

**Kansas Department of Agriculture**  
**Division of Water Resources**  
 APPROVAL OF CHANGE APPLICATION WORKSHEET

1. File No.: <b>31000</b>	2. Status Change Date:	4. Field Office: <b>04 - Garden City</b> GMD: <b>03 - Southwest</b> Structures File No.: Filing/Priority Date: <b>2/26/2024</b> Application Complete Date:
3. Package File No(s):		
5a. <input checked="" type="checkbox"/> Applicant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> WUC <input type="checkbox"/> Address Change Person ID <b>34727</b> Add Seq#	5b. <input type="checkbox"/> Owner <input checked="" type="checkbox"/> WUC <input type="checkbox"/> Address Change Person ID <b>55234</b> Add Seq#	
<b>GEORGE H &amp; SHERRY L RAPP</b> <b>3810 N IBP RD</b> <b>HOLCOMB, KS 67851</b>	<b>RAPP FARMS</b> <b>PO BOX 459</b> <b>HOLCOMB, KS 67851-0459</b>	
5c. <input type="checkbox"/> Owner <input type="checkbox"/> WUC <input type="checkbox"/> Address Change Person ID Add Seq#	5d. <input type="checkbox"/> Owner <input type="checkbox"/> WUC <input type="checkbox"/> Address Change Person ID Add Seq#	
6. Change No.: <b>C1</b> <input checked="" type="checkbox"/> PD <input type="checkbox"/> PU <input type="checkbox"/> UMW Base Acres:            Year:            Min Reasonable Q: Previous UMW: MDS Gauge:            Active Admin? <input type="checkbox"/> Completion/Start Date: <b>3/1/2025</b> Perfection/Expiration Date:		7. Use of Water <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water UMW: <b>IRR-Irrigation</b> UMW: UMW:
8. Action Trail		
9. Special Conditions		
10. 5YR Allocation    Type:    Start Year:    5YR Quantity:    Base Acres: Comment:		
11. Sand & Gravel    Proj ID: <input type="checkbox"/> Active <input type="checkbox"/> Dredge <input type="checkbox"/> IND Evap <input type="checkbox"/> Jr Evap <input type="checkbox"/> Other Diversion <input type="checkbox"/> Rpt on Sr		
12. Waiver    Rule ID: <input type="checkbox"/> New    Date Requested: Applies:            Rule No.:            Justification: Rule Type: Rule SubType:		
Comments <b>OWNERSHIP AND WUC CHANGE - SEE ATTACHED DEED</b>	Processed <b>3/1/2024</b>	Entered
	Reviewed	

File No. <b>31000</b>	13. County: <b>FI</b> Basin: <b>ARKANSAS RIVER</b> Stream:		
Structures File No:	Aquifer Code: <b>211</b>	Special Use Area:	

14. Points of Diversion, Rates & Quantities										Qty AF		Rate gpm		Storage Qty		Storage Rate	
PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Auth	Add	Auth	Add	Auth	Add	Auth/Add	Overlaps	
<b>DEL</b>	<b>34843</b>																
<b>ENT</b>	<b>SE SE NE</b>	<b>2</b>	<b>24S</b>	<b>32W</b>	<b>2922</b>	<b>144</b>			<b>214</b>	<b>214</b>	<b>845</b>	<b>845</b>					

15. Limitations	Type:	Quantity:	Rate:	combined with file no(s):
	Type:	Quantity:	Rate:	combined with file no(s):

16. Metering     Metering Required     Anti-Reverse Required     Seal Required    Compliance Date: 12/31/2024

17. Place of Use										NE¼		NW¼		SW¼		SE¼		Total	Owner(s)	Chg?	Overlaps
PDIV	S	T	R	ID	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE					
<b>CHK</b>	<b>51656</b>																				<input type="checkbox"/>
																					<input type="checkbox"/>
																					<input type="checkbox"/>
																					<input type="checkbox"/>
																					<input type="checkbox"/>
																					<input type="checkbox"/>

18. Point of Diversion and Place of Use Overlaps	
* + # ^	** ++ ## ^^

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 1, 2024

GEORGE H & SHERRY L RAPP  
3810 N IBP RD  
HOLCOMB, KS 67851

RE: Filed Office Application for Change  
Water Right, File Nos. 8345 & 31000

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

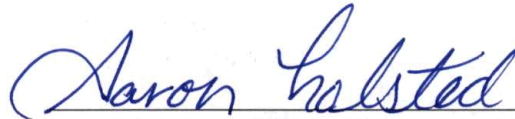
pc:

**CERTIFICATE OF SERVICE**

On this 1<sup>st</sup> day of March, 2024, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File Nos. 8,345 and 31,000 dated 1<sup>st</sup> day of March, 2024 was mailed postage prepaid, first class, US mail to the following:

GEORGE H & SHERRY L RAPP  
3810 N IBP RD  
HOLCOMB, KS 67851

Pc:

