## Kansas Department of Agriculture Division of Water Resources

CHANGE: P/U WORKSHEET

| 1. File Number: <b>32528</b>                                                                | 2. Status Change Date: | 3. Change Num:        | 4. Field Office: 02                                | 5. GMD: <b>05</b>                 |  |  |  |
|---------------------------------------------------------------------------------------------|------------------------|-----------------------|----------------------------------------------------|-----------------------------------|--|--|--|
| 6. Status: ☐ Approved ☐ Den                                                                 | ied by DWR/GMD         | Dismiss by Reques     | st/Failure to Return                               | 7. Filing Date of Change: 2/19/18 |  |  |  |
| 8a. Applicant(s)  New to system □                                                           | Person ID Add Seq#     | 8c. Landown New to sy |                                                    | Person IDAdd Seq#                 |  |  |  |
| 8b. Landowner(s) New to system   ROBERT H ESSMILLER 380 W BARTON COUNTY GREAT BEND KS 67530 |                        | 380 W                 | rstem □ RT H ESSMILLER BARTON COUNT Γ BEND KS 6753 | TY RD                             |  |  |  |
| 9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: 12/31/18                        |                        |                       |                                                    |                                   |  |  |  |
| 10. Use Made of Water From:                                                                 |                        | To: _                 |                                                    |                                   |  |  |  |
|                                                                                             |                        |                       | Date Prepared: <b>3/2/18</b><br>Date Entered:      | В Ву: <b>ТЈЅ</b><br>Ву:           |  |  |  |

| File No.          | 32528         |            | 11. County:<br>BARTON |           | Ва        | sin: W    | alnut     | Creek     |           |           |           | S         | tream:    |           |           |               |           | _                 |           | Fo            | rmation C  | ode: 113        | Special Use:     | None    |
|-------------------|---------------|------------|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------|-----------|-------------------|-----------|---------------|------------|-----------------|------------------|---------|
| 12. Poir          | nts of Divers | ion        |                       |           |           |           |           |           |           |           |           |           |           |           |           | Rate          | and Q     | uantity           |           |               |            |                 |                  |         |
| MOD               | PDIV          |            |                       |           |           |           |           |           |           |           |           |           |           |           |           | P             | Authori   | zed               |           | A             | dditional  |                 |                  |         |
| ENT               |               | Qualifier  | S                     | Т         | R         | ID        | ,         | 'N        | ʻW        |           | Com       | ment      | (AKA I    | _ine)     |           | Rate<br>gpm/c |           | Quantit<br>af/mgy |           | Rate<br>gpm/c |            | antity<br>mgy ( | Overlap PD Files |         |
| СНК               | 29665         |            |                       |           |           | 3         |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 | None             |         |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           |           | _         |           |           | 1         |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       | 9         |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
| 13. Stora         | age: Rate _   |            | N                     | IF M      | Quai      | ntity     |           |           |           |           | ac/ft     | Α         | ddition   | al Rat    | e         |               |           |                   | NF        | Addi          | tional Qua | ntity           |                  | _ ac/ft |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
| Limi              | tation:       |            | af/yr a               | t         |           |           |           | gpm (_    |           |           |           | cfs) w    | hen co    | mbine     | d with    | file n        | umber     | (s)               |           |               |            |                 |                  |         |
| 15. 5YR           | Allocation:   | Allocation | Туре                  | Sta       | rt Yea    | r         |           | 5 YR      | Amou      | nt        |           | Amo       | ount Ur   | nit       | _         | Base          | Acres     |                   | _ Cd      | omment .      |            |                 |                  |         |
| CHK               | ce of Use     |            |                       |           | NE1/4     |           |           | NW1/4     |           |           |           | SW1/4     |           |           |           | SE1/4         |           |                   |           | Total         | Owner      | Chg?            | Overlap Files    |         |
| MOD<br>DEL<br>ENT | PUSE S        | TR         | ID                    | NE<br>1/4 | NW<br>1/4 | SW<br>1/4 | SE<br>1/4 | NE<br>1/4 | NW<br>1/4 | SW<br>1/4 | SE<br>1/4 | NE<br>1/4 | NW<br>1/4 | SW<br>1/4 | SE<br>1/4 | NE<br>1/4     | NW<br>1/4 | SW<br>1/4         | SE<br>1/4 |               |            | ×               |                  |         |
| MOD               | 17227 2       | 6 19S 1    | 4W 1                  |           |           |           | -<br>II   |           | 20        | 20        |           | 40        | 40        | 34        | 39        |               |           |                   |           | 193           | 8b.        | No              | BT 19            |         |
|                   | 4             |            | 1                     |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           | -         |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
|                   |               |            |                       |           |           |           |           |           |           |           |           |           |           |           |           |               |           |                   |           |               |            |                 |                  |         |
| Base Ac           |               | 26 add')   | Year: <b>198</b>      | 87        | Minimu    | ım Rea    | asona     | ble Qu    | antity:   | 1.18      | 8 AF      | /acr      | е         |           |           |               |           |                   |           |               |            |                 |                  |         |

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.

