

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

1. File Number: 15029	2. Status Change Date:	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: 1/10/2024
8a. Applicant(s) New to system <input type="checkbox"/> ELAINE POST PO BOX 1120 MEADE, KS 67864-1120		Person ID 64140 Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> POST BROS Attn: ELAINE POST PO BOX 1120 MEADE, KS 67864-1120	
8b. Landowner(s) New to system <input type="checkbox"/> 8a		Person ID _____ Add Seq# _____	8d. WUC New to system <input type="checkbox"/> 8a	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2024 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/2025				
<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 checked="" 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: 1/12/2024 By: AM Date Entered: _____ By: _____				

File No. **15029** 11. County: **ME** Basin: **CROOKED CREEK** Stream: Formation Code: **211** Special Use:

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

DEL 2413
ENT **NE NE NW** **6** **30S 26W** **5169** **2898** **1490** **444** **1490** **444** **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 33736																									

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

January 12, 2024

ELAINE POST
PO BOX 1120
MEADE, KS 67864-1120

RE: Filed Office Application for Change
Water Right, File No. 15029

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 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 "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

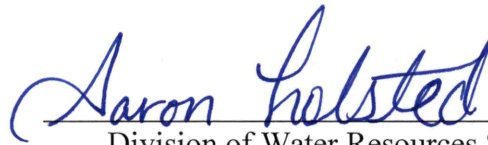
pc:

CERTIFICATE OF SERVICE

On this 12th day of January, 2024, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 15,029 dated 12th day of January, 2024 was mailed postage prepaid, first class, US mail to the following:

ELAINE POST
PO BOX 1120
MEADE, KS 67864-1120

Pc:

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. 15029

RECEIVED
 11:45 pm
JAN 10 2024

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: ELAINE POST
PO BOX 1120 MEADE, KS 67864-1120

Phone Number: (620) 844-1686 Email address: hepost@sbcglobal.net
 Name and address of Water Use Correspondent: Same

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 1-11-24 Check # 5938

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the CN Quarter
 of Section 6, Township 30 South, Range 26 (E/W),
 in ME County, Kansas, 5220 feet North 2620 feet West of Southeast corner of section.
 Authorized Rate No change Authorized Quantity No change Depth of well N/A (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 6, Township 30 South, Range 26 (E/W),
 in ME County, Kansas, 5169 feet North 2898 feet West of Southeast corner of section.
 Proposed Rate No change Proposed Quantity No change Proposed well depth (feet) 400
 This point is: Additional Well Geo Center List other water rights that will use this point N/A

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) replacing old well

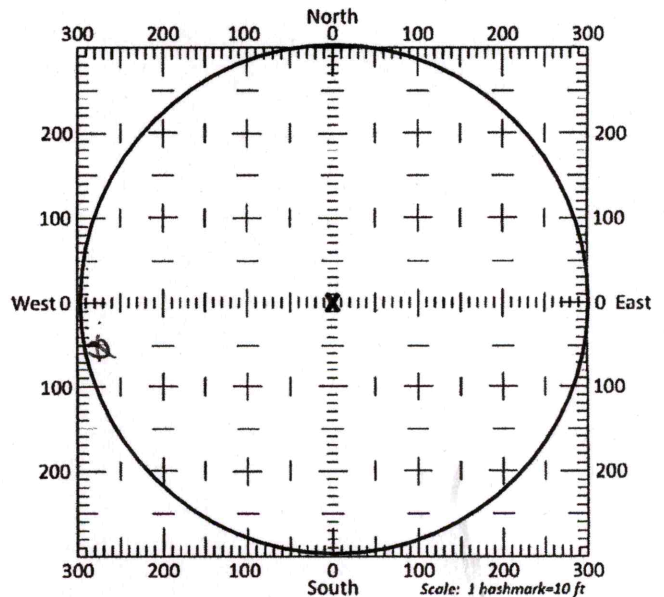
8. If a well, is the test hole log attached? Yes No

9. The change(s) (was)(will be) completed by?
Dec. 31 2024

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
plug it according to State Reg.
 (b) When will this be done? UNKNOWN

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by mf/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.

