

NOTICE

This scan only represents the application as filed. The information contained herein meets the requirements of K.A.R. 5-3-1 or K.A.R. 5-5-1, and has been found acceptable for filing in the office of the Chief Engineer. The application should not be considered to be a complete application as per K.A.R. 5-3-1b or K.A.R. 5-5-2a.

SEP 30 2019

1:21

KS DEPT OF AGRICULTURE

Submit To: CHIEF ENGINEER
Division of Water Resources
Kansas Department of Agriculture
1320 Research Park Drive
Manhattan, Kansas 66502
http://agriculture.ks.gov/dwr

**APPLICATION FOR APPROVAL TO
CHANGE THE PLACE OF USE, THE
POINT OF DIVERSION OR THE USE
MADE OF THE WATER UNDER AN
EXISTING WATER RIGHT**



State of Kansas

Filing Fee Must Accompany the Application

(Please refer to Fee Schedule on signature page of application form.)

Paragraph Nos. 1, 2, 3, 4 & 8 must be completed. Complete all other applicable portions. A topographic map or detailed plat showing the authorized and proposed points(s) of diversion and /or place of use must accompany this application.

1. Application is hereby made for approval of the Chief Engineer to change the

- Place of Use
- (Check one or more) Point of Diversion
- Use Made of Water

File No. 37118

2. Name of applicant: City of Quinter

Address: P.O. Box 555

City, State and Zip: Quinter, Kansas 67752

Phone Number: (785)754-3821 E-mail address: cityofq@ruraltel.net

What is your relationship to the water right; owner tenant agent other? If other, please explain. _____

Name of water use correspondent: Same as above: City of Quinter

Address: P.O. Box 555

City, State and Zip: Quinter, Kansas 67752

Phone Number: (785)754-3821 E-mail address: cityofq@ruraltel.net

3. The change(s) proposed herein are desired for the following reasons (please be specific): _____

Due to poor well construction, existing Well #11 does not produce water at a desirable rate as originally perfected under File Nos. GO 001 and 37,118.

The change(s) will be completed by As soon as possible, prior to December 31, 2019
(Date)

For Office Use Only:														
F.O.	<u>3</u>	GMD	<u>4</u>	Meets K.A.R. 5-5-1 (YES / NO)	Use	<u>MUN</u>	Source	<u>G/S</u>	County	<u>GO</u>	By	<u>KJN</u>	Date	<u>9/30/19</u>
Code	<u>CGT</u>	Fee \$	<u>200</u>	TR #		Receipt Date	<u>9/30/19</u>	Check #	<u>2678</u>					

4. The presently authorized place of use is:

Owner of Land — NAME: City of Quinter and Immediate Vicinity

ADDRESS: P.O. Box 555, Quinter, Kansas, 67752

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			

List any other water rights that cover this place of use. _____

Owner of Land — NAME: _____

ADDRESS: _____

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				

List any other water rights that cover this place of use. _____

(If there are more than two landowners, attach additional sheets as necessary.)

5. It is proposed that the place of use be changed to:

Owner of Land — NAME: NO CHANGE: City of Quinter and Immediate Vicinity

ADDRESS: P.O. Box 555, Quinter, Kansas, 67752

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					

List any other water rights that cover this place of use. _____

Owner of Land — NAME: _____

ADDRESS: _____

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						

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List any other water rights that cover this place of use. _____

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- 6. The presently authorized point(s) of diversion is One (1) well, pump and motor.
(Provide description and number of points)
- 7. The proposed point(s) of diversion are One (1) well, pump and motor. One (1) standby well.
(Provide description and number of points)

List all presently authorized point(s) of diversion:

8. **Presently authorized point of diversion:**
 One in the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 30, Township 11 South, Range 26 W, in Gove County, Kansas, 1655 feet North 684 feet West of Southeast corner of section.
 Authorized Rate 75 gpm Authorized Quantity 16.299 MGY
(DWR use only: Computer ID No. 77461 GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows:
Proposed point of diversion: (Complete only if change is requested)
 One in the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 30, Township 11 South, Range 26 W, in Gove County, Kansas, 1335 feet North 1190 feet West of Southeast corner of section.
 Proposed Rate 75 gpm Proposed Quantity 16.299 MGY **New Primary Well**
 This point is: Additional Well Geo Center List other water rights that will use this point GO 001 and 37118

