

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

1. File Number: <b>SC 011</b>	2. Status Change Date: <b>3-19-2024</b>	3. Change Num: <b>C1</b>	4. Field Office: <b>4</b>	5. GMD: <b>1</b>
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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: <b>3/14/2024</b>
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8a. Landowner, applicant,    Person ID <u>34982</u> New to system <input type="checkbox"/> Add Seq# _____  <b>ALFRED III &amp; SALLY A JANSSEN REV TRUSTS</b> <b>PO BOX 168</b> <b>SCOTT CITY, KS 67871</b>	8c.    Person ID _____ New to system <input type="checkbox"/> Add Seq# _____
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8b. Landowner(s)    Person ID _____ New to system <input type="checkbox"/> Add Seq# _____	8d. WUC    Person ID <u>63987</u> New to system <input type="checkbox"/> Add Seq# _____  <b>CIRCLE C FARMS</b> <b>Attn: TED COMPTON</b> <b>PO BOX 348</b> <b>SCOTT CITY, KS 67871</b>
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9. Documents and Enclosure(s):  DWR Meter(s) Date to Comply: 12/31/2024     N & P Date to Comply: \_\_\_\_\_

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: \_\_\_\_\_

Date Prepared: **3/19/2024**    By: **MAM**  
 Date Entered: \_\_\_\_\_    By: \_\_\_\_\_

File No. **SC 011**      11. County: **SC**      Basin: **ARKANSAS RIVER**      Stream:      Formation Code:      Special Use:

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

CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
<b>CHK</b>					<b>53484</b>												

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					
<b>CHK</b>	<b>38564</b>	<b>28</b>	<b>17</b>	<b>33W</b>	<b>1</b>									<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>320</b>	<b>8a</b>	<b>N</b>	<b>13012, 25403</b>	
<b>ENT</b>	<b>31947</b>	<b>33</b>	<b>17</b>	<b>33W</b>	<b>2</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>													<b>160</b>	<b>8a</b>	<b>N</b>	<b>13012, 25403</b>	

Base Acres: **190**      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 19, 2024

ALFRED III & SALLY A JANSSEN REV TRUSTS  
PO BOX 168  
SCOTT CITY, KS 67871

RE: Field Office Application for Change  
Vested Right, File No. SC 011, Water Right, File Nos. 13012, 25403  
LEMA Group Nos. 780 and 1103

Dear 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.

May 17, 2023, this office informed you of your official Four County Local Enhanced Management Area or FCL Allocation or 5-year allocation established by the LEMA. Based these recent approvals of application for change orders issued, your new 5 year allocation for this group of referenced water rights is **1019.170 AF** for the 5 year period.

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.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

  
Michael A. Meyer  
Water Commissioner

MAM:  
Enclosures  
pc:

Circle C Farms  
GMD1

## CERTIFICATE OF SERVICE

On this 14<sup>th</sup> day of March 2024, I hereby certify that the foregoing Approvals of Application for Change in Place of Use, Vested Right, File No. SC 011 and Water Right, File Nos. 13,012 and 25,403 dated 14<sup>th</sup> day of March 2024 was mailed postage prepaid, first class, US mail to the following:

ALFRED III & SALLY A JANSSEN REV TRUSTS  
PO BOX 168  
SCOTT CITY, KS 67871  
pc:

CIRCLE C FARMS  
Attn: TED COMPTON  
PO BOX 348  
SCOTT CITY, KS 67871

GMD1

A handwritten signature in blue ink that reads "Julie Jones". 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. SC-11

**RECEIVED**  
 11:05 AM  
 MAR 14 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: Alfred III & Sally A Janssen Rev Trusts  
PO BOX 168, Scott City, KS 67871

Phone Number: (    )                      Email address: \_\_\_\_\_

Name and address of Water Use Correspondent: Circle C Farms  
PO BOX 348, Scott City, KS 67871

