

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

1. File Number: 22817	2. Status Change Date: 2-4-2024	3. Change Num: C1	4. Field Office: 4	5. GMD: 3
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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: 2/29/2024
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8a. Applicant, Landowner New to system <input type="checkbox"/> Person ID 57020 Add Seq# _____ CLAWSON LAND PARTNERSHIP PO BOX 279 PLAINS, KS 67869	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
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8b. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____ 8a	8d. WUC New to system <input type="checkbox"/> Person ID 37459 Add Seq# _____ CLAWSON MEADE CO #4 PO BOX 279 PLAINS, KS 67869-0279
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9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/2024** N & P Date to Comply: **3/1/2025**

Anti-Reverse Meter Meter Seal Check Valve N & P Form Water Tube Driller Copy H & E Letter
 Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____

10. Use Made of Water From: _____ To: _____

REMOVE C3 REQUIREMENT

Date Prepared: **3/04/2024** By: **MAM**
 Date Entered: _____ By: _____

File No. **22817** 11. County: **ME** Basin: **CROOKED CREEK** 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 24430

ENT	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
	LOT 3 (NENW) 4	31	29W						1545	320	1545	320	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 26102																									

Base Acres: **153.69** 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

March 4, 2024

CLAWSON LAND PARTNERSHIP
PO BOX 279
PLAINS, KS 67869

RE: Field Office Application for Change
Water Right, File No. 22817

Dear Madam or Sir:

Enclosed are orders 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 numbers.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in these approvals 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 orders modify the original documents referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

Please note that wells are required to be plugged in accordance with rules and regulations with 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 4th day of March 2024, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File Nos. 22,817 dated 4th day of March 2024 was mailed postage prepaid, first class, US mail to the following:

CLAWSON LAND PARTNERSHIP
PO BOX 279
PLAINS, KS 67869

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



RW 4-31-29 ms

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. 22817

RECEIVED

FEB 29 2024

1:01 pm
 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: Dan Clawson, Clawson Land Partnership

P.O. Box 279 Plains, Kansas 67869

Phone Number: 620-482-3260 Email address: _____

Name and address of Water Use Correspondent: Clawson Meade Co #4

P.O. Box 279 Plains, KS 67869

Phone Number: (620)482-3269 Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: Clawson Land Partnership

ADDRESS: P.O. Box 279 Plains, KS 67869

(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 2-29-24 Check # 17928

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ CE _____ Quarter of the _____ NW _____ Quarter
 of Section _____ 4 _____, Township _____ 31 _____ South, Range _____ 29W _____ (E/W);
 in Meade _____ County, Kansas, _____ 4120 _____ feet North _____ 2720 _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (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 _____ SE _____ Quarter of the _____ NE _____ Quarter of the _____ LOT 3 / NENW _____ Quarter
 of Section _____ 4 _____, Township _____ 31 _____ South, Range _____ 29W _____ (E/W);
 in Meade _____ County, Kansas, _____ 3998 _____ feet North _____ 2692 _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____ 525 _____
 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) Loss of production.

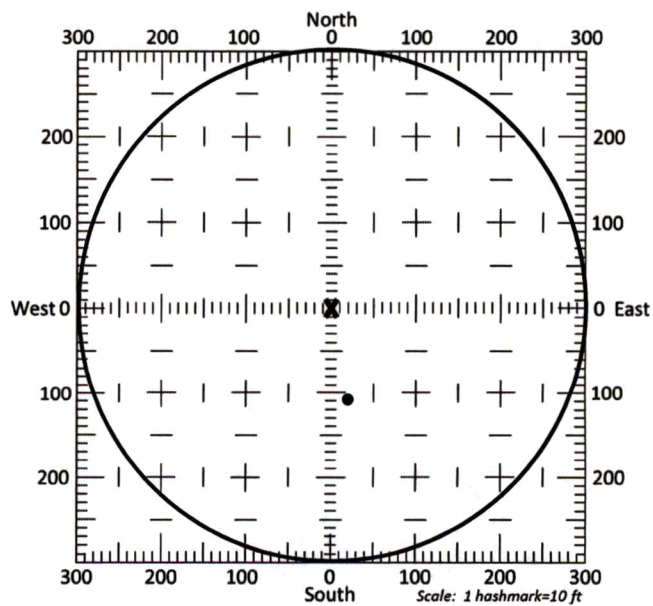
8. If a well, is the test hole log attached? Yes No

9. The change(s) (was)(will be) completed by?
Upon approval.

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
Plug/cap.
 (b) When will this be done? Upon completion.

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by EAV



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).

