

CHECK SHEET Short Change

(To be completed and attached to each application)

File No. 30165

Field Office No. 2

GMD No. 5

1. **Plugging agreement obtained for GMD?** Yes No Non Applicable

2. **Is Landowner correct as currently shown in WRIS?** Yes No **Address Change?** NO
If applicable, list Place of Use Overlap File Nos. none

3. **Is Water Use Correspondent correct as currently shown in WRIS?** Yes No **Address Change?** NO
Name of Former WUC --- Name of New WUC ---

4. a. **Point of diversion computer ID No(s).** 1 **for point(s) being changed.**

b. **Show feet distances from the** SE **corner of the section for the new point(s) of diversion:**

Action	PDIV ID	Geo Ctr?	Sec	Twp	Rng	'N	'W	County	Qualifiers
ENT		N/A	36	23	13W	2520	2595	Stafford	NW NW SE
DEL	34344	N/A	36	23	13W	2520	2625	Stafford	NW NW SE

c. **If multiple points of diversion exist and rates and quantities are individually assigned, show:**

Old PDIV ID	Authorized Rate	Additional Rate	Authorized Quantity	Additional Quantity
<u> </u>	<u> </u> gpm/cfs	<u> </u> gpm/cfs	<u> </u> af/mgy	<u> </u> af/mgy
<u> </u>	<u> </u> gpm/cfs	<u> </u> gpm/cfs	<u> </u> af/mgy	<u> </u> af/mgy
<u> </u>	<u> </u> gpm/cfs	<u> </u> gpm/cfs	<u> </u> af/mgy	<u> </u> af/mgy

d. **Name of Drainage Basin** Rattlesnake Creek **Is this correctly shown in WRIS?** Yes No

e. **Formation Name & No.** 180 Undifferentiated Kansan/Nebraskan **Special Use Area** none

5. **Distances from the original p/d:** -0- ' N / S 30 ' E

6. WATER RIGHT ACTION TRAIL COMMENTS

1/8/18 Change Application Received (date accepted for priority)
1/8/18 Change Approved
 Notice and Proof by 12/31/18
 / / Completion Requirement Removed (Change No. C)

7. METER ACTION TRAIL COMMENTS

1/8/18 DWR Meter Required by 12/31/18
 / / Anti-Reverse Meter Required by / /
 / / Meter Seal Required by / /

8. Base Acres --- Year --- Minimum Reasonable Quantity ---

Date Created 1/8/18 by EKF
 Date Entered by

CHECK SHEET ATTACHMENT

9. Changes to the place of use will be:

File Number 30165

Action	Owner Person ID	Place Use ID #	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		
NO CHG	38912	1054	36	23	13W	Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	

Names and Address:

1. Person ID # <u>38912</u> Dorothy J Bliss 206 W 3 rd Ave Saint John KS 67576-1912	2. Person ID # _____ _____ _____ _____ _____	3. Person ID # _____ _____ _____ _____ _____
---	--	--

GENERAL INSTRUCTIONS

- | | | |
|--|---|--|
| 1. Give to Applicant:
a. <u>Original</u> application/approval
b. Original receipt (one for <u>each</u> application)
c. Information packet containing:
<ul style="list-style-type: none"> • Notice and Proof form • Water Meter Specifications • Acceptable Meter list • Water level measurement tube specifications • Check Valve specifications • Pink Sheet - K.S.A. 82a-728 letter • Form stating to record in Register of Deeds Office (OPTIONAL AS NEEDED) | 2. Send to headquarters:
a. Good, <u>scannable</u> copy of application and/or approval and this check sheet
b. Original check and copy of receipt
c. Test hole log
d. GMD recommendation, if any
e. Map or aerial photograph, if any
3. Send to KDHE: Letter (KDHE.LT) advising of location of abandoned well. <input type="checkbox"/> | 4. Date stamp received and approved.
5. Complete ownership and WUC change information.