9. **Presently authorized point of diversion:**
 One in the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 30, Township 11 South, Range 26 W, in Gove County, Kansas, 1655 feet North 684 feet West of Southeast corner of section.
 Authorized Rate 75 gpm Authorized Quantity 16.299 MGY
(DWR use only: Computer ID No. 77461 GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows:
Proposed point of diversion: (Complete only if change is requested)
 One in the Southwest Quarter of the Northeast Quarter of the Southeast Quarter of Section 30, Township 11 South, Range 26 W, in Gove County, Kansas, 1655 feet North 684 feet West of Southeast corner of section.
 Proposed Rate 75 gpm Proposed Quantity 16.299 MGY **Standby Well***
 This point is: Additional Well Geo Center List other water rights that will use this point GO 001 and 37118

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

- 11. Describe the current condition of and future plans for any point(s) of diversion which will no longer be used: **The existing well is proposed to be retained as a "Standby Well" as defined in K.A.R. 5-1-1(aaaa) and K.A.R. 5-1-2.**

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12. The presently authorized use of water is for Municipal purposes.
It is proposed that the use be changed to No Change purposes.
13. If changing the place of use and/or use made of water, describe how the consumptive use will not be increased.
No change in place of use or use made of water is being proposed. Consumptive use will not be increased.
(Please show any calculations here.)
14. It is requested that the maximum annual quantity of water be reduced to N/A (acre-feet or million gallons).
15. It is requested that the maximum rate of diversion of water be reduced to N/A gallons per minute (N/A c.f.s.).
16. The application must include either a topographic map or detailed plat. A U.S. Geological Survey Topographic Map, scale 1:24,000, is available through the Kansas Geological Survey, 1930 Constant Avenue, University of Kansas, Lawrence, Kansas 66047-3726 (www.usgs.gov). The map should show the location of the presently authorized point(s) of diversion. Distances North and West of the Southeast corner of the section must be shown. The presently authorized place of use should also be shown. Identify the center of the section, the section lines and the section corners and show the appropriate section, township, and range numbers on the map. In addition, the following information must also be shown on the map.
- a. If a change in the location of the point(s) of diversion is proposed, show:
 - 1) The location of the proposed point(s) of diversion. Distances North and West of the Southeast corner of the section must be shown. Please be certain that the information shown on the map agrees with the information shown in Paragraph Nos. 9, 10 and 11 of the application.
 - 2) If the source of supply is groundwater, please show the location of existing water wells of any kind, including domestic wells, within 1/2 mile of the proposed well or wells. Identify each well as to its use and furnish name and mailing address of the property owner or owners. If there are no wells within 1/2 mile, please indicate so on the map.
 - 3) If the source of supply is surface water, the names and mailing addresses of all landowner(s) 1/2 mile downstream and 1/2 mile upstream from your property lines must be shown.
 - b. If a change in the place of use is desired, show the proposed place of use by crosshatching on the map. Please be certain that the information shown on the map agrees with the information shown in Paragraph No. 5 of the application.
17. Attach documentation to show the change(s) proposed herein will not impair existing water rights and relates to the same local source of supply as to which the water right relates. This information may include statements, plats, geology reports, well logs, test hole logs, and other information as necessary information to show the above. Additional comments may be made below.
- Well log has been included. Proposed change pertains to the same local source of supply.
- All appropriated wells are shown on the attached map.
- There are no other appropriated wells within one-half (1/2) mile of the new proposed "Primary Well."
- Due to the large number of domestic wells within one-half (1/2) mile, the city requests publication of a public notice.
18. If the proposed change(s) does not meet all applicable rules and regulations of the Kansas Water Appropriation Act, please identify the rules and regulations for which you request a waiver. State the reason why a waiver is needed and why the request should be granted. Attach documentation showing that granting the request will not impair existing water rights and will not prejudicially and unreasonably affect the public interest.
- This proposed change should not require a waiver of DWR rules and regulations.

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Any use of water that is not as authorized by the water right or permit to authorize water before the chief engineer approves this application is a violation of the Kansas Water Appropriation Act for which criminal or civil penalties may be assessed. Such violation is a class C misdemeanor, punishable by a fine not to exceed \$500 and/or a term of confinement not to exceed one month in the county jail. K.S.A. 82a-728(b). Civil penalties shall be not less than \$100 nor more than \$1,000 per violation. In the case of a continuing violation, each day such violation continues may be deemed a separate violation. In addition to these penalties the water right may be modified or suspended. K.S.A. 82a-737, as amended.

The application must be signed by all owners of the place of use authorized under the water right and his or her spouse, if married. Please indicate if there is no spouse. If land is being purchased under contract, the seller must sign as landowner until such time as the contract is completed.

In the event that all applicants cannot appear before one notary public, they may as necessary sign separate copies of the application before any notary public conveniently available to them. All copies signed in this manner shall be considered to be valid parts of the application.

