

CHECK SHEET

Short Change

File No. RN 018-D1

Field Office No. 2

GMD No. 2

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. 15740
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).** 15 **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
DEL	86245	NO	8	23S	5W	5090	73	Reno	NE NE NE
ENT		NO	8	23S	5W	5068	148	Reno	NE NE NE
NO CHG	15880	NO	8	23S	5W	5216	581	Reno	NE NE NE
NO CHG	21498	NO	8	23S	5W	5234	1900	Reno	NE NW NE
NO CHG	42851	NO	5	23S	5W	205	1249	Reno	SW SE SE
NO CHG	83931	NO	8	23S	5W	5175	2621	Reno	NW NW NE

- 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 _____
 _____ gpm/cfs _____ gpm/cfs _____ af/mgy _____ af/mgy
- d. **Name of Drainage Basin** Arkansas River **Is this correctly shown in WRIS?** Yes No
- e. **Formation Name & No.** Equus Beds (190) **Special Use Area** None
5. **Distances from the previous p/d:** _____ ' S _____ ' W

6. WATER RIGHT ACTION TRAIL COMMENTS

12/11/2017 Change Application Received (date accepted for priority)
12 / 12 / 17 Change Approved
 Notice and Proof by 12/31/2018
 Completion Requirement Removed (Change No. C 2)

7. METER ACTION TRAIL COMMENTS

12 / 12 / 17 DWR Meter Required by 12/31/2018
 Anti-Reverse Meter Required by _____ / _____ / _____
 Meter Seal Required by _____ / _____ / _____

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

Date Created **12/12/17** by **TJS**

Date Entered _____ by _____

CHECK SHEET ATTACHMENT

File Number RN018-D1

9. Changes to the place of use will be:

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	56744	7551	16	26S	5W	Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	

Names and Address:

1. Person ID # <u>56744</u> <u>SONOCO-HUTCHINSON LLC</u> <u>PO BOX 1267</u> <u>HUTCHINSON KS 67504-1267</u>	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, scannable 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.

<u>ADDITIONAL PHOTOCOPIES</u>
HQ _____
GMD#2 _____
Driller's Copy _____

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

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.

RECEIVED
12:00pm
DEC 11 2017

File No. RN 018-D1

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

Stafford Field Office
 Division of Water Resources

2. Name and address of Applicant: ~~Bob Obemite~~ SONOCO HUTCHINSON LLC

PO BOX 1267, HUTCHINSON KS 67504-1267

Phone Number: ~~(620)694-1315~~ (620)804-1314 Email address: bob.obemite@sonoco.com

Name and address of Water Use Correspondent: SONOCO-HUTCHINSON LLC

PO BOX 1267, HUTCHINSON KS 67504-1267

Phone Number: ~~(620)694-1315~~ Email address: bob.obemite@sonoco.com

3. The presently authorized place of use is:

Owner of Land --- NAME: SONOCO-HUTCHINSON LLC

ADDRESS: PO BOX 1267, HUTCHINSON KS 67504-1267

(If there is more than one landowner, attach supplemental sheets as necessary.) **Plant Site - NW**

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	
16	23	5W																	

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: NO CHANGE

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	

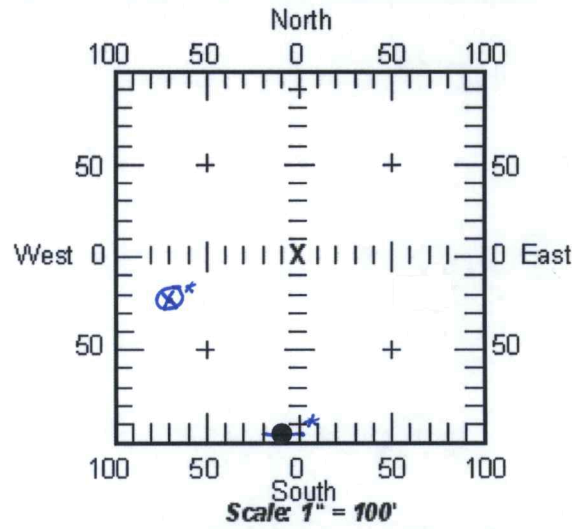
For Office Use Only: Code _____ Fee \$ _____ TR # _____ Receipt Date _____ Check # _____