| JOITIL                                                        | (s) of dive                      |                                    |                                   |            | will be<br>of use                     |                                     | iged, i                    | nclude             | a top             | ograp    | nic ma                 | ap or o      | retailed       | piat        | SHOWI                | ig the    |                | CEI     | The same of the sa |
|---------------------------------------------------------------|----------------------------------|------------------------------------|-----------------------------------|------------|---------------------------------------|-------------------------------------|----------------------------|--------------------|-------------------|----------|------------------------|--------------|----------------|-------------|----------------------|-----------|----------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                               |                                  |                                    |                                   |            |                                       |                                     |                            |                    |                   |          |                        |              |                |             |                      |           |                | 1:42    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                               |                                  |                                    |                                   |            |                                       | F                                   | ile No                     | . 32,52            | ) Q               |          |                        |              |                |             |                      |           | EE             | B 1 9   | 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                               |                                  |                                    |                                   |            |                                       | 1                                   | lie INC                    | . 32,02            | .0                |          |                        |              |                |             |                      |           | 1 L            | DIU     | 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1. <i>F</i>                                                   | Application                      | n is he                            | reby n                            | nade fo    | or appr                               | oval o                              | f the C                    | hief E             | nginee            | er to ch | ange f                 | the (ch      | eck on         | e or b      | oth):                |           |                |         | Id Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                               |                                  |                                    |                                   |            |                                       | ⊠ P                                 | lace of                    | f Use              |                   |          | Point                  | of Dive      | ersion         |             |                      | Div       | ision o        | of Wate | er Resource                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ι                                                             | under the                        | water                              | right w                           | hich is    | s the s                               | ubject                              | of this                    | applic             | ation i           | n acco   | rdance                 | e with t     | the cor        | dition      | s desc               | cribed b  | pelow.         |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d d                                                           | The sourc                        | ce of su                           | ipply is                          | 3:         |                                       | ⊠ G                                 | round                      | water              |                   |          | Surfac                 | ce wate      | ər             |             |                      |           |                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. 1                                                          | Name and                         | d addre                            | ess of                            | Applica    | ant: R                                | obert l                             | l Essn                     | niller             | <u></u>           |          |                        |              |                |             | l l                  | ינונים    |                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3                                                             | 380 W Ba                         | arton C                            | ounty                             | RD, G      | reat Be                               | end, K                              | 6753                       | 30                 |                   |          | 11                     | Dia to       |                | and the     | 100                  | O LAND    | e de la lac    | OL GIV  | etsidie)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| F                                                             | Phone Nu                         | umber:                             | (620)                             | 793-72     | 204                                   | 1                                   | Lib renia                  |                    | Email             | addres   | ss:                    | 1,915 11.    | PET US         | H I PER N   | ia sic               |           | SEXIE          | ud but  | uro, gaeta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                               | Name and                         |                                    |                                   |            |                                       | T. Car                              |                            |                    | ert H I           | Essmil   | ler                    |              | _              | 10 m        | of the               | - Carrier | AUG P          | 6100    | TO THE PERSON NAMED IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                               | 380 W Ba                         |                                    |                                   |            |                                       |                                     |                            |                    |                   | 1        |                        |              |                |             |                      |           |                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                               | Phone Nu                         |                                    |                                   |            |                                       |                                     | <u>=4</u> 01               |                    | Email             | addres   | ss: <u></u>            | MGT.         | <u>al-luci</u> |             | <u>ieden</u>         | J.        |                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                               | The prese                        |                                    |                                   | 2000000    |                                       |                                     |                            |                    |                   |          |                        |              |                | ++0:4       |                      | 1.0       |                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (                                                             | Owner of                         |                                    |                                   |            |                                       |                                     |                            |                    | 2 0               | 1 Dan    | 1 1/0                  | 07500        | - 111          |             |                      | reat Be   | - 1- 27        |         | Carlotte Tay and the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                               | If there is                      |                                    |                                   |            | *380 V                                | ,                                   |                            |                    |                   | 7.8.     |                        | 3/530        | 40-            | *PO         | Box                  | 168, 6    | sreat E        | sena, n | S 67530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (                                                             |                                  | more un                            | all one                           | 77 61 5    | 187                                   | acii su                             | ppierrie                   |                    |                   | neces.   | Sary.)                 | 01/          | 4,000          | Tu - u      | Fa Tur               | CI        | 4) GB          | action. | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (                                                             | II there is                      | P                                  |                                   | The second | E1/4                                  | 051/                                | NE1/                       |                    | V1/4              | CE1/     | NIE1/                  | 71.000       | V1/4           | CE1/        | SE¼  NE¼ NW¼ SW¼ SE¼ |           | TOTAL<br>ACRES |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                               | Linbase                          | D-700                              | NIE1/                             | NIVVIVA    | SW1/4                                 | SE1/4                               | NE1/4                      | NW1/4              | SW1/4             | SE1/4    | NE1/4                  | NW1/4<br>40  | SW1/4<br>34    | SE1/4<br>39 | NE1/4                | NW1/4     | SVV/4          | SE1/4   | 177.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sec.                                                          | Twp.                             | Range                              | NE1/4                             | 1400/4     | 20                                    | 122                                 | 1 - 1                      | 1 1                |                   |          |                        |              |                | 22          |                      |           |                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sec.                                                          | Twp.                             | 14W                                | NE¼                               | 1444/4     | 20                                    | 4.32                                |                            |                    | .77               |          | 40                     | 40           | 34             | WINE.       |                      | - 12      |                | TIPS    | 177.32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sec.                                                          | Twp.                             | 20,011                             | NE¼                               | LIKA)      | 20                                    | 4.32<br>15.68                       |                            |                    |                   | -        | 40                     | 40           | 34             | Takil k     | TOE!                 | E Shirt   |                | (les    | 15.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Sec.                                                          | Twp.                             | 14W                                | NE1/4                             | 110074     | 20                                    |                                     |                            |                    |                   |          | 40                     | 40           | 34             | Takil V     | 102                  | EPI       |                | 1160    | 15.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Sec. *26 **26                                                 | Twp. 19S 19S f this app          | 14W<br>14W<br>Dilication           | n is for                          | a chai     | nge in<br>Robert<br>380 W             | place of the Ess                    | smiller<br>n Cour          | nty RD             | , Grea            | t Bend   | the pla                | ace of       |                | chan        | ged to               |           |                | U.S.    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sec. *26 **26                                                 | Twp. 19S 19S 19S                 | 14W<br>14W<br>Dilication           | n is for                          | a chai     | nge in<br>Robert<br>380 W             | place of the Ess                    | smiller<br>n Cour          | nty RD<br>ental sh | , Grea            | t Bend   | the pla                | ace of       | use be         | : chan      | ged to               | 767       | =1/.           |         | 15.68<br>(193 total)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Sec.<br>*26<br>**26<br>**26                                   | Twp. 19S 19S f this app          | 14W<br>14W<br>Dilication<br>Land - | n is for<br>NA<br>ADDRI<br>an one | a char     | nge in<br>Robert<br>380 W<br>vner, at | place of the Hessian Barton tach su | miller<br>n Cour<br>ppleme | nty RD<br>ental sh | , Grea<br>eets as | t Bences | the plant, KS 6 sary.) | ace of       | use be         |             | 71-100               | SE        | =½<br>  SW2/   | SEW.    | 15.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| *26 **26 **26 ** **26 ***26 ***26 ***26 ***26 ***26 ***26 *** | Twp. 19S 19S f this app Owner of | 14W 14W Dilication Land -          | n is for                          | a chai     | nge in<br>Robert<br>380 W             | place of the Ess                    | smiller<br>n Cour          | nty RD<br>ental sh | , Grea<br>eets as | t Bend   | the plant, KS 6 sary.) | ace of 67530 | use be         | SE1/4       | ged to               | 767       | =¼<br>SW¼      | SE¼     | 15.68<br>(193 total)<br>TOTAL<br>ACRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sec.