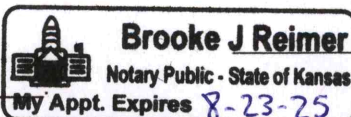
Dated at Meade, Kansas, this 18th day of December, 2023.

<u>Elaine Post</u> (Owner)	_____ (Spouse)
<u>Elaine Post</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }
 County of Meade } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 18th day of December, 2023.

My Commission Expires _____



Brooke J. Reimer
 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

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder. With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 15029.

1. A change application was received on January 10, 2024 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. Applicable Not Applicable
5. The point(s) of diversion authorized herein shall not actually be located more than 300 feet from the previously authorized point(s) of diversion. Applicable Not Applicable
6. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2024**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
8. **Installation of the works for diversion of water shall be completed on or before December 31, 2024**, or within any authorized extension of time. By March 1, 2025 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
9. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
11. Additional Conditions are attached. Yes No
12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

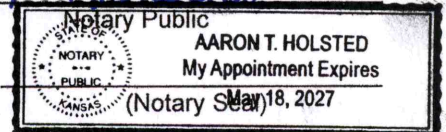
Administrative Appeal and Effective Date of Order

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

FOR OFFICE USE ONLY
APPLICATION APPROVED AND SUMMARY ORDER ISSUED

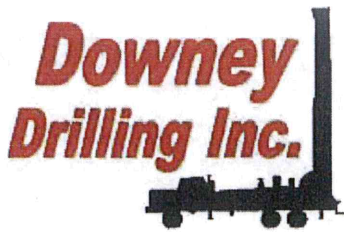
By: Austin McColloch
Duly Authorized Designee of the Chief Engineer
(Print Name): Austin McColloch
Division of Water Resources - Kansas Department of Agriculture
Date of Issuance: January 12, 2024
State of Kansas)
County of Finney) SS
Acknowledged before me on January 12, 2024
by Austin McColloch
Signature: Aaron Holsted



My commission expires: _____

WELL LOG

DATE: 8/17/2023



CUSTOMER NAME: BRENT POST TH#1

LEGAL: NE 6-30S-26W

COUNTY: MEADE CO, KS

GPS: 37.474959

-100.208219

DRILLER: DIEGO WO: 23-565

V	FROM	TO	TYPE	HARDNESS	COLOR	SPEED	PULL DOWN	OTHER / DRILLING ACTION
	0	4	TOP SOIL	SOFT	DARK BROWN	FAST		SMOOTH
	4	11	BROWN SILTY CLAY	SOFT	BROWN	FAST		SMOOTH
	11	23	WHITE SANDY CLAY W/ CALICHE	FIRM	WHITE	SLOW		SMOOTH & CHOPPY
	23	35	BROWN CLAY	SOFT	BROWN	FAST		SMOOTH
	35	49	FINE-MED SAND	SOFT		FAST		VIBRATION
	49	62	BROWN CLAY	SOFT	BROWN	FAST		SMOOTH
	62	101	LIGHT GRAY CLAY W/ TAN CLAY	VERY STICKY	LIGHT GRAY & TAN	FAST		SMOOTH
	101	124	SANDY CLAY	SOFT	TAN	FAST		SMOOTH VIBRATION & SMOOTH
	124	135	FINE-MED SAND W/ SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	135	155	FINE-MED-COARSE SAND	FIRM		FAST		FAST CHATTER
	155	156	HARD SPOT	HARD		SLOW		CHATTER
	156	207	FINE-MED-SAND W/ FINE-MED GRAVEL	STIFF		FAST		FAST CHATTER
	207	215	LIGHT GRAY CLAY	SOFT	LIGHT GRAY	FAST		SMOOTH
	215	216	HARD SPOT	HARD		SLOW		CHATTER
	216	225	FINE-SAND W/ BROWN ROCK	FIRM	YELLOW & BROWN	FAST		CHOPPY
	225	255	BLUE CLAY	STICKY	BLUE	SLOW		SMOOTH
	255	275	SANDY CLAY	SOFT	TAN	FAST		SMOOTH
	275	283	FINE-MED-COARSE SAND	FIRM		FAST		FAST CHATTER
	283	310	FINE-MED SAND W/ SANDY CLAY	SOFT	TAN	FAST		CHOPPY & SMOOTH
	310	319	LIME ROCK	STIFF	WHITE	SLOW		CHATTER
	319	329	FINE-MED SAND	SOFT		FAST		CHOPPY
	329	341	FINE-SAND W/ SANDY CLAY	SOFT	TAN	FAST		VIBRTION & SMOOTH
	341	353	BROWN ROCK W/ SANDSTONE & FINE SAND	FIRM	BROWN & YELLOW GRAY & YELLOW	FAST SEMI SLOW		FAST CHATTER SMOOTH & VIBRATION
	353	362	WEATHERED CLAY W/ YELLOW SOAPSTONE	SOFT	YELLOW	SLOW		VIBRATION
	362	400	SHALE	SOFT	BLUE	SLOW		SMOOTH
			QG - 4					
			WATER LOADS - 1					
			SA - 1/4					
			HOLE PLUG - 2					
			CS - 1					