Phone Number: (    )                      Email address: \_\_\_\_\_

3. The presently authorized place of use is:  
 Owner of Land ---- NAME: Alfred III & Sally A Janssen Rev Trusts  
 ADDRESS: PO BOX 168, Scott City, KS 67871

(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		
28	17	33									40	40	40	40	40	40	40	40	320	

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: Same As Above  
 ADDRESS: Same As Above

(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	
33	17	33	40	40	40	40													160
28	17	33									40	40	40	40	40	40	40	40	320

**For Office Use Only:** Code \_\_\_\_\_ Fee \$ 200.00 TR # \_\_\_\_\_ Receipt Date 3-14-24 Check # 12756

5. **Presently authorized point of diversion:**

One in the \_\_\_\_\_ Quarter of 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. 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 \_\_\_\_\_ 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 \_\_\_\_\_

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

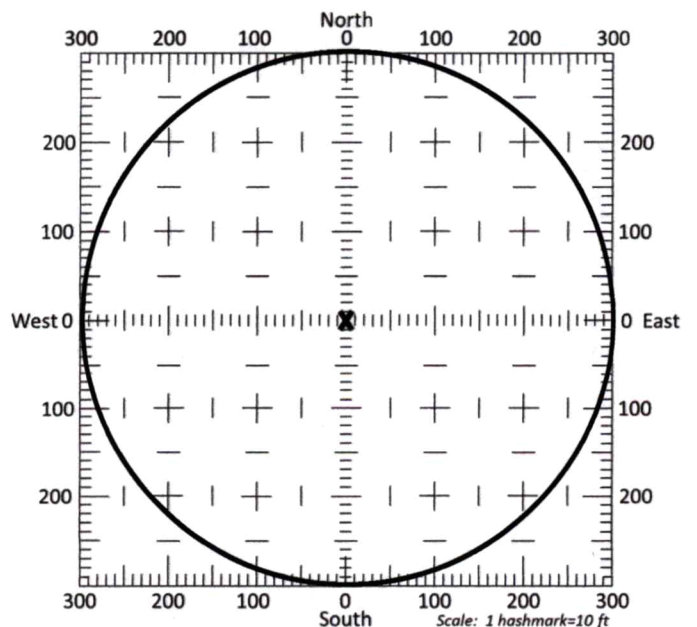
9. The change(s) (was)(will be) completed by?  
\_\_\_\_\_  
\_\_\_\_\_

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 Scott City, Kansas, this 9 day of March, 2024.

Alfred Janssen III  
 (Owner)

Sally Janssen  
 (Spouse)

ALFRED JANSSEN III  
 (Please Print)

Sally Janssen  
 (Please Print)

\_\_\_\_\_  
 (Owner)

\_\_\_\_\_  
 (Spouse)

\_\_\_\_\_  
 (Please Print)

\_\_\_\_\_  
 (Please Print)

\_\_\_\_\_  
 (Owner)

\_\_\_\_\_  
 (Spouse)

\_\_\_\_\_  
 (Please Print)

\_\_\_\_\_  
 (Please Print)

State of Kansas }  
 County of Scott } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 9 day of March, 2024.

