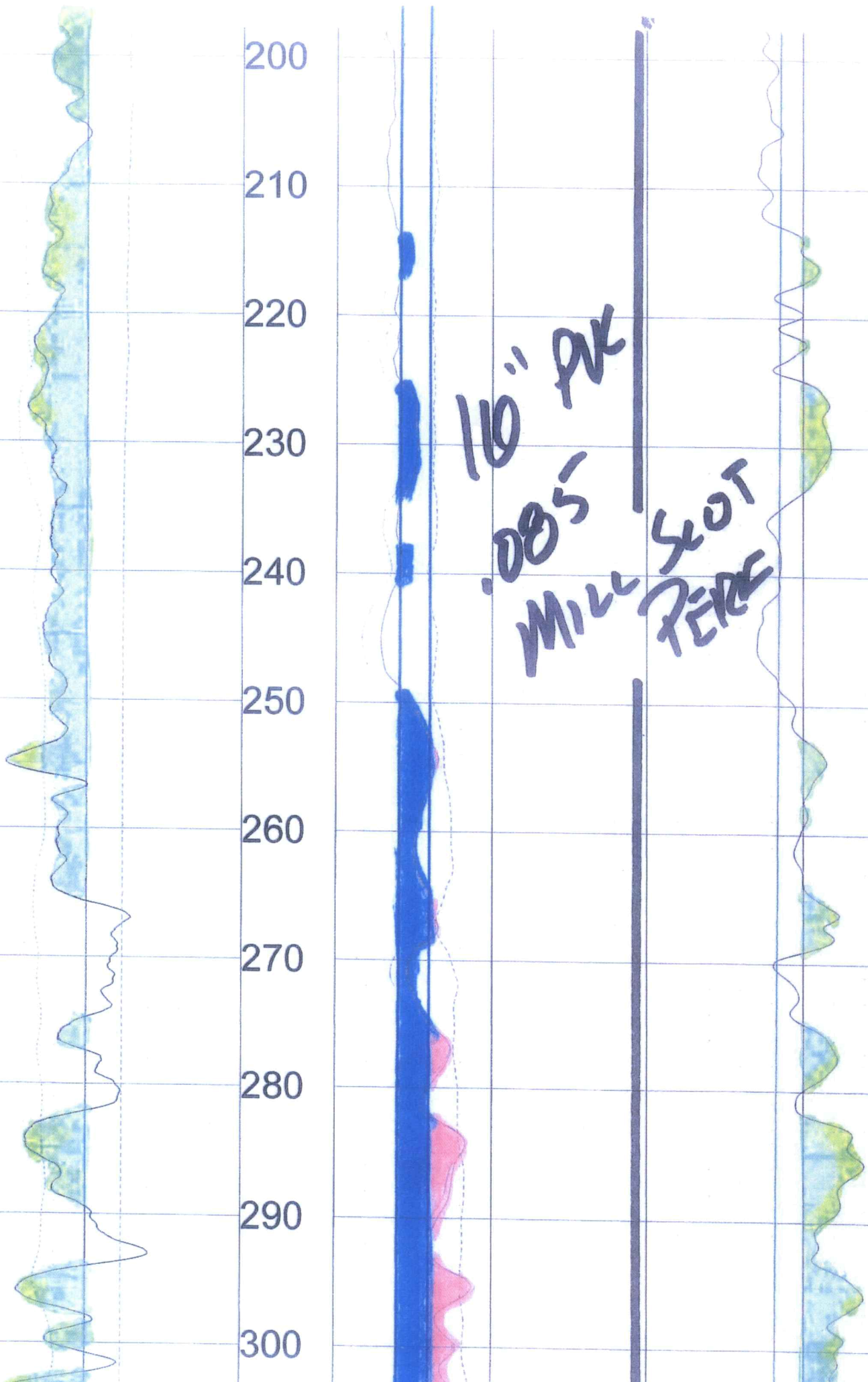
| | | |
|---------|----------|-------|
| LATERAL | | |
| 0 | OHM-M | 100 |
| | RES(64N) | |
| 0 | OHM-M | 10055 |
| | RES(16N) | |
| 0 | OHM-M | 1000 |
| | TEMP | |
| | DEG_F | 65 |
| | RES | |
| | OHM | 80 |