<br>*26<br>**26<br>**26                                   | Twp. 19S 19S f this app          | 14W<br>14W<br>Dilication<br>Land - | n is for<br>NA<br>ADDRI<br>an one | a char     | nge in<br>Robert<br>380 W<br>vner, at | place of the Hessian Barton tach su | miller<br>n Cour<br>ppleme | nty RD<br>ental sh | , Grea<br>eets as | t Bences | the plant, KS 6 sary.) | ace of       | use be         |             | 71-100               | SE        |                | SE¼     | 15.68<br>(193 total)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| *26 **26 **26 ** **26 ***26 ***26 ***26 ***26 ***26 ***26 *** | Twp. 19S 19S f this app Owner of | 14W 14W Dilication Land -          | n is for<br>NA<br>ADDRI<br>an one | a char     | nge in<br>Robert<br>380 W<br>vner, at | place of the Hessian Barton tach su | miller<br>n Cour<br>ppleme | nty RD<br>ental sh | , Grea<br>eets as | t Bences | the plant, KS 6 sary.) | ace of 67530 | use be         | SE1/4       | 71-100               | SE        |                | SE1/4   | 15.68<br>(193 total)<br>TOTAL<br>ACRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| 5.  | Presently author                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rized point of                                                                                                                           | diversion:                                                                                                   |                                     |                                                                                                                                                                                                          |                                                                                                                                    |                                                                               |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|     | One in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NE                                                                                                                                       | Quarter of the                                                                                               | SW                                  | Quarter of the                                                                                                                                                                                           | SW                                                                                                                                 | Quarter                                                                       |
|     | of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 26                                                                                                                                       | . Township                                                                                                   | 19                                  | South, Range                                                                                                                                                                                             | 14                                                                                                                                 | (W).                                                                          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | 4,290 feet West of                                                                                                                                                                                       |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | et Depth of well                                                                                                                                                                                         |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | feet North                                                                                                                                                                                               |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | ☐ No change, point better                                                                                                                                                                                |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | ted or if existing point i                                                                                                                                                                               |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | Quarter of the                                                                                                                                                                                           |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | South, Range                                                                                                                                                                                             |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | feet West or                                                                                                                                                                                             |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | Proposed well dept                                                                                                                                                                                       |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | ghts that will use this poir                                                                                                                                                                             |                                                                                                                                    |                                                                               |
| ı   | тие решите.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , taditional from                                                                                                                        | _ coc contain List                                                                                           | other water ne                      | grito triat viii doo triio poii                                                                                                                                                                          | 11 02,027                                                                                                                          | ·                                                                             |
| 6.  | Presently author                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rized point of                                                                                                                           | diversion:                                                                                                   |                                     |                                                                                                                                                                                                          |                                                                                                                                    |                                                                               |
| 0.  | THE RESERVE THE PARTY OF THE PA |                                                                                                                                          |                                                                                                              |                                     | Quarter of the                                                                                                                                                                                           |                                                                                                                                    | Quarter                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | South, Range                                                                                                                                                                                             |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | feet West of                                                                                                                                                                                             |                                                                                                                                    |                                                                               |
|     | Authorized Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | Authorized Quantity                                                                                          | 10001101111                         | Depth of well                                                                                                                                                                                            | (fe                                                                                                                                | et)                                                                           |
| - 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | feet North                                                                                                                                                                                               |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | ☐ No change, point better                                                                                                                                                                                |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              | The same and the same and the       | ted or if existing point i                                                                                                                                                                               |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | Quarter of the                                                                                                                                                                                           | 100                                                                                                                                |                                                                               |
| - 1 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | South, Range                                                                                                                                                                                             |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | feet West of                                                                                                                                                                                             |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | Proposed well depti                                                                                                                                                                                      |                                                                                                                                    |                                                                               |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                              |                                     | ghts that will use this poir                                                                                                                                                                             |                                                                                                                                    |                                                                               |
| 9.  | (please be specification of the change of the point of diverged on the  | c) move 40 acres to rate in a full circle w/d reat Bend ownership of hole log attach as)(will be) comeson & when owned ersion is a well: | allow the proposed pivot under out creating an incomplete oby removing land they own ned?  Yes No pleted by? | fee<br>the<br>(P<br>re              | 100 50<br>                                                                                                                                                                                               | diversion, indicate to the existing por in center of corized point of disports                                                     | e its location on<br>pint of diversion.<br>diagram below                      |
|     | Groundwater attached? Assisted by CRC-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 120                                                                                                                                      | District recommenda                                                                                          | <b>Fo</b> 13b. If t                 | Scale the proposed point of dive                                                                                                                                                                         | outh<br><b>1" = 100</b> '<br>ersion will be reloc                                                                                  | ated more than                                                                |
|     | R 1-121 (Revised 07)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          | RECEIVED FEB 1 9 2018                                                                                        | div<br>Fo<br>wit<br>na<br>wa<br>lar | ofeet but within 1320 version, attach a topogra or groundwater sources, slathin one-half mile of the primes and mailing addressater sources, show the adowner(s) one-half mile stream from your property | uphic map or aer<br>now all wells (inclusions)<br>roposed point of dises of the owner<br>names and add<br>downstream and<br>lines. | ial photograph. uding domestic) version and the s. For surface dresses of the |