Teresa Sowers  
 Notary Public State of Kansas  
 My Appt Expires 1-27-2027

Teresa Sowers  
 Notary Public

My Commission Expires \_\_\_\_\_

**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**

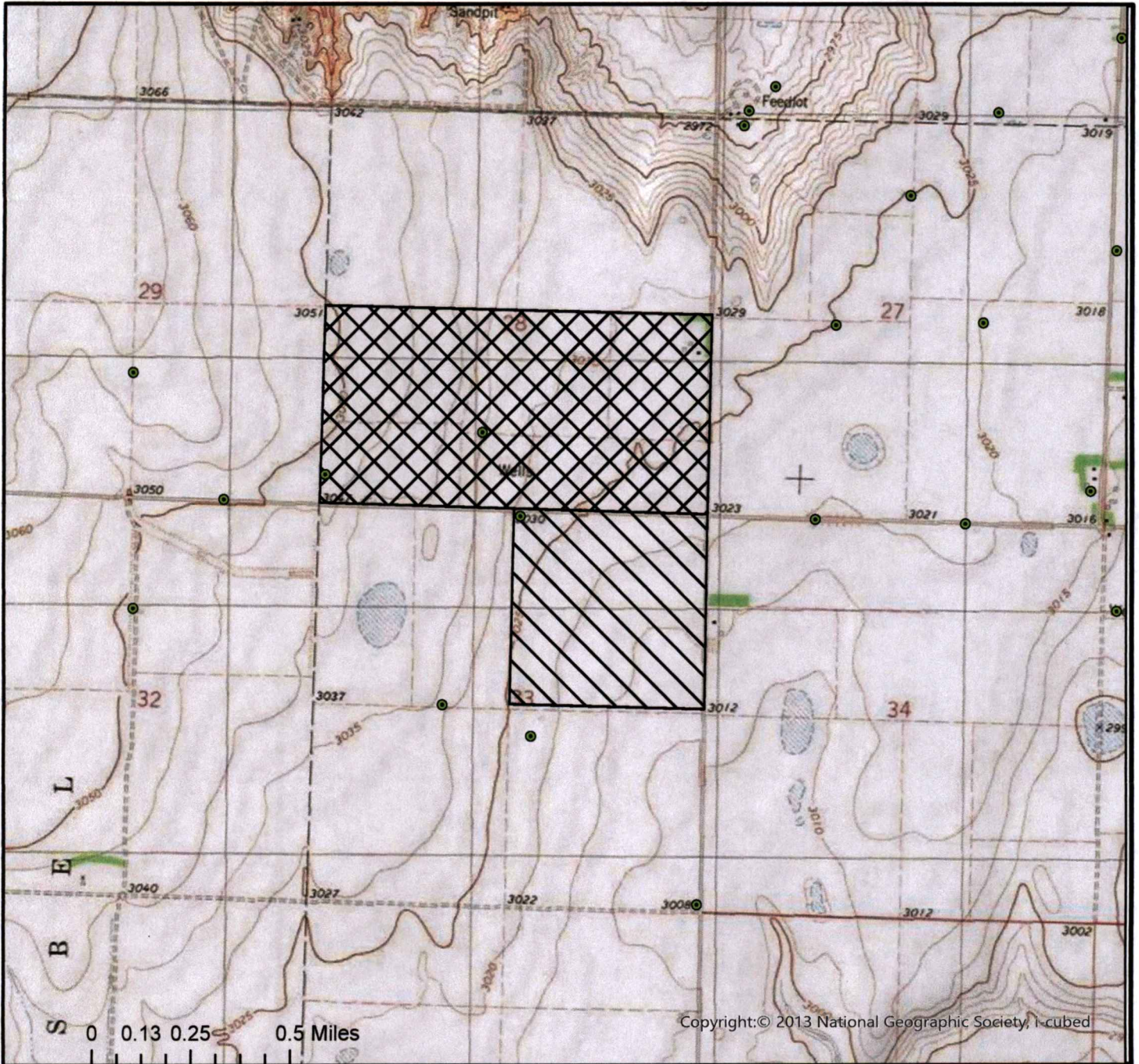
- (1) Application to change a point of diversion 300 feet or less ..... \$100
- (2) Application to change a point of diversion more than 300 feet ..... \$200
- (3) Application to change the place of use ..... \$200





# CHANGE IN PLACE OF USE WATER RIGHT, FILE NO. SC-11

SW 1/4 of Section 28 Township 17 South Range 33 West Scott County



	Authorized Point of Diversion
	Domestic Well within 1/2 mile
	Authorized Place of Use
	Proposed Place of Use

List of owner name and addresses within 1/2 mile:



All wells of any kind within 1/2 mile of the requested place of use have been plotted.