RECEIVED

DEC 11 2023

Garden City Field Office
Division of Water Resources



Century GEOPHYSICAL CORP.

BRENT POST

COMPANY : DOWNEY DRILLING INC
 WELL : BRENT POS
 LOCATION/FIELD : TH#1
 COUNTY : MEADE
 LOCATION : NE *11W*
 SECTION : 6

OTHER SERVICES:



TOWNSHIP : 30S RANGE : 26W

DATE : 08/17/23
 DEPTH DRILLER : 400
 LOG BOTTOM : 400.10
 LOG TOP : 0.90

PERMANENT DATUM : GL
 LOG MEASURED FROM: GL
 DRL MEASURED FROM: GL

KB :
 DF :
 GL :

CASING DIAMETER : 10.
 CASING TYPE :
 CASING THICKNESS:

LOGGING UNIT : 1903
 FIELD OFFICE : DDI
 RECORDED BY : DIEGO

BIT SIZE : 6.25 "
 MAGNETIC DECL. : 0
 MATRIX DENSITY : 2.71
 NEUTRON MATRIX : LIMESTON

BOREHOLE FLUID : MUD
 RM :
 RM TEMPERATURE :
 MATRIX DELTA T : 49

FILE : ORIGINAL
 TYPE : 8144A
 LGDATE: 08/17/23
 LGTIME : 12:45:
 THRESH: 99999

N 37.47495
 W -100.20821

ALL SERVICES PROVIDED SUBJECT TO STANDARD TERMS AND CONDITIONS

*Emailed to Brent
 8-25-23
 [Signature]*

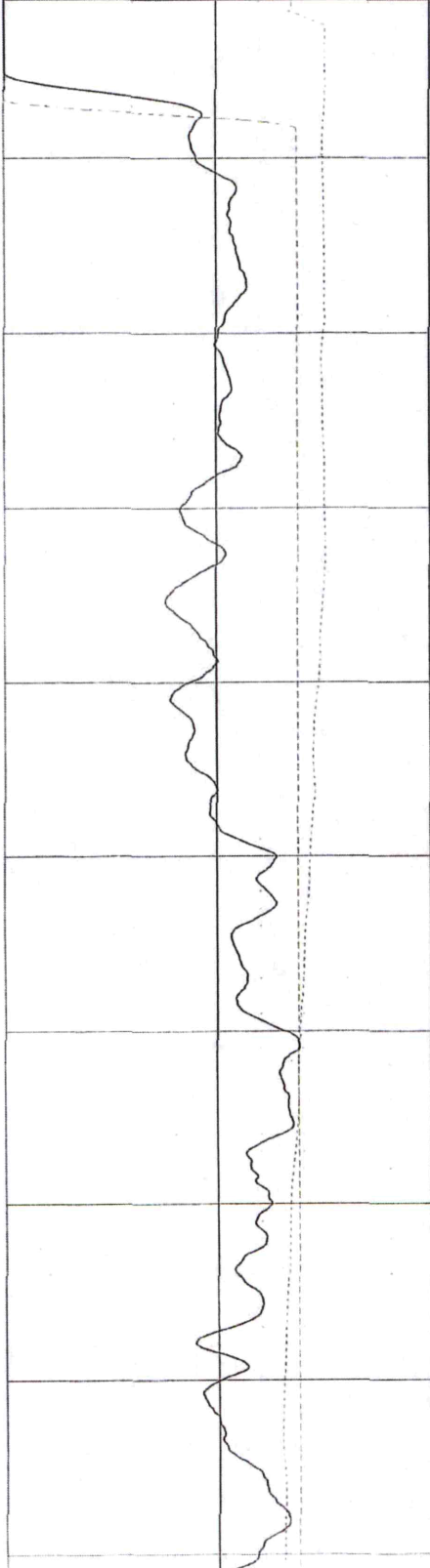
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DEC 11 2023
 Garden City Field Office
 Division of Water Resources

0	RES(FL)	
	OHM-M	10
	SP	
-200	MV	100
	GAMMA	
0	API-GR	200

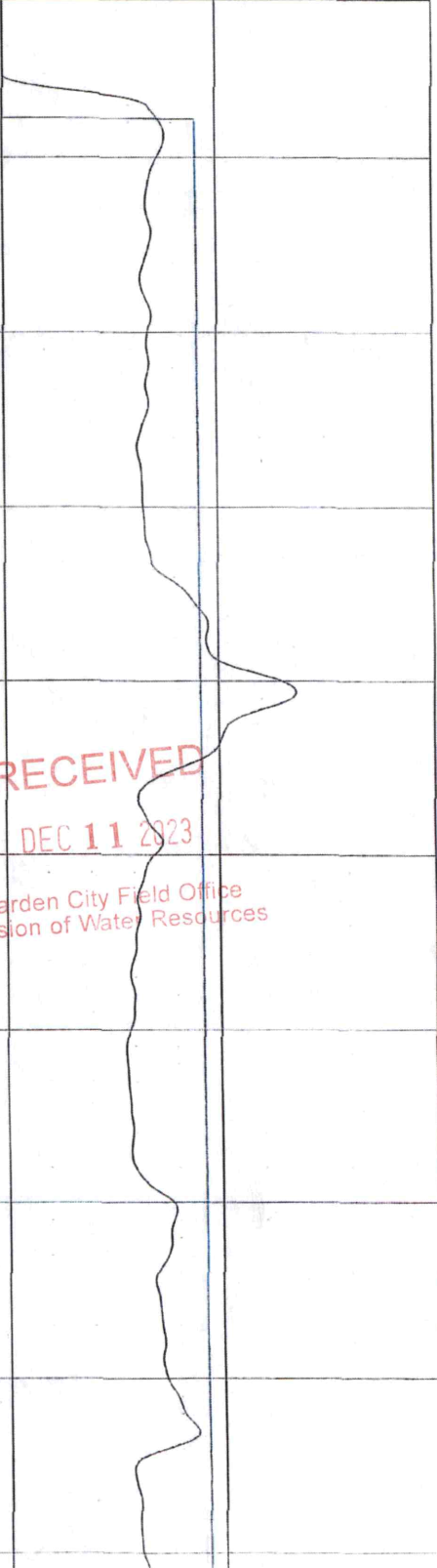
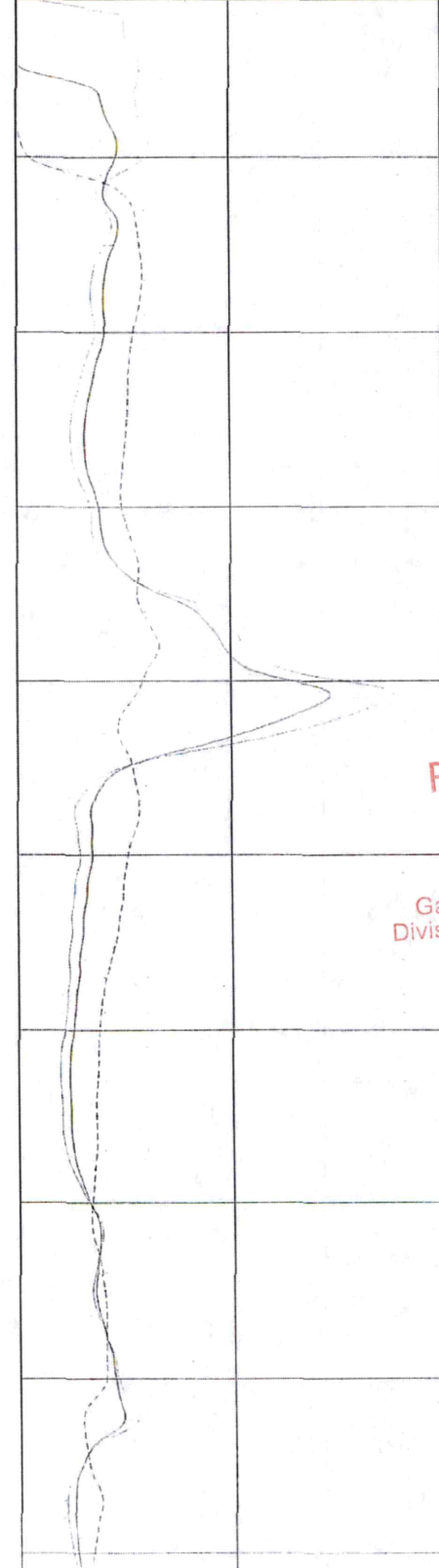
FEET