<p><u>ADDITIONAL PHOTOCOPIES</u></p> Driller's Copy _____
HQ _____
GMD5 _____

_____ |
|--|---|--|

CONDITIONS

1. Insert notice and proof date.
2. Type or print applicant's/owner's name on line.
3. Complete notary statement.

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 WATER METER REQUIRED



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. 30165

RECEIVED
 10:45 AM
 JAN 08 2018

Stafford 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 Bliss

205 W 9th Ave, Saint John KS 67576

Phone Number: (303)916-6856 Email address: danbliss@yahoo.com

Name and address of Water Use Correspondent: Dorothy J Bliss

206 W 3rd Ave, Saint John KS 67576

Phone Number: (620)786-8805 Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: Dorothy J Bliss

ADDRESS: 206 W 3rd Ave, Saint John KS 67576

(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	
No	Change																		

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 TR # _____ Receipt Date _____ Check # 60941

5. **Presently authorized point of diversion:**
 One in the NW Quarter of the NW Quarter of the SE Quarter
 of Section 36, Township 23 South, Range 13 W,
 in Stafford County, Kansas, 2,520 feet North 2,625 feet West of Southeast corner of section.
 Authorized Rate 875 gpm Authorized Quantity 185 AF Depth of well 80 (feet)
 (DWR use only: Computer ID No. 1 GPS N/A feet North N/A 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 NW Quarter of the NW Quarter of the SE Quarter
 of Section 36, Township 23 South, Range 13 W,
 in Stafford County, Kansas, 2,520 feet North 2,595 feet West of Southeast corner of section.
 Proposed Rate no change Proposed Quantity no change Proposed well depth (feet) ~125
 This point is: Additional Well Geo Center List other water rights that will use this point none

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) Current well is pumping air

13a. If the proposed point of diversion will be relocated within 100 feet of the existing point of diversion, indicate its location on the diagram below in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram below represents presently authorized point of diversion.)

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

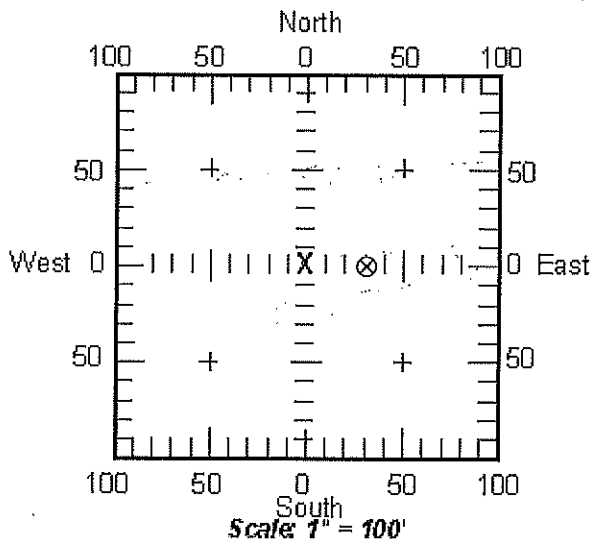
9. The change(s) (was)(will be) completed by?
as soon as possible

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
keep for domestic

(b) When will this be done? when new well drilled

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by EKF // SFFO



13b. If the proposed point of diversion will be relocated more than 100 feet but within 1320 feet from 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.

RECEIVED

JAN 08 2018

Stafford Field Office
 DIVISION OF WATER RESOURCES

14. If the proposed groundwater point of diversion is 300 or fewer feet from 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 Stafford, Kansas, this 8th day of January, 2018.

X Don Bhis

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

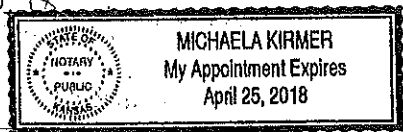
(Spouse)

(Please Print)

(Please Print)

State of Kansas }
County of Stafford } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 8th day of January, 2018.



Michaela Kirmer

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

RECEIVED

JAN 08 2018

Stafford Field Office
DIVISION OF WATER RESOURCES
File No. 30165

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. 30165.

1. A change application was received on January 8, 2018 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 authorized herein shall not actually be located more than 80 feet from the previously authorized point(s) of diversion. Applicable Not Applicable
5. 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
6. The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before **December 31, 2018**, 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
7. Installation of the works for diversion of water shall be completed on or before **December 31, 2018**, or within any authorized extension of time. By March 1, 2019 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
8. The completed well log shall be submitted with the required notice. Applicable Not Applicable
9. 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
10. Additional Conditions are attached. Yes No
11. 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.