| 14. If the proposed groundwater point of diversion is 300 or fewer fee                                                                                                                                                                                  | et from existing point of diversion, complete the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Does the undersigned represent all owners of the currently a<br>Yes No (If no, all owners must sign this a                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>(b) Will the ownership interest of any owner of the currently au affected if this application is approved as requested?</li> <li>☐ Yes</li> <li>☐ No</li> <li>(If yes, all owners must sign this application)</li> </ul>                       | application.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (c) If this application is not approved expeditiously, will there be ☐ Yes ☐ No (If no, all owners must sign this a                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If the application proposes a surface water change in point of diversic or a change in place of use, the application must be signed by all own agent (attach notarized statement authorizing representation).                                           | on, a groundwater change in point of diversion greater than 300 feet, ners of the currently authorized place of use, or their duly authorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| I hereby verify, being first duly sworn upon my oath or aff<br>age and the owner, the spouse of the owner, or a duly aut<br>their behalf, in regards to the water right(s) to which this<br>contained in this application are true, correct and complet | horized agent of the owner(s) to make this application on application pertains. I further verify that the statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Dated at Great Bond , Kansas, t                                                                                                                                                                                                                         | this 13 day of February, 2018.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Robert & Esamelly                                                                                                                                                                                                                                       | Evelyn M. Essmiller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (Owner)                                                                                                                                                                                                                                                 | (Spouse)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Nobert H. Essmiller (Please Print)                                                                                                                                                                                                                      | Evelyn M. Essmiller (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Owner)                                                                                                                                                                                                                                                 | (Spouse)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Please Print)                                                                                                                                                                                                                                          | (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (Flease Fill)                                                                                                                                                                                                                                           | (rease rillin)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (Owner)                                                                                                                                                                                                                                                 | (Spouse)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Please Print)                                                                                                                                                                                                                                          | (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| State of Kansas )                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County of Barton SS                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I hereby certify that the foregoing application was signed in the brushy, 20 2016.                                                                                                                                                                      | the law of the law of the second of the seco |
| My Lori                                                                                                                                                                                                                                                 | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| My Commission Expires 7 12 2021                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| My Commission Expires 7 12 2021                                                                                                                                                                                                                         | 2 1/12 Sardi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete accurate information; maps, if necessary, must be included; signatures of all tl                                                                                                           | e, all of the applicable portions of the application form must be completed with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| the appropriate fee must be paid.                                                                                                                                                                                                                       | en i dul las he annes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FEE SCH                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Each application to change the place of use or the point of diversion use forth in the schedule below: Make checks payable to: Kansas Depa (1) Application to change a point of diversion 300 feet or less                                              | rtment of Agriculture s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| and the materials of the control of                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FEB 1 9 2018                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Stafford Field Office 2017)