0	LATERAL	
	OHM-M	100
	RES(64N)	
0	OHM-M	10070
	RES(16N)	
0	OHM-M	1000

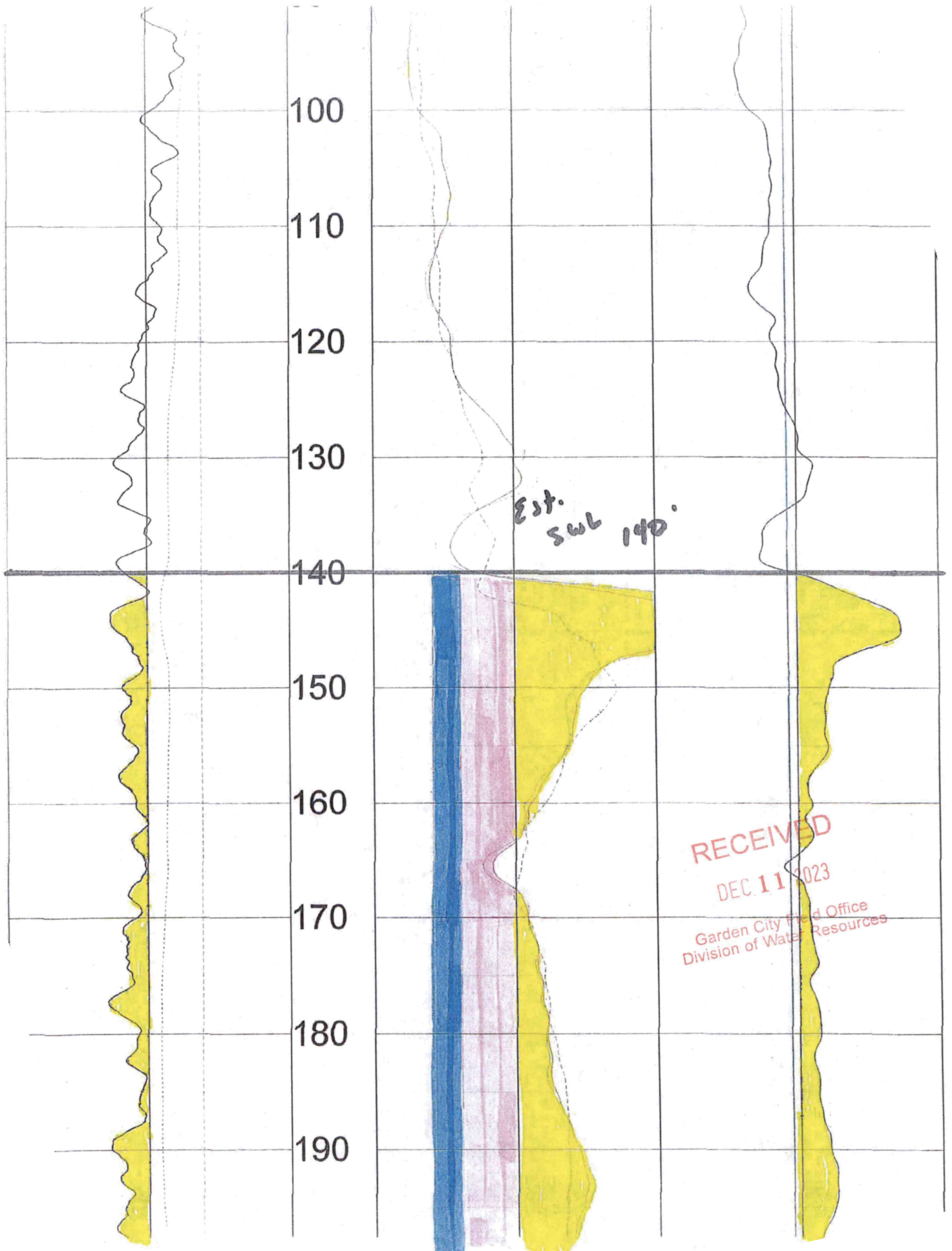
	TEMP	
	DEG_F	80
	RES	
	OHM	70