5. **Presently authorized point of diversion: Well #5**
 One in the NE Quarter of the NE Quarter of the NE Quarter of Section 8, Township 23 South, Range 5 W, in RENO County, Kansas, 5186.500* feet North 73.81* feet West of Southeast corner of section. Authorized Rate 3483.59 gpm (Combined) Authorized Quantity 5494 AF (Combined) Depth of well 62-NA* (feet)
 (DWR use only: Computer ID No. 15* GPS --- feet North --- feet West)
 This point will not be changed This point will be changed as follows:
Proposed point of diversion: (Complete only if change is requested)
 One in the NE Quarter of the NE Quarter of the NE Quarter of Section 8, Township 23 South, Range 5 W, in RENO County, Kansas, 5090.506* feet North 81.48* feet West of Southeast corner of section. Proposed Rate No Change Proposed Quantity No Change Proposed well depth (feet) 65.
 This point is: Additional Well Geo Center List other water rights that will use this point _____.

6. **Presently authorized point of diversion: Well #11**
 One in the NE Quarter of the NE Quarter of the NE Quarter of Section 8, Township 23 South, Range 5 W, in RENO County, Kansas, 5216 feet North 581 feet West of Southeast corner of section. Authorized Rate See Above Authorized Quantity See Above 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:
Proposed point of diversion: (Complete only if change is requested)
 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. Why do you need a new point of diversion? ORIGINAL Well has a problem with silt. PREVIOUSLY AUTHORIZED WELL LOCATION WAS NEVER DRILLED.*

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. When do you propose to complete the new point of diversion?
ASAP
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
Lap it. Plug it*
Within 30 days of
 (b) When will this be done? new well being operational

13b. If the proposed point of diversion will be relocated more than 100 feet but within 2640 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.

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by TJS-SFFO
RECEIVED *TJS-SFFO, PER APPLICANT 12/12/17

DEC 11 2017

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. RN 018-D1

Presently authorized point of diversion: Well #9

One in the NE Quarter of the NW Quarter of the NE Quarter of Section 8, Township 23 South, Range 5 W, in RENO County, Kansas, 5234 feet North 1900 feet West of Southeast corner of section.
 Authorized Rate See Page 2 Authorized Quantity See Page 2 Depth of well --- (feet)
(DWR use only: Computer ID No. 4 GPS --- feet North --- feet West)
 This point will not be changed This point will be changed as follows: No redrill, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested)

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 _____

Presently authorized point of diversion: Well #8

One in the SW Quarter of the SE Quarter of the SE Quarter of Section 5, Township 23 South, Range 5 W, in RENO County, Kansas, 205 feet North 1249 feet West of Southeast corner of section.
 Authorized Rate See Page 2 Authorized Quantity See Page 2 Depth of well --- (feet)
(DWR use only: Computer ID No. 11 GPS --- feet North --- feet West)
 This point will not be changed This point will be changed as follows: No redrill, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested)

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 _____

Presently authorized point of diversion: "50' N of Prev P/DIV (Well #10)"

One in the NW Quarter of the NW Quarter of the NE Quarter of Section 8, Township 23 South, Range 5 W, in RENO County, Kansas, 5175 feet North 2621 feet West of Southeast corner of section.
 Authorized Rate See Page 2 Authorized Quantity See Page 2 Depth of well ~60 (feet)
(DWR use only: Computer ID No. 14 GPS --- feet North --- feet West)
 This point will not be changed This point will be changed as follows: No redrill, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested)

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 _____

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 redrill, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested)

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 _____

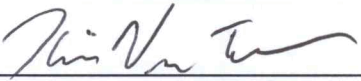
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DEC 11 2017

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.)

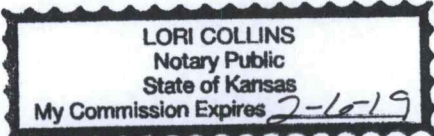
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 regard 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 Hutchinson, Kansas, this 22 day of November, 2017.

	
(Owner)	(Spouse)
Kevin VonFeldt	
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)

State of Kansas }
 County of Reno } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 22ND day of November, 2017.


 Notary Public

My Commission Expires 2-6-19

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

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Stafford Field Office
300 S. Main Street
Stafford, Kansas 67578-1521
Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Jeff Lanterman, Water Commissioner

Phone: (620) 234-5311
Fax: (620) 234-6900
www.agriculture.ks.gov
Sam Brownback, Governor

December 12, 2017

Sonoco Hutchinson LLC
PO BOx 1267
Hutchinson KS 67504-1267

Re: Water Right, File No(s). RN 018-D1

Dear Water Right Owner:

Enclosed is the order executed by the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number(s).

