

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

| | | | | |
|--|------------------------|---|--|---|
| 1. File Number: 36603 | 2. Status Change Date: | 3. Change Num: 1 | 4. Field Office: 02 | 5. GMD: 02 |
| 6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return | | | | 7. Filing Date of Change: 3/19/18 |
| 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 type="checkbox"/> | | Person ID 63076 Add Seq# 1 | 8d. WUC New to system <input type="checkbox"/> | |
| HUTCHINSON REGIONAL MEDICAL CENTER INC ENGINEERING DEPT 1701 E 23RD AVE HUTCHINSON KS 67502-1105 | | HUTCHINSON REGIONAL MEDICAL CENTER INC ENGINEERING DEPT 1701 E 23RD AVE HUTCHINSON KS 67502-1105 | | |
| 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: 3/21/18 Date to Comply: _____ | | | | |
| 10. Use Made of Water From: _____ To: _____ | | | | |
| Date Prepared: 3/20/18 By: TJS Date Entered: _____ By: _____ | | | | |

File No. **36603** 11. County: **RENO** Basin: **Arkansas River** Stream: --- Formation Code: **190 (Equus Beds)** Special Use: **None**

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm/cfs af/mgy gpm/cfs af/mgy Overlap PD Files

DEL **33071** Qualifier S T R ID 'N 'W Comment (AKA Line) **6** **None**
 ENT SW NW SE 5 23S 5W 1966 2069 9 GPM 0.1 AF 9 GPM 0.1 AF 21116

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

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

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

| 16. Place of Use CHK MOD DEL ENT | PUSE | S | T | R | ID | NE¼ | | | | NW¼ | | | | SW¼ | | | | SE¼ | | | | Total | Owner | Chg? | Overlap Files | | | |
|--|-------------|---|---|---|----------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|-------|------|---------------|-----------|--------------|--|
| | | | | | | 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 | 3921 | | | | 1 | | | | | | | | | | | | | | | | | | | | 8b. | No | 21116 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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. 36603

RECEIVED
9:50am
MAR 19 2018

*Stafford Field Office
 Division of Water Resources*

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: Hutchinson Regional Medical Center

1701 E 23rd Avenue, Hutchinson KS 67502

Phone Number: (620)665-2000 Email address: MonhollonM@HutchRegional.com

Name and address of Water Use Correspondent: Mike Monhollon

Hutchinson Regional Medical Center Inc, Engineering Dept, 1701 E 23rd Ave, Hutchinson KS 67502-1105

Phone Number: (620)665-2000 Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: Hutchinson Regional Medical Center

ADDRESS: 1701 E 23rd Avenue, Hutchinson KS 67502

(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 | |
| 5 | 23S | 5W | | | | | | | | | | | | | | 1 | | | 1 |
| | | | | | | | | | | | | | | | | | | | |

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land ---- NAME: No Change

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

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

| | | | | |
|--|-------------------------------|------------|--------------------|-----------------------|
| For Office Use Only: Code _____ | Fee \$ <u>100⁻</u> | TR # _____ | Receipt Date _____ | Check # <u>263255</u> |
|--|-------------------------------|------------|--------------------|-----------------------|

5. **Presently authorized point of diversion:**

One in the NW Quarter of the NW Quarter of the SE Quarter of Section 5, Township 23 South, Range 5 W, in Reno County, Kansas, 2030 feet North 2030 feet West of Southeast corner of section.

Authorized Rate 9 GPM Authorized Quantity 0.1 AF Depth of well Unknown (feet)

(DWR use only: Computer ID No. 6 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 SW Quarter of the NW Quarter of the SE Quarter of Section 5, Township 23 South, Range 5 W, in Reno County, Kansas, 1966 feet North 2069 feet West of Southeast corner of section.

Proposed Rate No Change Proposed Quantity No Change Proposed well depth (feet) 40-60 ft

This point is: Additional Well Geo Center List other water rights that will use this point 21116

6. **Presently authorized point of diversion:**

One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (EW), 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 _____ (EW), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.