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

Division of Water Resources Staff





5. **Presently authorized point of diversion:**  
 One in the SE Quarter of the SE Quarter of the NE Quarter of Section 2, Township 24 South, Range 32 (W), in FINNEY County, Kansas, 2700 feet North 50 feet West of Southeast corner of section.  
 Authorized Rate \_\_\_\_\_ Authorized Quantity \_\_\_\_\_ Depth of well \_\_\_\_\_ (feet)  
**(DWR use only: Computer ID No. 02 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 SE Quarter of the NE Quarter of Section 2, Township 24 South, Range 32 (W), in FINNEY County, Kansas, 2922 feet North 144 feet West of Southeast corner of section.  
 Proposed Rate \_\_\_\_\_ Proposed Quantity \_\_\_\_\_ Proposed well depth (feet) 277'  
 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) LOSS OF PRODUCTION

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

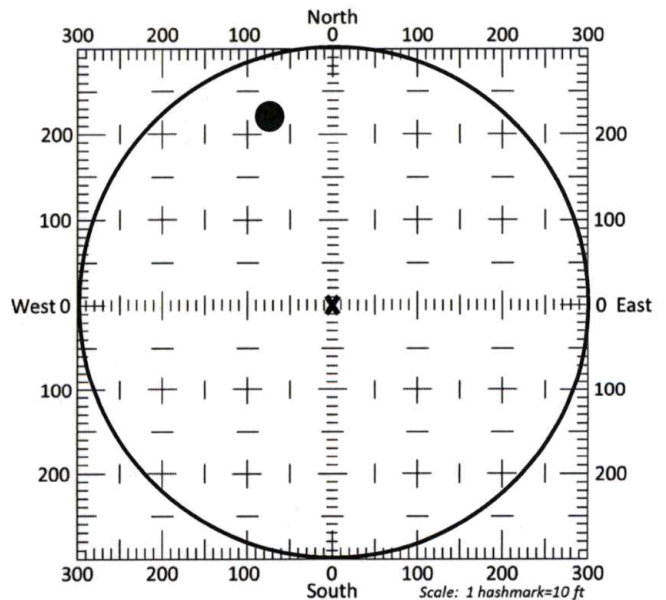
9. The change(s) (was)(will be) completed by?  
UPON APPROVAL

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 AM / 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 26TH day of FEB, 2024.

<p><u>George Rapp</u> (Owner)</p>	<p>_____ (Spouse)</p>
<p><u>GEORGE RAPP</u> (Please Print)</p>	<p>_____ (Please Print)</p>
<p>_____ (Owner)</p>	<p>_____ (Spouse)</p>
<p>_____ (Please Print)</p>	<p>_____ (Please Print)</p>
<p>_____ (Owner)</p>	<p>_____ (Spouse)</p>
<p>_____ (Please Print)</p>	<p>_____ (Please Print)</p>

State of Kansas }  
 County of FINNEY } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 26TH day of FEB, 2024.

My Commission Expires 9-14-26

NOTARY PUBLIC  
 CATHERINE REINERT  
 NOTARY PUBLIC  
 STATE OF KANSAS  
 My App. Exp. Sept. 14, 2026

Catherine Reinert  
 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







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



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

GEORGE RAPP 620-272-6666

FEB 15 2024

Customer Name: George Rapp WO#: 26372 Date: 2-15-24  
 Street Address: P.O. Box 459 Test #: 1 E LOG: \_\_\_\_\_  
 City, State: HOLCOMB KS, 67851 Driller: Dale Guinn  
 County: Finney Quarter: NE Section: 2 Township: 24 Range: 32  
 Location: 230' North + 13' West of Existing Well GPS: N37.99732 W100.79279  
 Rig #: 10002 Elevation: 2912' Static WL: 218' Existing well Estimated? \_\_\_\_\_  
 Proposed Well Depth 277'  
 WELL LOCATION 20' Sump

%	Footage			Description of Strata
	From	Pay	To	
	0		3	Top Soil
	3		13	Brown Sandy Clay w/Some Caliche
	13		17	Sand Fine
	17		42	Brown Sandy Clay
	42		76	Brown Sandy Clay + Caliche w/Some Fine Sand Mixed
	76		85	Sand Fine Med Course
	85		95	Brown Sandy Clay
	95		118	Sand Fine Med Course
	118		142	Brown Sandy Clay w/Fine Med Fine Course Sand Strips
	142		163	Sand Fine w/Brown Sandy Clay Mixed
	163		181	Sand Fine Med Fine Course w/Tan Rock
	181		201	Brown Sandy Clay
30	201	2	220	Sand Fine Med Course w/Tan Rock
30	220	17	237	Sand Fine Med Course w/Brown + Tan Rock
5	237	10	247	Brown Sandy Clay + Fine Sand
25	247	10	257	Sand Fine Med Some Course w/Tan Rock
	257		273	Brown Clay "Sticky"
	273		287	Soapstone
	287		300	Black Shale
				Super Gel X -2
				Grout -3
				Hole Plug -3
				Perma Plug -1



# George Rapp

Test Hole # 1 of 2-15-24

NE 2-24-32 FI

FILE # 31000

Replacement well location

## Legend

 38.01027 N 100.79771 W

156

 37.99732 N 100.79279 W

n City

Google Earth

Image © 2024 Airbus

5000 ft