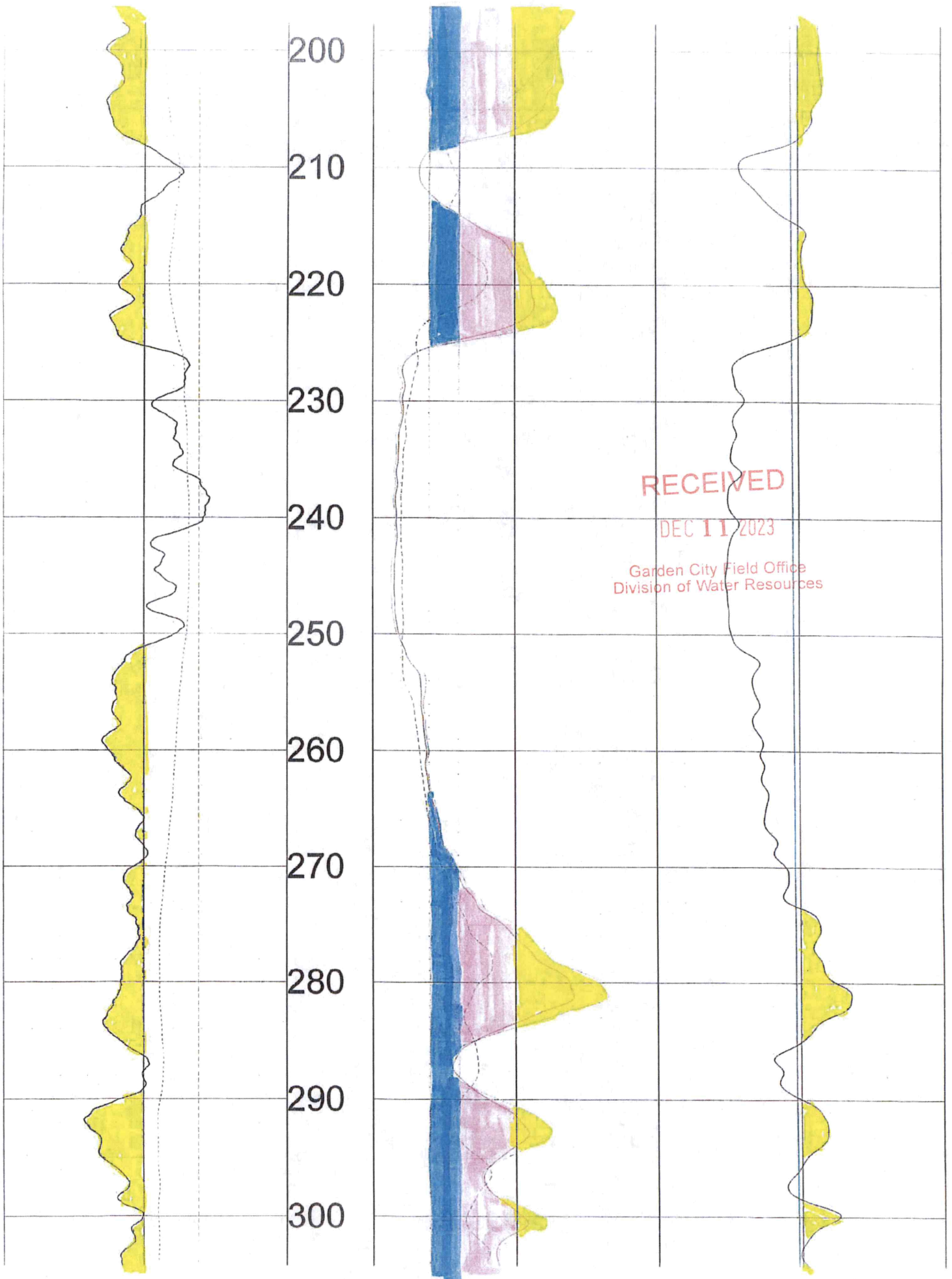


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RECEIVED
DEC 11 2023
Garden City Field Office
Division of Water Resources

