

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

1. File Number: 25914	2. Status Change Date:	3. Change Num: 1	4. Field Office: 02	5. GMD: 05
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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: 12/14/18
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8a. Applicant(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	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 59436 Add Seq# 1 LOIS D SELLE LIFE EST 253 SE 20 AVE GREAT BEND KS 67530-9605	8d. WUC New to system <input type="checkbox"/> Person ID 59436 Add Seq# 1 No Change
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9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/19 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/19	
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input checked="" type="checkbox"/> H & E Letter	
<input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: 12/14/18 Date to Comply: _____	

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

	Date Prepared: 12/14/18 By: TJS
	Date Entered: By:

File No. **25914** 11. County: **BARTON** Basin: **Arkansas River** Stream: --- Formation Code: **180** Special Use: ---

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm/cfs af/mgy gpm/cfs af/mgy
 Comment (AKA Line) 'W
 Qualifier S T R ID 'N 'W
 DEL 21291 1

ENT --- NE NW SE 10 20S 13W --- 2608 1335 No Change to Rate or Quantity 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	P U S E	S	T	R	I D	NE 1/4			NW 1/4			SW 1/4			SE 1/4			Total	Owner	Chg?	Overlap Files	
						NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4	NE 1/4	NW 1/4	SE 1/4					
						1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4	1/4					
CHK	12803				1															8b.	No	None

Base Acres: --- Year: --- Minimum Reasonable Quantity: ---
 Comments:

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
 9:00am
 DEC 14 2018

File No. 25914

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: Joe Schlessiger
343 SE 100 Ave, Ellinwood KS 67526

Phone Number: (620)786-5856 Email address: jts cows@gmail.com

Name and address of Water Use Correspondent: Lois D Selle Life Est
253 SE 20 Ave, Great Bend KS 67530-9605

Phone Number: () Email address: _____

3. The presently authorized place of use is:
 Owner of Land ---- NAME: Lois D Selle Life Est

ADDRESS: 253 SE 20 Ave, Great Bend KS 67530-9605

(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					
10	20S	13W																	34	40	40	40	154

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 \$ 100 - TR # _____ Receipt Date _____ Check # 7212

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the CN SE Quarter
 of Section 10, Township 20 South, Range 13 W,
 in Barton County, Kansas, 2608 feet North 1310 feet West of Southeast corner of section.
 Authorized Rate 865 GPM Authorized Quantity 195 AF Depth of well 80* (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 NE Quarter of the NW Quarter of the SE Quarter
 of Section 10, Township 20 South, Range 13 W,
 in Barton County, Kansas, 2608 feet North 1335 feet West of Southeast corner of section.
 Proposed Rate No Change Proposed Quantity No Change Proposed well depth (feet) ~ 80*
 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) Casing is failing*

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

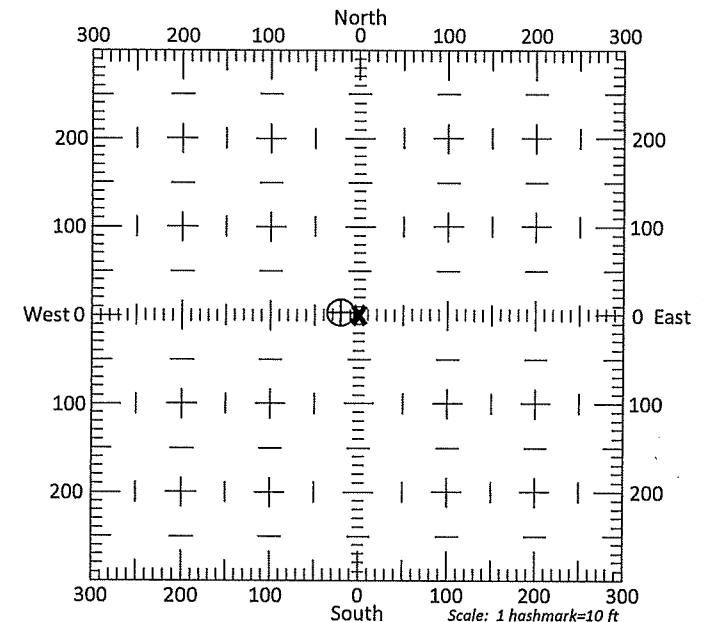
9. The change(s) (was)(will be) completed by?
ASAP

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

11. Groundwater Management District recommendation
 attached? Yes No

12. Assisted by TJS - SFFO

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 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (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 Stafford, Kansas, this 14th day of December, 2018.