DWR:0-121 (Revised 07/16/2017)

Water Resources

#### 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

| With                                                                      | visions of the Kansas Water Appropriation Law, K.S.A. 82 to the exception of those conditions expressly contained his limitations of File No. 32,528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a-701 et. seq., and rules and re erein, this Summary Order does                                                                          | gulations promulgated thereunder, not change the terms, conditions                                                   |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1.                                                                        | A change application was received on 2/19/2018 diversion authorized under the above-referenced file nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | requesting tha<br>mber be changed as described ir                                                                                        | t the place of use and / or point of n the application.                                                              |
| 2.                                                                        | On and after the effective date of this summary order, the on the topographic map accompanying the application to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e authorized place(s) of use shall o change the place of use.                                                                            | be located substantially as shown pplicable    Not Applicable                                                        |
| 3.                                                                        | The change in point of diversion shall not impair existing ripreviously authorized. The point of diversion authorized radius of the authorized point(s) of diversion. ☐ Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | by this summary order shall be                                                                                                           | ame source or sources of water as located within a foot                                                              |
| 4.                                                                        | The point(s) of diversion authorized herein shall not actuall authorized point(s) of diversion. ☐ Applicable ☒ №                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ly be located more than<br>Not Applicable                                                                                                | feet from the previously                                                                                             |
|                                                                           | As required by K.A.R. 5-3-5d, if the works for diversion is tube or other device suitable for making water leve accordance with K.A.R. 5-6-13. ☐ Applicable ☑                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I measurements shall be insta<br>Not Applicable                                                                                          | lled, operated and maintained in                                                                                     |
| 6.                                                                        | The owner of the authorized place(s) of use shall proceed the process of water operated and maintained in accordance with K.A.R. 5-and K.A.R. 5-3-5e, the owner shall maintain records and water diverted annually to the Chief Engineer by March △ Applicable △ Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | whichever occurs first. The w<br>1-4 through 5-1-12. As required<br>dreport the reading of the water                                     | ater flow meter shall be installed,<br>I by K.S.A. 82a-732, as amended,<br>flow meter and the total quantity of      |
| 7.                                                                        | Installation of the works for diversion of water shall be authorized extension of time. By March 1, 20 the works for diversion has been completed, on the form pro  Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne applicant shall notify the Chie                                                                                                       | f Engineer that construction of the                                                                                  |
| 8.                                                                        | The completed well log shall be submitted with the req                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>quired notice.</b> $\square$ Applicable                                                                                               | Not Applicable                                                                                                       |
| 9.                                                                        | All diversion works into which any type of chemical or othe with an in-line, automatic, quick-closing check valve cap check valve(s) shall be installed, operated and maint Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pable of preventing pollution of the                                                                                                     | ne source of the water supply. The                                                                                   |
| 10.                                                                       | Additional Conditions are attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                      |
| 11.                                                                       | In accordance with K.S.A. 82a-708a, as amended, and K water appropriated under the above-referenced file nur limitations, as amended and/or supplemented by this St Appropriation Law and the Rules and Regulations propresult in civil penalties pursuant to K.S.A. 82a-737, as a water or appropriation right or any other enforcement according to the supplementation of th | mber are responsible for complia<br>ummary Order, and with applicat<br>nulgated thereunder. Failure to<br>amended, and/or the suspension | ance with its terms, conditions and<br>ole provisions of the <i>Kansas Water</i><br>comply with these provisions may |
| 1                                                                         | Administrative Appeal and Effective Date of Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          | FFICE USE ONLY                                                                                                       |
| you<br>Eng<br>Agri<br>filed<br>adm<br>day<br>revide<br>File<br>Leg<br>665 | ou are aggrieved by this order, pursuant to K.S.A. 82a-1901, may request an evidentiary hearing before the Chief ineer or request administrative review by the Secretary of culture. A request for hearing by the Chief Engineer must be within 15 days of service of this Order and a request for hinistrative review by the Secretary must be filed within 30 s pursuant to K.S.A. 77-531. Any request for administrative ew must state a basis for review pursuant to K.S.A. 77-527. any request with Kansas Department of Agriculture, al Division, 1320 Research Park Drive, Manhattan, KS 02. Failure to timely request a hearing or review may clude review under the Kansas Judicial Review Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | By: SUMMAR)  Duly Authorized De (Print Name): Common                                                                                     | esignee of the Chief Engineer                                                                                        |
|                                                                           | For Use by Register of Deeds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01 00                                                                                                                                    | ) SS                                                                                                                 |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County of Stational                                                                                                                      | )                                                                                                                    |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acknowledged before me on                                                                                                                | 3/12/18                                                                                                              |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | by Caming Co                                                                                                                             | nant 1                                                                                                               |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature:                                                                                                                               | Der Cigilization                                                                                                     |
|                                                                           | RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | My commission expires:                                                                                                                   | JESSICA ENGELBRECHT My Appointment Expires August 11, 2021                                                           |
| DWF                                                                       | FEB <b>1 9</b> 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | age 4                                                                                                                                    | (Notary Seal)<br>File No. 32,528                                                                                     |

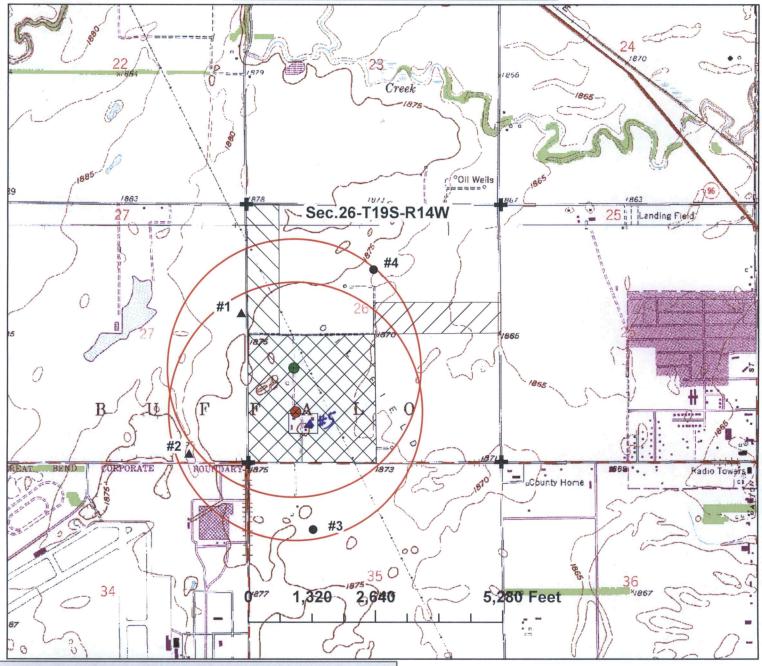
Stafford Field Office Division of Water Resources