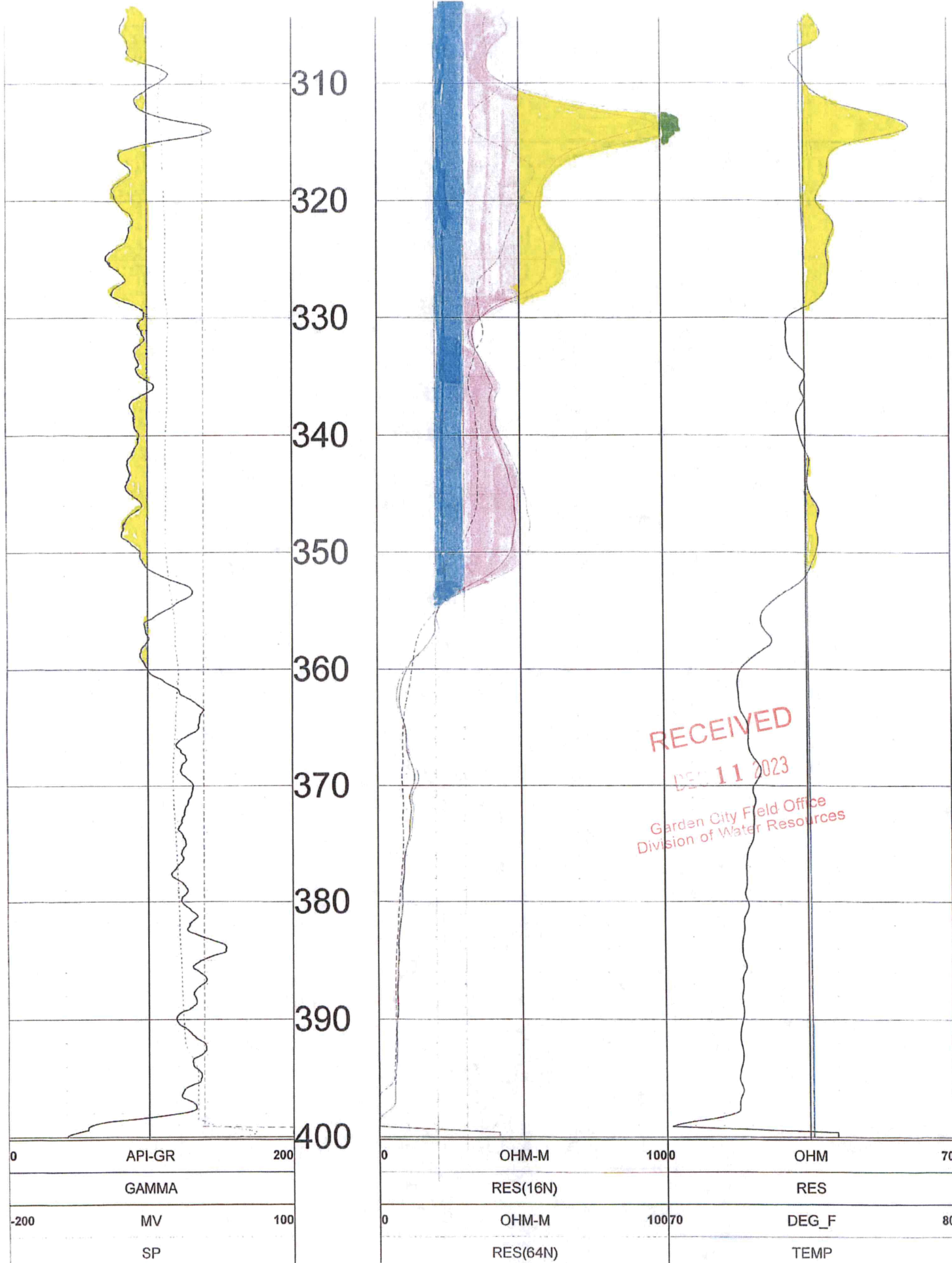




RECEIVED

DEC 11 2023

Garden City Field Office
Division of Water Resources



0	OHM-M	10	FEET	0	OHM-M	100
	RES(FL)			LATERAL		

RECEIVED

DEC 11 2023

Garden City Field Office
Division of Water Resources

TOOL CALIBRATION BRENT POST 08/17/23 12:45

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	May18,23	15:57:16	SP	0.000 [MV]	327729.000 [CPS]
	May18,23	15:57:16	SP	350.000 [MV]	155368.000 [CPS]
4	May18,23	15:54:50	RES(16N)	0.000 [OHM-M]	3400.000 [CPS]
	May18,23	15:54:50	RES(16N)	1956.000 [OHM-M]	448017.000 [CPS]
5	May18,23	15:56:27	RES(64N)	0.000 [OHM-M]	3000.000 [CPS]
	May18,23	15:56:27	RES(64N)	1991.800 [OHM-M]	446675.000 [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	May18,23	15:55:41	RES	0.000 [OHM]	21264.000 [CPS]
	May18,23	15:55:41	RES	945.000 [OHM]	190131.000 [CPS]

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 Overland Park, Kansas, this 19 day of December, 2023

<u>Keenan M. Post</u> (Owner)	_____ (Spouse)
<u>Keenan M. Post</u> (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)
_____ (Owner)	_____ (Spouse)
_____ (Please Print)	_____ (Please Print)

State of Kansas }
County of Johnson } SS

CHRISTINA D. MASSEY
Notary Public-State of Kansas
My Appt. Expires 2/27/24

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 19th day of December, 2023

My Commission Expires 2/27/24

Christina D. Massey
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