Joseph T. Schlessiger (tenant)
(Owner)

Joseph T. Schlessiger
(Please Print)

(Owner)

(Please Print)

(Owner)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(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 14th day of December, 2018.



My Commission Expires

Jessica Engelbrecht
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

RECEIVED

DEC 14 2018

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. 25914.

1. A change application was received on 12/14/2018 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 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 75 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, 2019**, 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, 2019~~ ^{* 2020}, or within any authorized extension of time. By March 1, 2018 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

* CRC 12/14/18

FOR OFFICE USE ONLY
APPLICATION APPROVED AND SUMMARY ORDER ISSUED

By: Cameron R. Conant
Duly Authorized Designee of the Chief Engineer

(Print Name): Cameron R. Conant
Division of Water Resources - Kansas Department of Agriculture

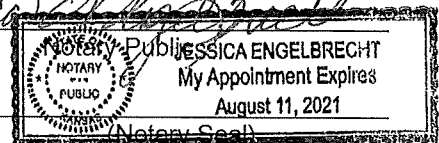
Date of Issuance: 12/14/18

State of Kansas)
County of Stafford) SS

Acknowledged before me on 12/14/2018
by Cameron Conant

Signature: Jessica Engelbrecht

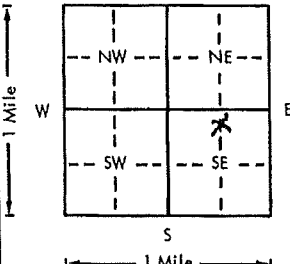
My commission expires: _____



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 Barston	Fraction 1/4 NW 1/4 NE 1/4 SE 1/4	Section number 10	Township number T 20 S R 13 NW	Range number 13 NW
2. Distance and direction from nearest town or city: 15 1/2			3. Owner of well: EUGENE SEIPE			
Street address of well location if in city: Great Bend, KS			R.R. or street: R2			
			City, state, zip code: Great Bend, KS			
4. Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			6. Bore hole dia. 30 in. Completion date 3-27-76 Well depth 80 ft.
						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
						9. Casing: Material IRON 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 _____ lbs./ft. Dia. 16 in. to 50 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 316
5. Type and color of material			From	To	10. Screen: Manufacturer's name DOESS	
Top Soil - Clay			0	12	Type IRON Dia. 16"	
Sand - Gravel			12	30	Slot/gauze 1/8 Length 30	
Clay			30	40	Set between 50 ft. and 80 ft.	
Sand - Gravel			40	80	Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8" - 3/4"	
					Static water level: _____ mo./day/yr. 15 ft. below land surface Date 3-27-76	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. 50 ft. after 7 hrs. pumping 1000 g.p.m. Estimated maximum yield 1200 g.p.m.	
					13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
					15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.	
					16. Nearest source of possible contamination: Farm ft. 1300 Direction E Type yard Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
					17. Pump: _____ Not installed Manufacturer's name Howlds Model number 3125 HP 60 Volts _____ Length of drop pipe 70 ft. capacity 1000 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:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<input checked="" type="checkbox"/> 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. Kelly's Water Well Service 186 Business name License No. _____ Address 202 Great Bend, KS Signed Kelly Duce Date 3-7-76 Authorized representative				

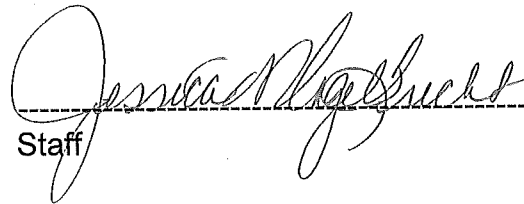
20
 1300
 E
 10
 Sec
 NW
 SE

CERTIFICATE OF SERVICE

On this **14th** day of **December 14, 2018**, I hereby certify that the attached Change in Point of Diversion for Water Right, File No. **25914**, dated **December 14, 2018** was hand delivered to the following:

Joe Schlessiger

A copy was sent electronically to GMD 5


Staff