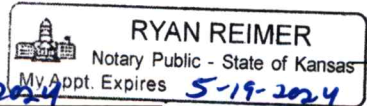
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at _____, Kansas, this _____ day of _____, 20_____.

<p><u>David Clawson</u> _____ (Owner)</p> <p><u>David Clawson</u> _____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p> <p>_____ (Owner)</p> <p>_____ (Please Print)</p>	<p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p>
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State of Kansas }
 County of Kansas Meade } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 23rd day of February, 2024.


 RYAN REIMER
 Notary Public - State of Kansas
 My Appt. Expires 5-19-2024

Ryan Reimer
 Notary Public

My Commission Expires 5-19-2024

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. 22817.

1. A change application was received on February 29, 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

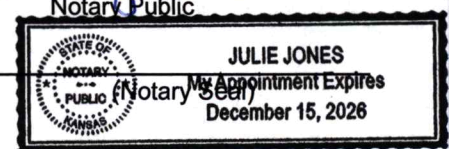
FOR OFFICE USE ONLY
APPLICATION APPROVED AND SUMMARY ORDER ISSUED

By: Michael A. Meyer
Duly Authorized Designee of the Chief Engineer
(Print Name): MICHAEL A. MEYER
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: March 4, 2024
State of Kansas)
County of Finney) SS

Acknowledged before me on March 4, 2024
by Michael A. Meyer
Signature: Julie Jones
Notary Public

My commission expires:



3795 W. Jones Ave.
 Garden City, KS 67846
 PH: 620-277-2389



PO Box 639
 Garden City, KS 67846
 Fax: 620-277-0224

DAN CLAWSON CELL 620-482-3260

Customer Name: Clawson Land Partnership WO#: 26301 Date: 2-9-24
 Street Address: P.O. Box 279 Test #: 2 E LOG: Yes
 City, State: PLAINS, KS 67869 Driller: Dale Guinn
 County: Meade Quarter: NW Section: 4 Township: 31 Range: 29
 Location: 92FT North of Existing Well GPS: N37.38405 W100.48035
 Rig #: 10002 Elevation: 2735' Static WL: 250FT Estimated?
 Proposed Well Depth 525

REPLACEMENT WELL LOCATION 20' SUMP

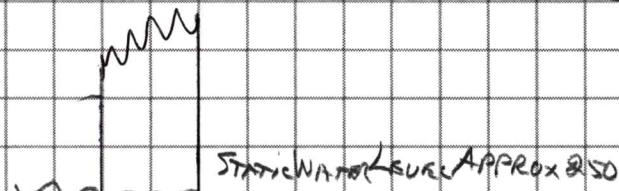
%	Footage			Description of Strata	20187
	From	Pay	To		
	0		2	Top Soil	
	2		7	Brown Sandy Clay	
	7		12	Brown Sandy Clay w/Some Calich Mixed	
	12		21	Calich	
	21		29	Brown Sandy Clay	
	29		38	Sand Fine w/Some Clay Mixed	
	38		49	Sand Fine	
	49		66	Sand Fine Med	
	66		93	Brown Clay	
	93		109	Sand Fine Med Course Small Couple Med Gravel	
	109		120	Brown Sandy Clay	
	120		132	Sand Fine	
25	132	33	283	Sand Fine Med Course Few Small Gravel	
15	283	11	294	Sand Fine Med w/Few Calich Strips	
	294		301	Brown & Blue Clay	
5	301	9	310	Blue Clay & Sand	
15	310	10	320	Sand Fine Med Course w/Some Blue Clay Layers	
20	320	39	359	Sand Fine Med Course w/Few Thin Clay Strips	
25	359	24	383	Sand Fine Med Course	
15	383	21	404	Sand Fine Med Few Course w/Some Thin Clay Layers	
5	404	16	420	Sand Fine w/Some clay layers	
	420		430	Brown Sandy Clay	
20	430	39	469	Sand Fine w/Couple clay Layers	
10	469	9	478	Sand Fine w/Some clay Clay Layers	
20	478	27	505	Sand Fine Med w/Brown Rock	
	505		512	Soapstone	
	512		520	Red Bed	
				Super Gel X	-2
				Grout	-2
				Hole Plug	-6
				Perma Plug	-1

CLAWSON LAND PARTNERSHIP

NW 4-31-29 ME

TEST HOLE # 2 of 29-24

PROPOSED WELL DESIGN



TOTAL DEPTH 525
 INCLUDING 20' SUMP

24" BORE HOLE

1/6" STEEL CASING SCREEN

33 FINE TO MED COARSE
 SM LVL 25'

283
 11 FINE TO MED W/ CALICHE 15'

294
 CLAY

301
 CLAY & SAND 5'

310
 10 FINE TO COARSE W/ CLAY LAYERS

320
 39 FINE MED COARSE W/ CLAY STRIPS 20'

