

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

1. File Number: 36036	2. Status Change Date:	3. Change Num: 1	4. Field Office: 02	5. GMD: 05
6. Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 6/14/18
8a. Applicant(s) New to system <input type="checkbox"/>		Person ID _____ Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/>	
8b. Landowner(s) New to system <input checked="" type="checkbox"/>		Person ID _____ Add Seq# 1	8d. WUC New to system <input checked="" type="checkbox"/>	
CDK HOLDINGS LLC 1321 LOBELIA DR LAKE MARY FL 32746			8B	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/18 <input checked="" type="checkbox"/> N & P Date to Comply: 12/31/18				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input checked="" type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input checked="" type="checkbox"/> H & E Letter				
<input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
			Date Prepared: 6/15/18 By: EKF	
			Date Entered: _____ By: _____	

File No. **36036** 11. County: **PN** Basin: **Arkansas River** Stream: **---** Formation Code: **180** Special Use: **---**

12. Points of Diversion										Rate and Quantity							
CHK	MOD	DEL	ENT	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
DEL		43491			NC NW	10	23	15W	2	3970	3960		710	181	710	181	NONE
ENT					NC NW	10	23	15W		3940	3960		710	181	710	181	NONE

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use					NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files				
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
CHK		16535			10	23	15W	2																		8b	Y	NONE

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

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.
 Call for address:

Topeka -- (785) 296-5733
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION WATER METER REQUIRED



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
 Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

File No. 36036

RECEIVED
8:46 am
 JUN 14 2018

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):
 Place of Use Point of Diversion
 under the water right which is the subject of this application in accordance with the conditions described below.
 The source of supply is: Groundwater Surface water

Stafford Field Office
 Division of Water Resources

2. Name and address of Applicant: April Cleveland
PO Box 527, Macksville KS 67557
 Phone Number: (620)285-5965 Email address: cabfarm@embarqmail.com
 Name and address of Water Use Correspondent: CDK Holdings LLC
1321 Lobelia Dr, Lake Mary FL 32746
 Phone Number: () Email address: _____

3. The presently authorized place of use is:
 Owner of Land ---- NAME: CDK Holdings LLC
 ADDRESS: 1321 Lobelia Dr, Lake Mary FL 32746
 (If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
No	Change																		

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:
 Owner of Land ---- NAME: _____
 ADDRESS: _____
 (If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	

For Office Use Only: Code _____ Fee \$ 100 TR # _____ Receipt Date _____ Check # 8114

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ NC NW Quarter
 of Section _____ 10 _____, Township _____ 23 _____ South, Range _____ 15 _____ W,
 in Pawnee _____ County, Kansas, _____ 3,970 _____ feet North _____ 3,960 _____ feet West of Southeast corner of section.
 Authorized Rate _____ 710 gpm _____ Authorized Quantity _____ 181 AF _____ Depth of well _____ 82 _____ (feet)
 (DWR use only: Computer ID No. 2 _____ GPS _____ N/A _____ feet North _____ N/A _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ NC NW Quarter
 of Section _____ 10 _____, Township _____ 23 _____ South, Range _____ 15 _____ W,
 in Pawnee _____ County, Kansas, _____ 3,940 _____ feet North _____ 3,960 _____ feet West of Southeast corner of section.
 Proposed Rate _____ no change _____ Proposed Quantity _____ no change _____ Proposed well depth (feet) _____ ~80 _____
 This point is: Additional Well Geo Center List other water rights that will use this point none

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ (E/W),
 in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. The changes herein are desired for the following reasons?
 (please be specific) Current well is starting to lose
production/pumping air