200
210
220
230
240
250
260
270
280
290
300

10" PK
005
MILL SLOT
HERE



310

320

330

340

350

360

370

380

390

400

410

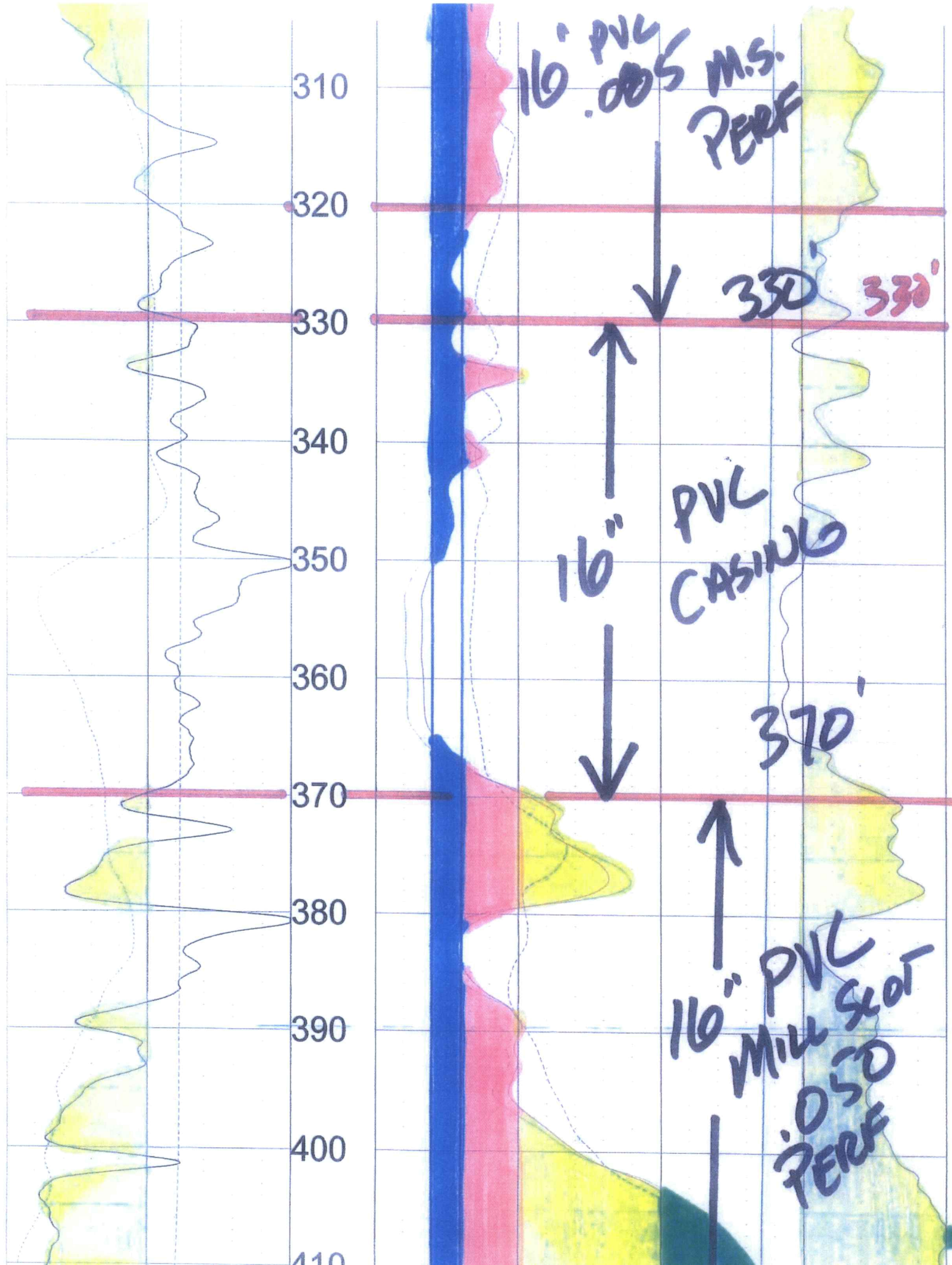
16" PVC
.005 M.S.
PERF

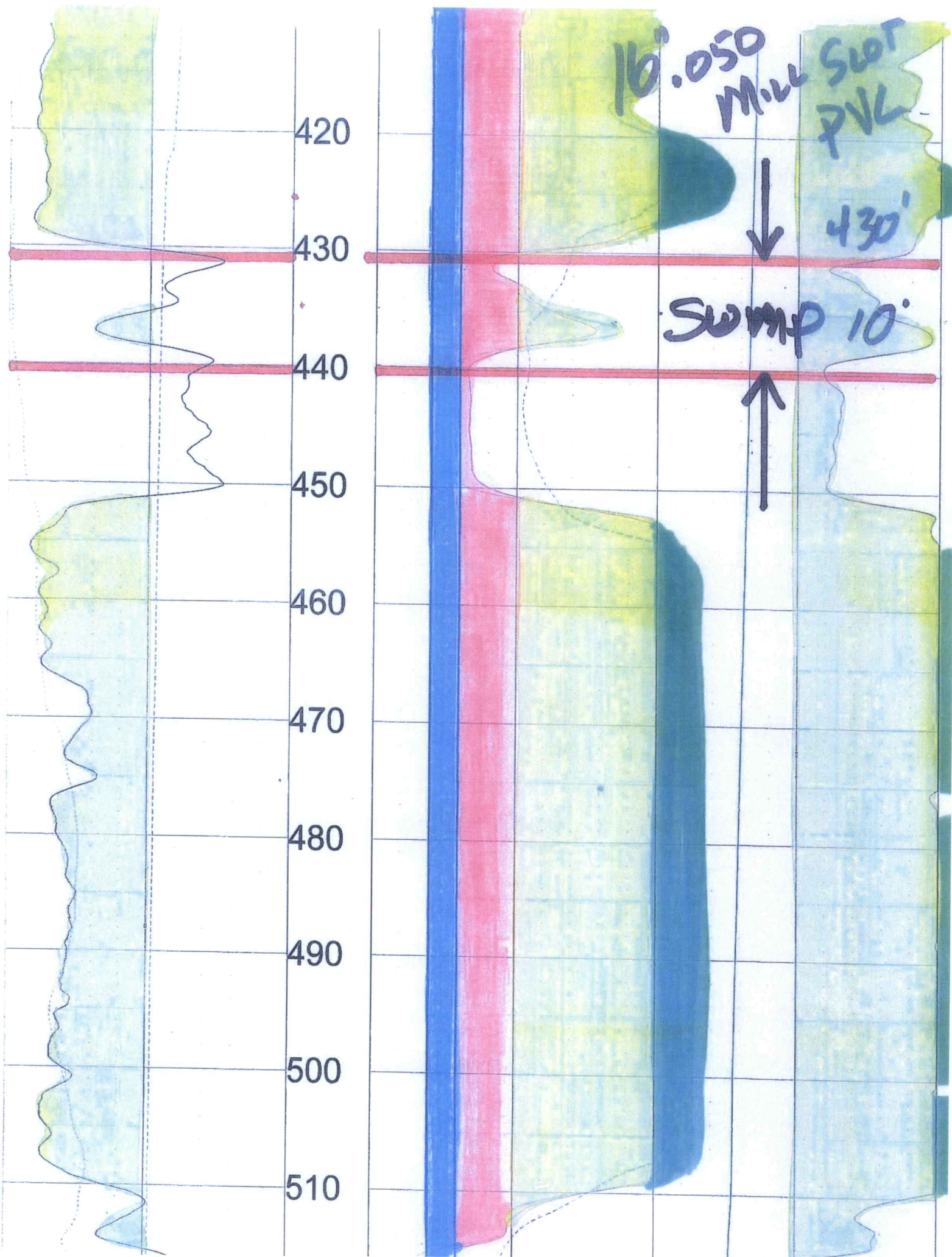
330' 330'