If the request is signed on behalf of any Owner by someone with legal authority to do so (for example, an agent, one who has power of attorney, or an executor, executrix, conservator), it will be necessary to attach proper documents showing such authority.

I declare that I am an owner of the currently authorized place of use as identified herein, or that I represent all such owners and am authorized to make this application on their behalf, and declare further that the statements contained herein are true, correct, and complete. By filing this application I authorize the chief engineer to permanently reduce the quantity of water and/or rate of diversion as specified in sections 14 and 15 of this application.

Dated at Quinter, Kansas, this 27th day of September, 2019.

J Gregory Thomas, City Administrator / City Clerk
(Owner)

J Gregory Thomas
(Please Print)

(Owner)

(Please Print)

(Owner)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

(Spouse)

(Please Print)

State of Kansas }
County of Grove } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 27th day of September, 2019.

Norma J. Zerr
Notary Public

My Commission Expires 12-04-2020

NORMA J. ZERR
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-04-2020

FEE SCHEDULE

Each application to change the place of use, the point of diversion or the use made of the water under this section shall be accompanied by the application fee set forth in the schedule below:

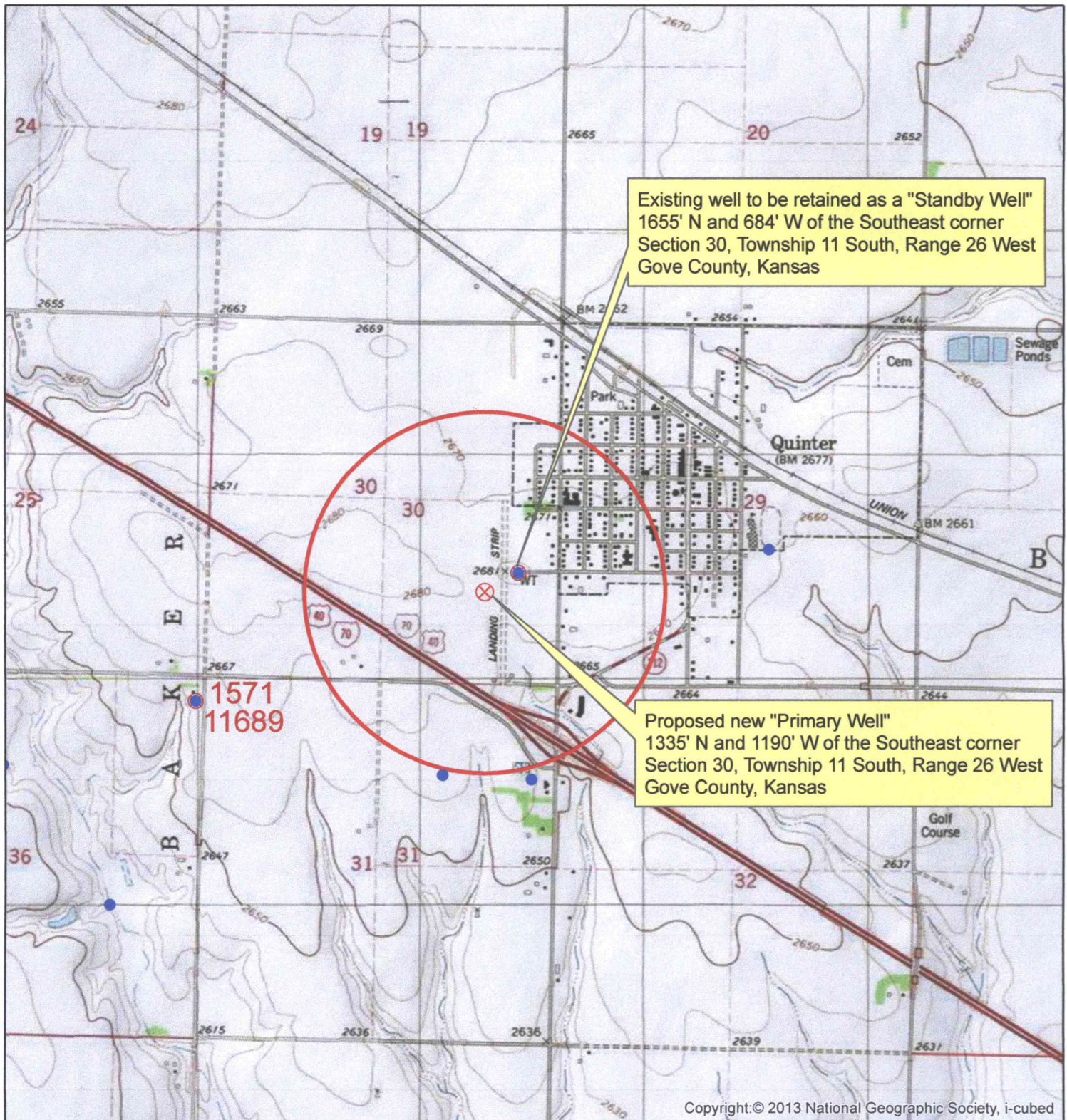
- (1) Application to change a point of diversion 300 feet or less \$100
- (2) Application to change a point of diversion more than 300 feet \$200
- (3) Application to change the place of use \$200
- (4) Application to change the use made of the water \$300