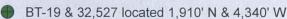
| 14. If the proposed groundwater point of diversion is 300 or fewer fe                                                                                                                                               | et from existing point of diversion, complete the following:                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Does the undersigned represent all owners of the currently<br>Yes No (If no, all owners must sign this a                                                                                                        |                                                                                                                                                                                        |
| <ul> <li>(b) Will the ownership interest of any owner of the currently a affected if this application is approved as requested?</li> <li>☐ Yes</li> <li>☐ No</li> <li>(If yes, all owners must sign this</li> </ul> | uthorized place(s) of use identified in this application be adversely application.)                                                                                                    |
| (c) If this application is not approved expeditiously, will there be ☐ Yes ☐ No (If no, all owners must sign this a                                                                                                 |                                                                                                                                                                                        |
|                                                                                                                                                                                                                     | ion, a groundwater change in point of diversion greater than 300 feet, vners of the currently authorized place of use, or their duly authorized                                        |
| age and the owner, the spouse of the owner, or a duly aut                                                                                                                                                           | ffirmation and under penalty of perjury, that I am of lawful thorized agent of the owner(s) to make this application on application pertains. I further verify that the statements te. |
| 11                                                                                                                                                                                                                  | this, 20                                                                                                                                                                               |
| Boert 6. Sue Hor Great Bend City Attor                                                                                                                                                                              | (Spouse)                                                                                                                                                                               |
| (Please Print)                                                                                                                                                                                                      | (Please Print)                                                                                                                                                                         |
| (Owner)                                                                                                                                                                                                             | (Spouse)                                                                                                                                                                               |
| (Please Print)                                                                                                                                                                                                      | (Please Print)                                                                                                                                                                         |
| (Owner)                                                                                                                                                                                                             | (Spouse)                                                                                                                                                                               |
| (Please Print)                                                                                                                                                                                                      | (Please Print)                                                                                                                                                                         |
| State of Kansas                                                                                                                                                                                                     |                                                                                                                                                                                        |
| County of                                                                                                                                                                                                           | at.                                                                                                                                                                                    |
| I hereby certify that the foregoing application was signed in                                                                                                                                                       | n my presence and sworn to before me thisday of                                                                                                                                        |
| NOTARY PUBLIC - STATE OF KANSAS  Julie Urban                                                                                                                                                                        | Jule Urban                                                                                                                                                                             |
| My Commission Expires My Appt. Exp 8-21                                                                                                                                                                             | Notary Public                                                                                                                                                                          |
|                                                                                                                                                                                                                     | te, all of the applicable portions of the application form must be completed with the appropriate owners' must be affixed to the application and notarized; and                        |
| FEE SCH                                                                                                                                                                                                             | HEDULE                                                                                                                                                                                 |
| (2) Application to change a point of diversion more than 300                                                                                                                                                        |                                                                                                                                                                                        |
| DECEN (To                                                                                                                                                                                                           |                                                                                                                                                                                        |

RECEIVED

FEB 1 9 2018

#### P/U Change Application Map, File No. BT-019 & 32,528 Sec.26-T19S-R14W in Barton County





32,528 located 1,025' N & 4,290' W

nearby permitted wells
 nearby domestic wells

currently authorized place of use covering 193 acres

proposed place of use covering 193 acres

section corners 1/2 mile circles around auth p/d's

By signing below I agree that all wells, including domestic, within ½ mile of the point of diversion have been shown on the map.

Robert 96 Essmilly 1-9-18
signature date

RECEIVED

SEE ATTACHED LIST FOR

**NEARBY WELL OWNERS** 

FEB 1 9 2018

1 inch = 2,000 feet

#### P/U Change Application Map, File No. BT-019 & 32,528 Sec.26-T19S-R14W in Barton County



- BT-19 & 32,527 located 1,910' N & 4,340' W
- 32,528 located 1,025' N & 4,290' W
- nearby permitted wells
- ▲ nearby domestic wells

currently authorized place of use covering 193 acres

proposed place of use covering 193 acres

section corners

1/2 mile circles around auth p/d's

By signing below I agree that all wells, including domestic, within ½ mile of the point of diversion have been shown on the map.

SEE ATTACHED LIST FOR **NEARBY WELL OWNERS** 



RECEIVED

FEB 1 9 2018

1 inch = 1,000 feet

fat & Esmelly signature

/-9-/8
Stafford Field Office 1 inch = 1,000 fee

date Division of Water Resources map created on 1/9/18 scale 1:12,000

#### CHANGE APPLICATION FOR FILE NOS. BT-019 & 32528

### NEARBY WELL OWNER LIST (see application map for locations)

- #1 domestic well
  Samuel R & Ashley R Trahan
  57 NW 40 Avenue
  Great Bend, KS 67530
- #2 domestic well
  Luis Hernandez Zalazar
  424 W Barton County RD
  Great Bend, KS 67530
- #3 Water Right, File No. 28434
  Brinning Land LLC
  Robert D Brinning
  215 S Monarch ST #203
  Aspen, CO 81611-2916
- #4 Water Right, File No. 16718
   David D Essmiller
   66 SW 30<sup>th</sup> Avenue
   Great Bend, KS 67530

#5 Domestic owned by applicant

RECEIVED

FEB 1 9 2018

Clustora Field Office Cluston of Water Resources



Stafford Field Office 300 S. Main Street Stafford, Kansas 67578-1521

Fax: 620-234-6900 www.agriculture.ks.gov

Phone: 620-234-5311

Governor Jeff Colyer, M.D.

Jackie McClaskey, Secretary David W. Barfield, Chief Engineer Jeff Lanterman, Water Commissioner

March 12, 2018

Robert H Essmiller 280 W Barton County RD Great Bend KS 67530

Re: Water Right, File No(s). 32528

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 <a href="http://agriculture.ks.gov/divisions-programs/dwr/water-appropriation/water-flowmeters">http://agriculture.ks.gov/divisions-programs/dwr/water-appropriation/water-flowmeters</a>. 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.