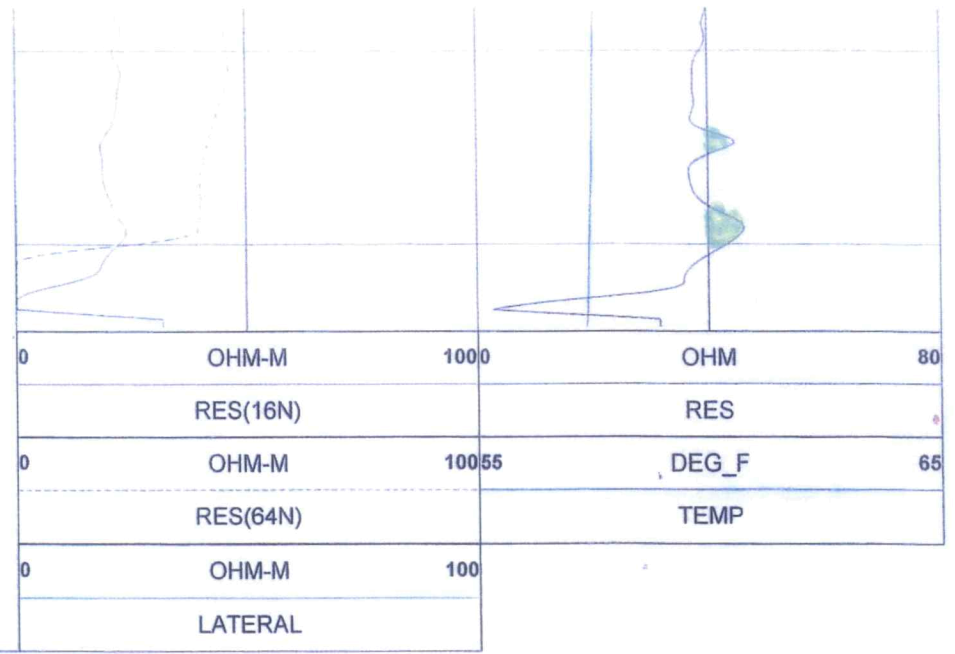
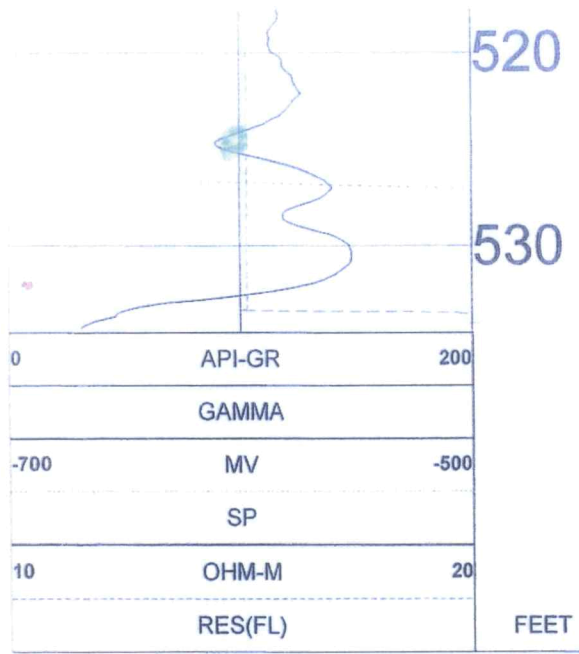
16" PVC
CASING

370'