359

24 FINE TO MED COARSE 25'

383

21 FINE MED COARSE W/ THIN CLAY 15'

404

16 FINE W/ CLAY 5'

420
 10 CLAY

430

39 FINE W/ CLAY 20'

469
 9 FINE W/ CLAY LAYERS 10'

478

27 FINE MED W/ BRN ROCK

505

505

230 SCREEN

400

500

505

20' PLAIN

525

525

TOTAL SCREEN 230'

Clawson Land Partnership


Test Hole # 2 of 2-9-24

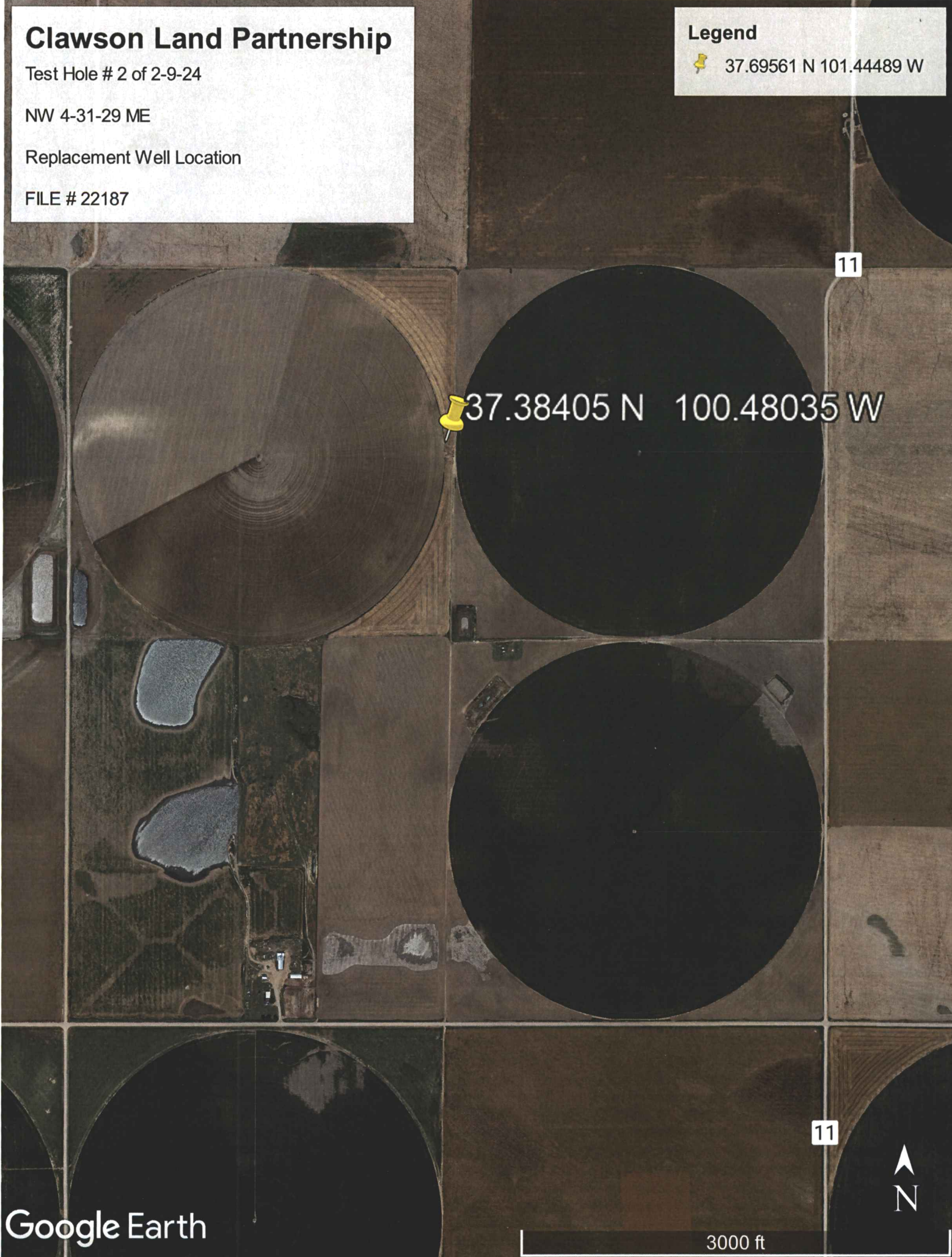
NW 4-31-29 ME

Replacement Well Location

FILE # 22187

Legend

 37.69561 N 101.44489 W



 37.38405 N 100.48035 W

11

11



Google Earth

3000 ft