Make check payable to Kansas Department of Agriculture.

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KANSAS DEPARTMENT OF AGRICULTURE



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DEPT. OF AGRICULTURE



Legend

- ⊗ Proposed Well Location
- All Appropriated Wells
- 1/2 Mile Radius Circle

City of Quinter, Kansas

Application for Change in Authorized Points of Diversion

File Nos. GO 001 and 37,118



203 Broad Street, Suite 2
Gove, KS 67736

TEST DRILLING INVOICE

DATE	INVOICE #
12/1/2018	19522

BILL TO
CITY OF QUINTER P.O. BOX 555 202 GOVE ST. QUINTER, KS. 67752

PAID
12/10/2018

JOB LOCATION
TEST DRILLING WEST OF RESERVOIR

QUANTITY	DESCRIPTION	PRICE PER FT.	AMOUNT
180	#1 TEST HOLE 135-180 yellow clay than shale	5.00	900.00
135	#2 TEST HOLE	5.00	675.00
135	#3 TEST HOLE	5.00	675.00
123	#4 TEST HOLE	5.00	615.00
130	#5 TEST HOLE *** BEST HOLE***	5.00	650.00
140	#6 TEST HOLE	5.00	700.00
140	#7 TEST HOLE	5.00	700.00
	BENTONITE TO PLUG TEST HOLES	550.00	550.00
	#5 TEST HOLE LOG		
	0-6 TOPSOIL		
	6-24 BROWN CLAY		
	24-37 MEDIUM SAND W/BROWN CLAY		
	37-52 COARSE SAND		
	52-62 MEDIUM SAND W/BROWN CLAY		
	62-64 MEDIUM CLEAN SAND		
	64-107 MEDIUM SAND W/BROWN CLAY		
	107-112 TAN CLAY W/SAND		
	112-114 FINE SAND W/SOME BROWN CLAY		
	114-123 MEDIUM CLEAN SAND		
	123-129 CLEAN GRAVEL		
	129-130 YELLOW CLAY		
	130- HARD YELLOW ROCK		