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,

Jeff Lanterman

Water Commissioner

**Enclosures** 

pc: Water Rights Section

Groundwater Management District No. 5

#### **CERTIFICATE OF SERVICE**

On this **12th** day of **March**, **2018**, I hereby certify that the attached Change in Place of Use for Water Right, File No. **32528**, dated **March 12**, **2018** was mailed via Certified U.S. mail to the following:

Robert H Essmiller 380 W Barton County RD Great Bend KS 67530

A copy of the letter was sent to the following:

GMD 5

Staff

Staff



#### KANSAS DEPARTMENT OF AGRICULTURE

#### **Division of Water Resources**

#### **Stafford Field Office**

#### MEMORANDUM

TO: File

DATE: 2/23/2018

FROM: Tyler Saryerwinnie

RE: File No. BT19 & 32528

This is a memorandum regarding surrounding well owner notification on irrigation field office PU changes and pertains to decisions made during the Water Commissioner meeting which took place on 11/16/2016 with directive from Lane Letourneau, Program Manager.

This is applicable to field office changes to increase the place of use by 10 acres or 10% (whichever is less) or a change in place of use to create a complete overlap in which no new acres are being irrigated.

During that meeting it was determined that no surrounding well owner notification will be sent under this type of Place of Use change. All well rates and quantities will remain unchanged and the referenced change will not cause impairment or impact surrounding well owners.

The change in place of use applications filed on <u>2/19/2018</u> for the above referenced files meet this criteria and surrounding well owners will not be notified.

#### Saryerwinnie, Tyler [KDA]

From: Saryerwinnie, Tyler [KDA]

Sent: Tuesday, February 27, 2018 9:59 AM

To: Orrin Feril (oferil@gmd5.org)
Cc: Conant, Cameron [KDA]

Subject: GMD Recommendation Request - File Nos. BT19 & 32528

Attachments: BT19.32528.Cover Letter.pdf; BT019.Change App.pdf; 32528.Change App.pdf;

BT19.32527.32528.base review.pdf

Orrin,

I have attached a cover letter and copies of two (2) change applications for GMD recommendation. I have also included a copy of the base acre review for each file. Please provide the GMD recommendation by no later than March 19, 2018.

Please let me know if you are needing anything else, or have any questions.

Thank you,

Tyler

**Tyler Saryerwinnie**, Environmental Scientist Kansas Department of Agriculture Division of Water Resources Stafford Field Office

Phone: (620)234-5311



1320 Research Park Drive Manhattan, Kansas 66502 785-564-6700

Secretary Jackie McClaskey

900 SW Jackson, Room 456 Topeka, Kansas 66612 785-296-3556

Governor Jeff Colyer, M.D.

February 27, 2018

Orrin Feril Big Bend – GMD No. 5 125 S Main St. Stafford, KS 67578

RE: Place of Use Change Application, File No. BT 19 & 32,528

Dear Mr. Feril,

We are enclosing a copy of the application, as referenced above, for your review and recommendation. At this time the application appears to be in proper form.

This office will delay any further action on this file for a period of 15 business days from the date of this letter to allow you time to submit your recommendation concerning the application. Please submit your recommendation within the allotted time, or any authorized extension of time thereof.

If you have any questions, please feel free to contact the office.

Sincerely,

Tyler Saryerwinnnie

Environmental Scientist

Stafford Field Office

tyler.saryerwinnie@ks.gov

Enclosure

#### Saryerwinnie, Tyler [KDA]

From:

Orrin Feril <oferil@gmd5.org>

Sent:

Thursday, March 01, 2018 4:03 PM

To:

Saryerwinnie, Tyler [KDA]

Subject:

Application for Change, Water Right, File No. BT019, 16718, 32527, 32528

**Attachments:** 

BT019 16718 32527 32528 2018-03-01 Rec.pdf

Tyler,

I'm attaching the recommendation requested by your office in a letter dated February 27, 2018. Please let me know if you have any questions.

Thank you for your consideration in this matter,

Orrin

#### Orrin Feril

Manager Big Bend GMD#5

Email: oferil@gmd5.org Phone: (620) 234-5352 Mobile: (620) 388-0172 Fax: (620) 234-5718

www.gmd5.org

Darrell Wood - Edwards (Pres.)
Fred Grunder - Pratt (V Pres.)
John Janssen - Kiowa (Treas.)
Jerry Cullop - Rice (Sec.)
Justin Gatz - Reno
Kent Lamb - Stafford
Phil Martin - Barton
Kerry Froetschner - Pawnee
Tom Taylor - At-Large



Orrin Feril, Manager 125 South Main Street Stafford, Kansas 67578 ph: (620) 234-5352 fx: (620) 234-5718 gmd5@gmd5.org www.gmd5.org

March 1, 2018

Tyler Saryerwinnie Division of Water Resources Kansas Department of Agriculture 300 S Main St Stafford, KS 67578

RE: Vested File No. BT019
Water Right File Nos. 32527, 32528
Change in the Place of Use
Water Right File No. 16718
Change in Point of Diversion and Place of Use

Dear Mr. Saryerwinnie,

Big Bend Groundwater Management District #5 has reviewed the above referenced applications to change the place of use and point of diversion. It is the understanding of the District that these changes are intended to clean up the ownership of the places of use and allow for a more efficient application of water through center pivot irrigation in the N2 of Section 26. The applications appear to be consistent with 5-25-20(b) and are recommended for approval.

The applications to change are subject to the District's well equipment regulation K.A.R. 5-25-5 for a required flow meter.

Please feel free to give me a call if you have any questions.