Your attention is directed to the enclosures and to the terms, conditions and limitations specified in this approval for change. An acceptable water flow meter must be installed on your well before any water is applied as authorized under this change approval. A copy of the approved list of Certified Water Flowmeters as well as the regulations regarding the installation of flowmeters, measurement tubes and check valves can be found at <http://agriculture.ks.gov/divisions-programs/dwr/water-appropriation/water-flowmeters>. If you do not have access to the internet, please contact this office and we will send you a paper copy of the referenced information.

Since this order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

This order requires that a notice and completion of works form be submitted once the diversion works are completed, including a properly installed flowmeter. This form is available at the referenced website.

Any 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 to contact this office. If you wish to refer to a specific file, please reference it when you contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Lanterman".

Jeff Lanterman
Water Commissioner

Enclosures

pc: Water Rights Section
Groundwater Management District No.2


CERTIFICATE OF SERVICE

On this **12th** day of **December, 2017**, I hereby certify that the attached Change in Point of Diversion for Vested Right, File No. **RN018-D1**, dated **December 12, 2017** was mailed via Certified U.S. mail to the following:

Sonoco Hutchinson LLC
PO Box 1267
Hutchinson KS 67504-1267

A copy of the letter was sent via First Class U.S. Mail to the following:

GMD 2



Staff

Equus Beds Groundwater Management District No. 2 Abandoned Well Plugging Agreement

I, Kevin Von Feldt, the undersigned and owner of an abandoned water well understand that an abandoned water well is a groundwater contamination threat and a public health and safety hazard.

The abandoned water well is located NE, NE, NE, Section 8, Township 23 South, Range 5 East/West, RENO County which is approximately 5186 feet North/South and 73 feet East/West of the apparent SE section corner. Total well depth is 65 feet and the diameter of the well is inches. Current depth to static water level in the well is feet below land surface. The well was previously authorized by water permit no. RN 018-D1.

I agree to properly plug the abandoned well pursuant to the Equus Beds Groundwater Management District rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207 and the following agreement provisions:

1. Well plugging operations will be supervised by either (a) a water well contractor licensed with the Kansas Department of Health and Environment, (b) a profession engineer or geologist licensed to practice in the State of Kansas, or (c) the abandoned water well owner or land owner of the property on which the water well or borehole is located.
2. The above described well will be plugged: a) by _____, 20____, or b) within 30 days after the replacement well, approved by a change in point of diversion, becomes operational.
3. A completed WWC-5P form will be submitted to the Kansas Department of Health and Environment within 30 days after the abandoned well is plugged and a copy of the WWC-5P form will be furnished to the District within the same period of time.
4. The well owner or authorized agent will notify the District 48 hours before plugging operations occur.
5. Failure to comply with the provisions of this agreement shall constitute noncompliance of the groundwater management district rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207.

Dated this 22 day of November, 2017 at Hutchinson KS

Signature [Signature]

Address 100 N Halstead

City, State, Zip Code Hutchinson KS 67501

Telephone 620 694 1335

State of Kansas County of Reno

Subscribed and affirmed to before me this 22ND day of November, 2017,

by [Signature]
(Notary Public)

My Commission Expires 2-6-19

LORI COLLINS
 Notary Public
 State of Kansas
 My Commission Expires 2-6-19

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UPS CampusShip: View/Print Label

- 1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
- 2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
- 3. **GETTING YOUR SHIPMENT TO UPS**
Customers with a Daily Pickup
 Your driver will pickup your shipment(s) as usual.

Customers without a Daily Pickup

Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages. Hand the package to any UPS driver in your area.

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THE UPS STORE
1441 E 30TH AVE
HUTCHINSON ,KS 67502

FOLD HERE

KEVIN VON FELDT
620-694-1346
HUTCHINSON
100 N HALSTEAD
HUTCHINSON KS 67501

SHIP TO:
STAFFORD FIELD OFFICE
620-234-5311
KANSAS DEPT OF AGRICULTURE
300 S MAIN STREET
STAFFORD KS 67578-1521

0.5 LBS LTR

1 OF 1

KS 675 0-01



UPS NEXT DAY AIR

1

TRACKING #: 1Z 691 092 01 9729 6387



BILLING: P/P

Project Code: US135B282325-40546500

CS 19.5-48. WNTNFS0 93.OA 10/2017



WATER COMMISSIONER
300 S MAIN ST
STAFFORD KS 67578 - 1521

P: \$: I:

FFFF - 4180

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Stafford Field Office
Division of Water Resources