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

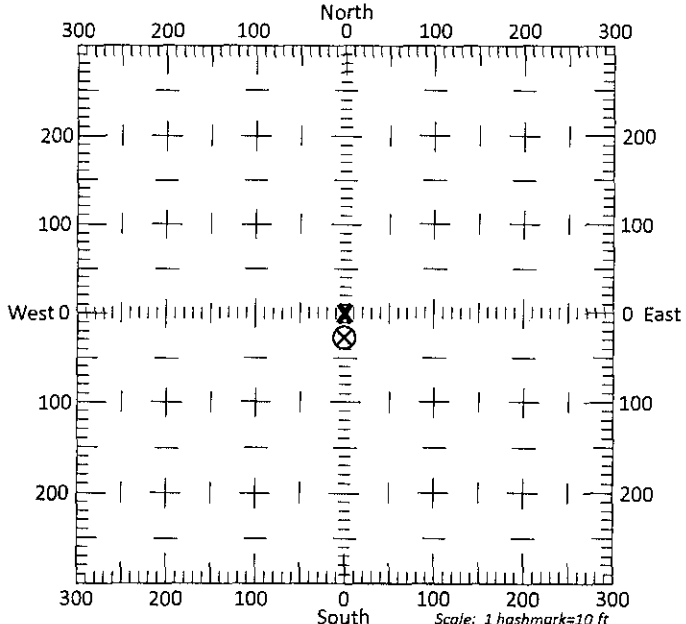
9. The change(s) (was)(will be) completed by?
ASAP

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
keep for domestic use
 (b) When will this be done? when new well drilled

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by EKF/SFFO

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

JUN 14 2018

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:

- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Stafford, Kansas, this 14th day of June, 2018.

April G. Cleveland
(Owner) Agent

(Spouse)

April G. Cleveland
(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

(Owner)

(Spouse)

(Please Print)

(Please Print)

State of Kansas }
County of Stafford } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 14th day of June, 2018.



Jessica Engelbrecht
Notary Public

My Commission Expires

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

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

RECEIVED

JUN 14 2018

Station Field Office
Division of 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 provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et seq.*, and rules and regulations promulgated thereunder, With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 36036

1. A change application was received on June 14, 2018 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application. Applicable Not Applicable
5. The point(s) of diversion authorized herein shall not actually be located more than 80 feet from the previously authorized point(s) of diversion. Applicable Not Applicable
6. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
7. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2018**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
8. **Installation of the works for diversion of water shall be completed on or before December 31, 2018**, or within any authorized extension of time. By March 1, 2019 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
9. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
10. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
11. Additional Conditions are attached. Yes No
12. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and ~~dismissal~~ of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within **15 days** of service of this Order and a request for administrative review by the Secretary must be filed within **30 days** pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with **Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502**. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

For Use by Register of Deeds

FOR OFFICE USE ONLY JUN 14 2018
APPLICATION APPROVED AND
SUMMARY ORDER ISSUED

Regional Field Office
 Division of Water Resources

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

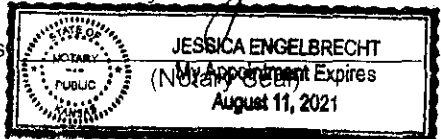
Date of Issuance: 6/14/18

State of Kansas
 County of Stafford } SS

Acknowledged before me on 6/14/2018
 by Cameron Conant

Signature: Jessica Engelbrecht
 Notary Public

My commission expires

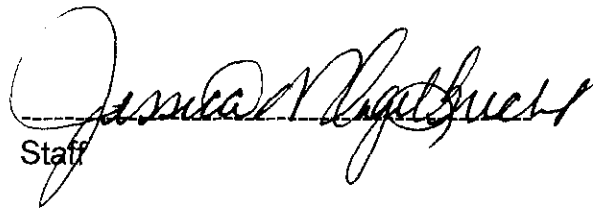


CERTIFICATE OF SERVICE

On this **14th** day of **June, 2014**, I hereby certify that the attached Change in Point of Diversion for Water Right, File No. **36036**, dated **June 14, 2018** was hand delivered to the following:

April Cleveland

A copy was mailed to the following:
GMD5

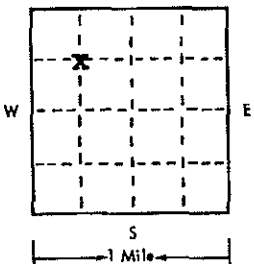

Staff

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County Pawnee	Township name Valley Center	Fraction CNWA	Section number 10	Town number T23S	Range number R15W																														
Distance and direction from nearest town or city: 7 1/2 mi. East of Zook, Kansas Street address of well location if in city:				3 Owner of well: Irma Smith Address:																																
Locate with "X" in section below: N  W E S 1 Mile				Sketch map:																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">2 Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top soil</td> <td>0</td> <td>3</td> </tr> <tr> <td>Brown & gray clay & sand streaks</td> <td>3</td> <td>30</td> </tr> <tr> <td>Sand & clay streaks</td> <td>30</td> <td>41</td> </tr> <tr> <td>Sand, gravel & thin clay streaks</td> <td>41</td> <td>53</td> </tr> <tr> <td>Sand & gravel</td> <td>53</td> <td>81</td> </tr> <tr> <td>Brown clay & limestone</td> <td>81</td> <td>82</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				2 Type and color of material	From	To	Top soil	0	3	Brown & gray clay & sand streaks	3	30	Sand & clay streaks	30	41	Sand, gravel & thin clay streaks	41	53	Sand & gravel	53	81	Brown clay & limestone	81	82										4 Well depth: <u>82</u> ft. Date of completion <u>5-7-75</u> Well diameter <u>24</u> in.		
				2 Type and color of material	From	To																														
				Top soil	0	3																														
				Brown & gray clay & sand streaks	3	30																														
				Sand & clay streaks	30	41																														
				Sand, gravel & thin clay streaks	41	53																														
				Sand & gravel	53	81																														
				Brown clay & limestone	81	82																														
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary																																				
6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____																																				
7 Casing: Material <u>Steel</u> Height: <u>above</u> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. Diam. <u>16</u> in. to <u>42</u> ft. depth Weight <u>30.3</u> lbs./ft. _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
8 Screen: Manufacturer <u>W. A. Brown</u> Type <u>Double-slot</u> Dia. <u>16"</u> <u>Slot</u> gauge <u>1/8</u> Length <u>40'</u> Set between <u>42</u> ft. and <u>82</u> ft. Fittings: _____ Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u> -200																																				
9 Static water level: <u>20 1/2</u> ft. below land surface Date <u>5-7-75</u>																																				
10 Pumping level below land surfaces: <u>N/C</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.																																				
11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																																				
12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12 Inches above grade																																				
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>10</u> ft.																																				
14 <u>NONE KNOWN</u> Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																				
16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																																				
17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Clarke Well & Eq., Inc. <u>185</u> Business name _____ License No. _____ Address <u>Great Bend, KS</u> Signed <u>[Signature]</u> Date <u>5-7-75</u> Authorized representative																																				

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

36036

Property Detail Information



Generated: 6/13/2018 1:33:03 PM

Report for Parcel No. 073-212-10-0-00-00-002.00-0 (Quick Ref. ID R6194)

Property Physical (Situs) Address

00000 CO RD, Macksville, KS 67557

Tract (Legal) Description

S10, T23, R15, ACRES 157, NW4 LESS ROW

Owner(s) Owner Mailing Address

CDK HOLDINGS LLC - (P) 1321 LOBELIA DR
LAKE MARY, FL 32746

Property Features

Topography	Level - 1
Utilities	Well - 5
Access	Paved Road - 1
Fronting	Secondary Artery - 2
Location	Neighborhood or Spot - 6
Parking Type	On and Off Street - 3
Parking Quantity	Adequate - 2
Parking Proximity	On Site - 3
Covered Parking	Not Available
Uncovered Parking	Not Available

Land-Based Classification

Function	Farming / ranch land (no improvements)
Activity	Farming, plowing, tilling, harvesting, or related activities
Ownership	Private-fee simple
Site	Dev Site - crops, grazing etc - no structures

General Property Information

Property Class	Agricultural Use - A
Living Units	Not Available
Zoning	Not Available
Neighborhood	401
Tax Unit Group	116