RECEIVED

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 MAY 08 2018
SUMMARY ORDER ISSUED

Stafford Field Office
 DIVISION OF WATER RESOURCES

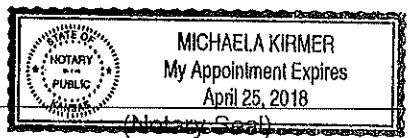
By: Cameron R. Conant
 Duly Authorized Designee of the Chief Engineer
 (Print Name): Cameron R. Conant
 Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: 1/8/18

State of Kansas)
 County of Stafford) SS

Acknowledged before me on 1/8/18
 by Cameron Conant

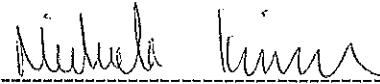
Signature: Michaela Kirmer
 Notary Public

My commission expires: 

CERTIFICATE OF SERVICE

On this **8th** day of **January, 2018**, I hereby certify that the attached Change in Point of Diversion for Water Right, File No. **30165**, dated **January 8, 2018** was hand delivered to the following:

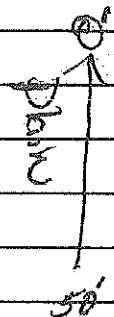
Dan Bliss

A handwritten signature in cursive script, appearing to read "Nichola Kinn", written over a horizontal dashed line.

Staff

DRILLER'S TEST LOG

Customer Name: Dan Bliss Date: 12/21/2017
 Address: _____ Test No: #1-17
 County: Stafford Quarter: SE Section: 36 Township: 23 Range: 13

Drilled Footage		Description of Strata	Indicate Test Location by an X			
From	To					
0	3	Sandy top soil				
3	9	Soft sandy clay				
9	12	Gray clay				
12	30	Sandy clay w/ fine sand				
30	40	Sand & gravel- med clean coarse loose				
40	70	20 Sand & gravel- fine small w/ some med clean				
70	71	Tan gray clay				
71	80	9 Gravel- fine to small clean				
80	83	Gray green clay				
83	91	Sand & gravel- fine to small w/ tan clay				
91	101	10 Sand & gravel- small med clen coarse				
101	112	White gray sandy clay w/ cemented sand	Static Water Level: <u>28</u> Ft			
112	130	Gravel- small to some med clean	Remarks: 			
130	136	Fine sand	Garmin GPS- Nad 83			
136	140	Silty clay	Latitude: 38.0063 N			
			Longitude: 98.7012 W			
			Elevation: _____			
			Driller: <u>Luis Luna</u>			
			Spot Location: <u>NW/ NW/ SE</u>			

ROSENCRANTZ-BEMIS EQUIPMENT CO., INC 125 TD
 Telephone (620) 792-2488 or (620) 793-5512
 P.O. Box 713, Great Bend, KS 67530

RECEIVED

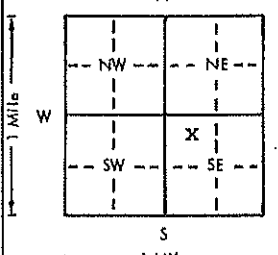
JAN 05 2018

Stafford Field Office
 Division of Water Resources

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Stafford	Fraction C 1/4 NW 1/4 SE 1/4	Section number 36	Township number T 23 S R 13 E/W	Range number
2. Distance and direction from nearest town or city: 2 1/2 mi. east of St. John Street address of well location if in city:			3. Owner of well: Jerry Bliss R.R. or street: 206 W. 3rd City, state, zip code: St. John, KS 67576			
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map:		6. Bore hole dia. 24 in. Completion date XXXXXX Well depth 80 ft. 5-5-76		
				7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 30.3 lbs./ft. Dia. 16 in. to 32 ft. depth Wall Thickness: inches or Dia. 16 in. to 60 ft. depth gage No. 7 gage		
sand		0	7	10. Screen: Manufacturer's name W. A. Brown Type Double Slot Dia. 16" Slot/gauze 1/8" Length 40 Set between 32 ft. and 52 ft. 60 ft. and 80 ft. Gravel pack? yes Size range of material 3/8-200		
sandy clay		7	29	11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 1-23-75		
sand & gravel		29	42	12. Pumping level below land surfaces: N/C _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
brown clay		42	45	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
sand sand & gravel		45	51	14. Well head completion: _____ Pitless adapter 12 inches above grade		
brown clay		51	59	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
sand & gravel		59	78	16. Nearest source of possible contamination: NONE KNOWN ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
brown clay		78	80	17. Pump: _____ Not installed Manufacturer's name Layne - Bowler Model number 12"-4stgHP 80 Volts 460 Length of drop pipe 60' ft. capacity 800 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				(Use a second sheet if needed)		
18. Elevation:	19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Clarke Well & Eq. Inc. 185 Business name Great Bend, KS 67530 License No. Address 10 W. Clark Date 5-18-76 Signed [Signature] Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

23
130
36
NWSE
1/4
1/4
76

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5