16" PVC
MILL SLOT
.050
PERF

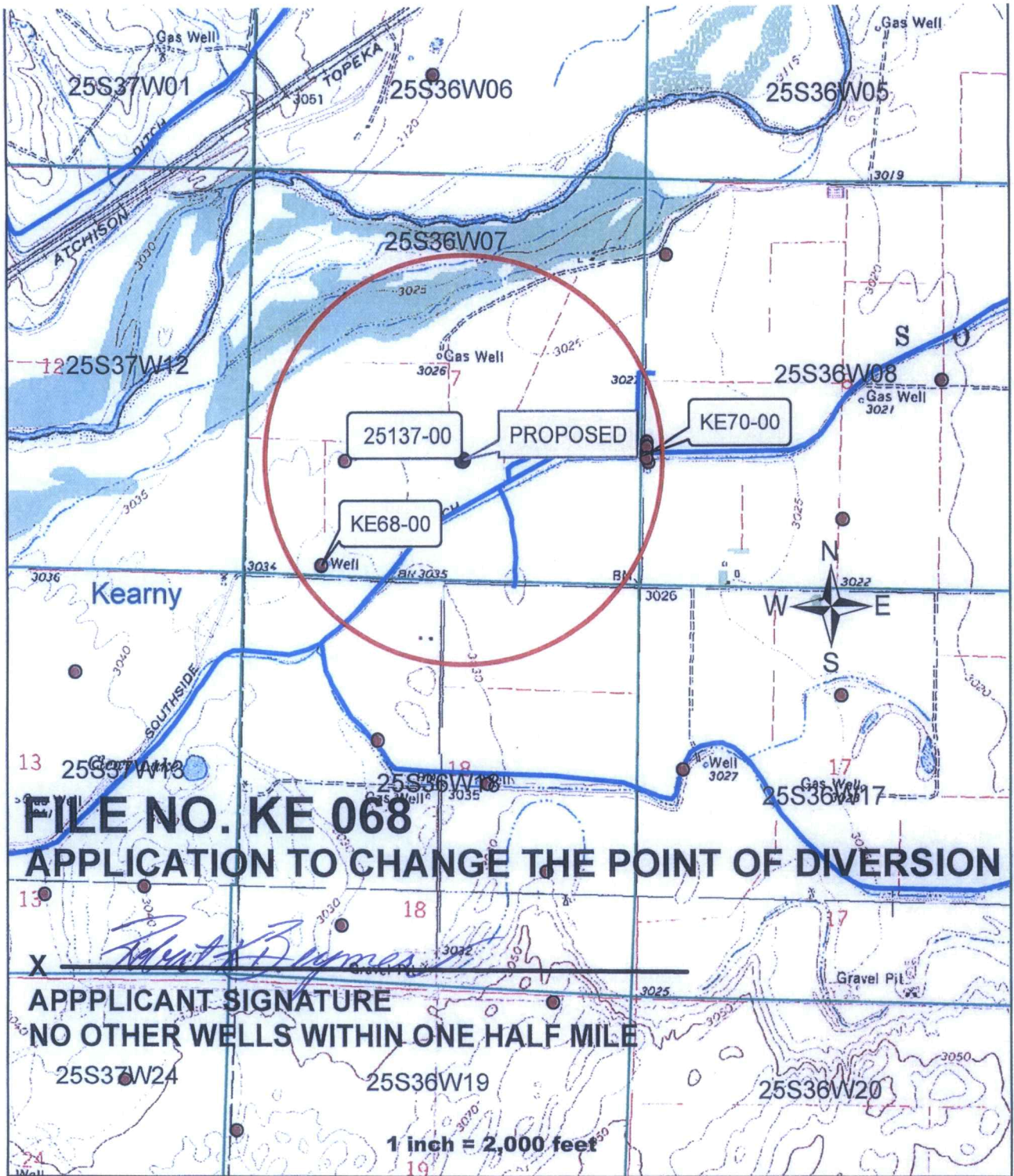






TOOL CALIBRATION QUALITY HAY C/O DARRIN SMITH 01/05/23 18:50
 TOOL 8144A TM VERSION 1
 SERIAL NUMBER 365

| | DATE | TIME | SENSOR | STANDARD | | RESPONSE | |
|---|----------|----------|----------|----------|-----------|------------|-------|
| 1 | Feb08,18 | 07:51:35 | GAMMA | 1.000 | [API-GR] | 4.000 | [CPS] |
| | Feb08,18 | 07:51:35 | GAMMA | 340.000 | [API-GR] | 290.000 | [CPS] |
| 2 | Jul12,17 | 13:24:17 | RES(FL) | 1.330 | [OHM-M] | 7595.000 | [CPS] |
| | Jul12,17 | 13:24:17 | RES(FL) | 42.700 | [OHM-M] | 64820.000 | [CPS] |
| 3 | Jan14,22 | 08:32:51 | SP | 0.000 | [MV] | 327768.000 | [CPS] |
| | Jan14,22 | 08:32:51 | SP | 381.500 | [MV] | 164650.000 | [CPS] |
| 4 | Jan14,22 | 08:33:01 | RES(16N) | 0.000 | [OHM-M] | 3453.000 | [CPS] |
| | Jan14,22 | 08:33:01 | RES(16N) | 1951.500 | [OHM-M] | 448089.000 | [CPS] |
| 5 | Jan14,22 | 08:33:10 | RES(64N) | 0.000 | [OHM-M] | 3163.000 | [CPS] |
| | Jan14,22 | 08:33:10 | RES(64N) | 1994.000 | [OHM-M] | 449170.000 | [CPS] |
| 6 | Jul12,17 | 13:17:49 | TEMP | 33.400 | [DEG_F] | 66910.000 | [CPS] |
| | Jul12,17 | 13:17:49 | TEMP | 102.200 | [DEG_F] | 270930.000 | [CPS] |
| 7 | Jan14,22 | 08:33:36 | RES | 0.000 | [OHM] | 21285.000 | [CPS] |
| | Jan14,22 | 08:33:36 | RES | 944.000 | [OHM] | 190148.000 | [CPS] |



FILE NO. KE 068
APPLICATION TO CHANGE THE POINT OF DIVERSION

X *Robert D. Barnes*

APPLICANT SIGNATURE
NO OTHER WELLS WITHIN ONE HALF MILE

1 inch = 2,000 feet

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

January 24, 2023

SOUTHWEST KANSAS GROUNDWATER
MANAGEMENT DISTRICT NO. 3
2009 E SPRUCE ST
GARDEN CITY KS 67846

Re: Request for Recommendation
Vested Right, File No. KE 068

Dear Mr. Norquest:

This is to advise you that the Triple B Land LLC filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the point of diversion.

We are delaying action on the change applications to allow you time to review and provide a recommendation. Please submit a recommendation within 15 days from the date of this letter.

Thank you and as always feel free to contact this office at any time.

Sincerely,

Michael A. Meyer
Water Commissioner

MAM
Enclosures