Sincerely,

Orrin Feril Manager

RECEIVED

MAR 0 1 2018

Stafford Field Office

Division of Water Resources

REGISTER OF DEEDS PAM WORNKEY BARTON COUNTY, KS

Book: 620 Page: 1204

Receipt #: 143963 Pages Recorded: 1 Total Fees: \$21.00

Art of Inc Boo

Date Recorded: 2/8/2018 2:02:52 PM

Entered in Transfer Record in my office this

day of February, A.D., 2

Donna Zimmerna By Ber Showeller, ass Diper

STATUTORY WARRANTY DEED

On this 7<sup>th</sup> day of February, 2018, Robert H. Essmiller, Jr. and Evelyn M. Essmiller, his wife, Grantors,

In exchange of property for valuable but non-monetary consideration

#### **CONVEYS AND WARRANTS**

to David D. Essmiller and Deanna Essmiller, as Trustees of the Revocable Inter Vivos Trust of David D. Essmiller dated October 5, 2011, as Grantees, all of the following-described real estate in Barton County, Kansas:

The South Half of the South Half of the Northeast Quarter (S/2 S/2 NE/4) of Section 26, T19S-R14W, Barton County, Kansas, less and except a tract by metes and bounds described as follows: Beginning at a point on the south line of said NE 1/4 Section 26 which bears from the east 1/4 corner N89°41"15"W, 24.68 ft.; thence continuing N89°41'15"W on and along the south line of said NE 1/4 section, 920.10 ft.; thence N00°00'00"W, 660.12 ft.; thence S89°39'39"E, 918.25 ft. to the west right-of-way of the township road; thence S00°09'38"E, 659.70 ft. to the point of beginning.

Reserving unto grantors, their heirs and assigns all water rights appurtenant to or associated with the above described property, including but not limited to Kansas Water Right File Numbers 32,528 and BT 19.

By: Robert H. Essmiller, Jr.

By: Evelyn M. Essmiller

STATE OF KANSAS

) ss.

COUNTY OF BARTON

This instrument was acknowledged before me on the 7<sup>th</sup> day of February, 2018, by Robert H. Essmiller, Jr. and Evelyn M. Essmiller, his wife.

My Commission Expires: 1/-/8-/8

JOHN L. HORNER My Appt. Exp. 1/2-18-1 Notary Public

FEB-189 2018

sg14758a 2010

REGISTER OF DEEDS PAM WORNKEY
BARTON COUNTY, KS

Book: 620 Page: 1187

Receipt #: 143958 Pages Recorded: 2 Total Fees: \$38.00

Military Book\_

Scanned

Date Recorded: 2/8/2018 11:00:46 AM

Entered in Transfer Record in my office this

Onna Zun men man County Clerk 24 Bet Schneidle, ass Deput

This indenture made this \_\_\_\_\_\_\_ day of February, 2018, by and between David D. Essmiller and Deanna Essmiller, Trustees of the Revocable Inter Vivos Trust of David D. Essmiller dated October 5, 2011, Grantors, and Robert H. Essmiller and Evelyn M. Essmiller, husband and wife, as joint tenants with the right of survivorship and not as tenants in common, Grantees,

The Grantors, by virtue of the terms and provisions of said trust instrument, in consideration of the exchange of real estate, and for valuable but non-monetary consideration, do hereby grant, sell and convey to Grantees, the following described real estate in Barton County, Kansas:

The West 825 feet of the Northwest Quarter (NW/4) of Section Twenty-six (26), Township Nineteen (19) South, Range Fourteen (14) West, Barton County, Kansas, containing 50 acres more or less,

Except and subject to: leases, easements, covenants and restrictions of record and further reserving to the Grantors a right of first refusal in the event Grantees, their heirs or assigns, elect to sell said real estate to be exercised within thirty (30) days of receipt of written notice.

Grantors covenant that Grantors have good right to convey Grantors' interest in the property conveyed by this Deed (the "Property") and warrants the quiet possession of the Property against the claims of those claiming any right, interest or title through Grantors, except as may be described above, and further covenants that the Property is free from all encumbrances created by Grantors, except as may be described above, and Grantors will warrant and defend the Property against all lawful claims of those claiming any right, interest or title through Grantors, except as may be described above. By the acceptance hereof, it is agreed that Grantors are not and shall not be personally liable upon any covenant or warranty herein, whether express or implied, and that Grantors' liability as trustees shall be limited to the assets held by Grantors as trustees at the time any such liability may be determined.

Grantors certify that Grantors are the duly appointed, qualified and acting Trustees of the the Revocable Inter Vivos Trust of David D. Essmiller dated October 5, 2011, and have full power and authority to convey Grantors' interest in the Property, and have made this conveyance pursuant to the power and authority granted to Grantors of such Trust Agreement, which agreement is in full force and effect and has not been amended or revoked.

RECEIVED

FEB 1 9 2018

Stationd Field

TRUSTEES' DEED

This indenture made this \_\_IS+ day of February, 2018, by and better and Deanna Essmiller, Trustees of the Revocable Inter Vivos T

Book: 620 Page: 1187 Page # 2

TO HAVE AND TO HOLD the Property, together with the appurtenances and hereditaments and every part thereof, unto the Grantees.

> Revocable Inter Vivos Trust of David D. Essmiller dated October 5, 2011

STATE OF KANSAS ) ss.

**COUNTY OF BARTON** 

This instrument was acknowledged before me on the  $\frac{1}{2}$  day of February, 2018, by David D. Essmiller and Deanna Essmiller, as Trustees of the Revocable Inter Vivos Trust of David D. Essmiller dated October 5, 2011.

My Appointment Expires: 11-13-2020

Katherne

NOTARY PUBLIC - State of Kansas KATHERINE S. JONAS Notary Public

RECEIVED

sg14759a