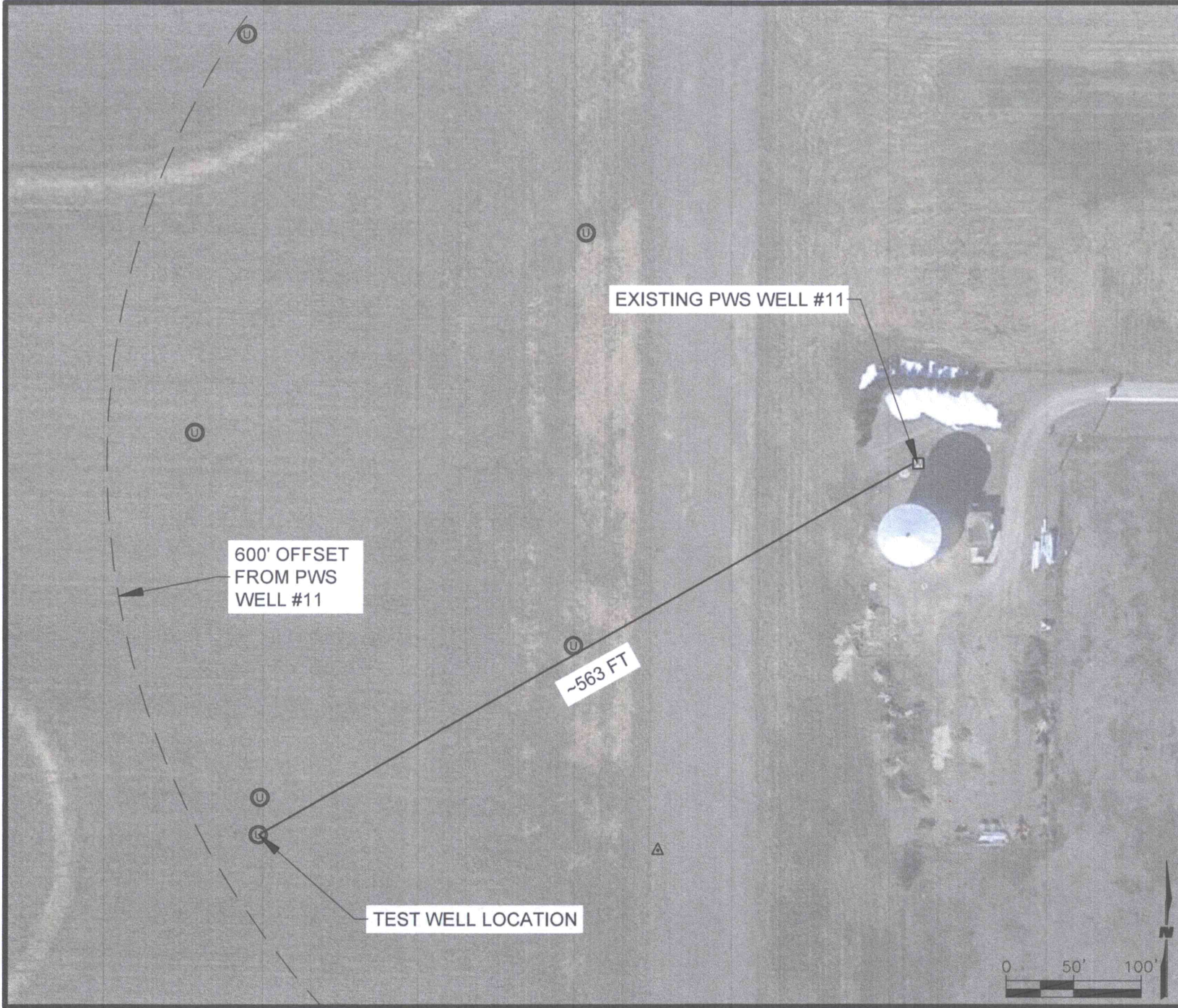
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KLARKE COUNTY

Total	\$5,465.00
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8/9/2019 M:\MSD\19-600-515-00\2_Disciplines_REFERENCES\19515_XT.dwg



WILSON & COMPANY
 4401 MASTHEAD ST. NE, SUITE 150
 ALBUQUERQUE, NM 87109
 PHONE: 505-948-4000
 FAX: 505-948-4072
 www.wilsonco.com

SEAL

NOT FOR CONSTRUCTION

PROJECT NAME

CITY OF QUINTER, KS
 TEST WELL LOCATIONS

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PROJECT NO: 19-600-515-00
 DESIGNED BY: JTA
 DRAWN BY: CJW
 CHECKED BY: DAG
 DATE: AUGUST 2019

SHEET TITLE

TEST WELL LOCATION

SHEET NO:

1

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gove	¼ NW ¼ NW ¼ SE ¼	30	T 11 S	R 26 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . NW CORNER OF Castle Road St & Int of Hwy 212		Global Positioning System (GPS) information:		
		Latitude: _____ (in decimal degrees)		
		Longitude: _____ (in decimal degrees)		
		Elevation: _____		
2 WATER WELL OWNER: City of Quinter		Datum: <input type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27		
RR#, St. Address, Box # Quinter, KS 67752		Collection Method:		
City, State, ZIP Code		<input type="checkbox"/> GPS unit (Make/Model: _____)		
		<input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey		
		Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

3 LOCATE WELL WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL
	_____ 129 _____ ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 95 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, mo/day/yr sample was submitted May of 2011 Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **12** in. to **114** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.

Casing height above land surface **18** in., Weight **49.56** lbs./ft. Wall thickness or gauge No. **375**

TYPE OF SCREEN OR PERFORATION MATERIAL:

Steel Stainless Steel PVC Other (Specify) _____

Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

Continuous Slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)

Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **114** ft. to **129** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **129** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals From **0** ft. to **20** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)

Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well

Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well **None**

Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Topsoil	98	113	Sandstone w/some clay
5	19	Brown Clay	113	118	Fine sand
19	22	Tan Clay	118	120	Clay
22	25	White clay w/chalk	120	129	Coarse sand
25	45	Sand w/clay streaks	129	131	White rock w/yellow clay
45	57	Sand	131	136	White rock/chert
57	66	Reddish brown clay			
66	89	Coarse sand			
89	93	Sandstone w/clay			
93	98	Coarse sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **2/11/11** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/year) **5/18/11**

under the business name of **Woofter Pump & Well Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.