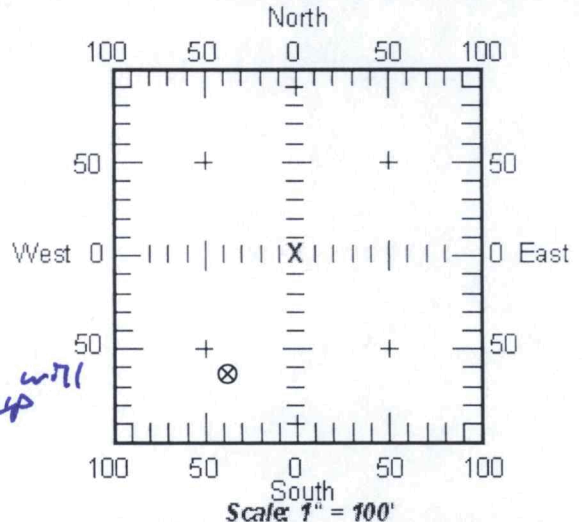
Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____

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) The existing location is in conflict with the proposed building addition.

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



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

9. The change(s) (was)(will be) completed by?
June 1, 2018

10. If the point of diversion is a well:

(a) What are you going to do with the old well?

Plugged (GMD 2 Plugging Agreement has not been included)

** Plugged in summer/fall of 2017 - GMD#2 is aware & will follow-up*

(b) When will this be done? Well has already been plugged

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by TJS - SFFO

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Stafford Field Office
Division of Water Resources

13b. If the proposed point of diversion will be relocated more than 100 feet but within 1320 feet from the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines.

** CRC 3/20/18*

14. If the proposed groundwater point of diversion is 300 or fewer feet from existing point of diversion, complete the following:
- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
 - (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
 - (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

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

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

Dated at HUTCHINSON, Kansas, this 6th day of MARCH, 20 18.

Richard W. Hoyt

 (Owner)
RICHARD W. HOYT
CHIEF OPERATING OFFICER

 (Please Print)

 (Spouse)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

State of Kansas }
 County of Beno } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 6 day of march, 20 18.

Carla J. Long

 Notary Public

My Commission Expires 3-10-2019

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

FEE SCHEDULE

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

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

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MAR 19 2018

Stafford 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. 36603.

- 1. A change application was received on 3/19/18 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
- 2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
- 3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a 50 foot radius of the authorized point(s) of diversion. Applicable Not Applicable
- 4. The point(s) of diversion authorized herein shall not actually be located more than 125 feet from the previously authorized point(s) of diversion. Applicable Not Applicable
- 5. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
- 6. **The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2018**, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
- 7. **Installation of the works for diversion of water shall be completed on or before December 31, 2018**, or within any authorized extension of time. By March 1, 2019 the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
- 8. **The completed well log shall be submitted with the required notice.** Applicable Not Applicable
- 9. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
- 10. Additional Conditions are attached. Yes No
- 11. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

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Administrative Appeal and Effective Date of Order

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

For Use by Register of Deeds

FOR OFFICE USE ONLY
APPLICATION APPROVED AND 19 2018
SUMMARY ORDER ISSUED

Stafford Field Office
Division of Water Resources

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

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

Date of Issuance: 3/21/18

State of Kansas)

County of Stafford) SS

Acknowledged before me on 3/21/2018
by Cameron Conant

Signature: Jessica Engelbrecht
Notary Public



My commission expires _____
(Notary Seal)

STATE OF KANSAS

DEPARTMENT OF AGRICULTURE
DIVISION OF WATER RESOURCES
STAFFORD FIELD OFFICE
300 S. MAIN STREET
STAFFORD, KS 67578-1521



PHONE: (620) 234-5311
FAX: (620) 234-6900
www.agriculture.ks.gov

GOVERNOR JEFF COLYER, M.D.
JACKIE McCLASKEY, SECRETARY OF AGRICULTURE

March 21, 2018

Hutchinson Regional Medical Center Inc
Engineering Dept
1701 E 23rd Ave
Hutchinson KS 67502-1105

Re: Water Right, File No(s). 36603

Dear Water Right Owner:

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

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

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

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

Any abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

Should you have any questions, please feel free to contact this office. If you wish to refer to a specific file, please reference it when you contact us.

Sincerely,

Jeff Lanterman
Water Commissioner

Enclosures

pc: Water Rights Section
Groundwater Management District No. 2

CERTIFICATE OF SERVICE

On this **21st** day of **March, 2018**, I hereby certify that the attached Change in Point of Diversion for Water Right, File No. **36603**, dated **March 21, 2018** was mailed via Certified U.S. mail to the following:

Hutchinson Regional Medical Center Inc
Engineering Dept
1701 E 23rd Ave
Hutchinson KS 67502-1105

A copy of the letter was sent to the following:

GMD 2



Staff