

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.

APR 22 2019
1:20
KS DEPT OF AGRICULTURE

THE STATE OF KANSAS



KANSAS DEPARTMENT OF AGRICULTURE
Jackie McClaskey, Secretary of Agriculture

DIVISION OF WATER RESOURCES
David W. Barfield, Chief Engineer

File Number 50241
This item to be completed by the Division of Water Resources.

**APPLICATION FOR PERMIT TO
APPROPRIATE WATER FOR BENEFICIAL USE**

Filing Fee Must Accompany the Application
(Please refer to Fee Schedule attached to this application form.)

To the Chief Engineer of the Division of Water Resources, Kansas Department of Agriculture,
1320 Research Park Drive, Manhattan, Kansas 66502:

1. Name of Applicant (Please Print): BESTIFOR FARMS
Address: PO BOX 220
City: BELLEVILLE State KS Zip Code 66935
Telephone Number: (785) 527-2450

2. The source of water is: surface water in _____ (stream)
OR groundwater in REPUBLICAN (drainage basin)

Certain streams in Kansas have minimum target flows established by law or may be subject to administration when water is released from storage for use by water assurance district members. If your application is subject to these regulations on the date we receive your application, you will be sent the appropriate form to complete and return to the Division of Water Resources.

3. The maximum quantity of water desired is 187 acre-feet OR _____ gallons per calendar year, to be diverted at a maximum rate of 800 gallons per minute OR _____ cubic feet per second.

Once your application has been assigned a priority, the requested maximum rate of diversion and maximum requested quantity of water under that priority number can **NOT** be increased. Please be certain your requested maximum rate of diversion and maximum quantity of water are appropriate and reasonable for your proposed project and are in agreement with the Division of Water Resources' requirements.

4. The water is intended to be appropriated for (Check use intended):
(a) Artificial Recharge (b) Irrigation (c) Recreational (d) Water Power
(e) Industrial (f) Municipal (g) Stockwatering (h) Sediment Control
(i) Domestic (j) Dewatering (k) Hydraulic Dredging (l) Fire Protection
(m) Thermal Exchange (n) Contamination Remediation

YOU **MUST** COMPLETE AND ATTACH ADDITIONAL DIVISION OF WATER RESOURCES FORM(S) PROVIDING INFORMATION TO SUBSTANTIATE YOUR REQUEST FOR THE AMOUNT OF WATER FOR THE INTENDED USE REFERENCED ABOVE.

For Office Use Only:
Code 3 GMD 0 Meets K.A.R. 5-3-1 (YES/NO) Use IRR Source G/S County CD By DAW Date 4/22/19
Code REL Fee \$ 300 TR # _____ Receipt Date 4/22/19 Check # 31900

4/25/2019

5. The location of the proposed wells, pump sites or other works for diversion of water is:

Note: For the application to be accepted, the point of diversion location must be described to at least a 10 acre tract, unless you specifically request a 60 day period of time in which to locate the site within a specifically described, minimal legal quarter section of land.

(A) One in the NE quarter of the NE quarter of the NW quarter of Section 18, more particularly described as being near a point 5150 feet North and 2730 feet West of the Southeast corner of said section, in Township 6 South, Range 2 WEST, CLOUD County, Kansas.

(B) One in the NE quarter of the NE quarter of the NW quarter of Section 18, more particularly described as being near a point 4900 feet North and 3000 feet West of the Southeast corner of said section, in Township 6 South, Range 2 WEST, CLOUD County, Kansas.

(C) One in the NE quarter of the NE quarter of the NW quarter of Section 18, more particularly described as being near a point 4850 feet North and 2900 feet West of the Southeast corner of said section, in Township 6 South, Range 2 WEST, CLOUD County, Kansas.

(D) One in the NE quarter of the NE quarter of the NW quarter of Section 18, more particularly described as being near a point 4850 feet North and 3100 feet West of the Southeast corner of said section, in Township 6 South, Range 2 WEST, CLOUD County, Kansas.

If the source of supply is groundwater, a separate application shall be filed for each proposed well or battery of wells, except that a single application may include up to four wells within a circle with a quarter (1/4) mile radius in the same local source of supply which do not exceed a maximum diversion rate of 20 gallons per minute per well.

A battery of wells is defined as two or more wells connected to a common pump by a manifold; or not more than four wells in the same local source of supply within a 300 foot radius circle which are being operated by pumps not to exceed a total maximum diversion rate of 800 gallons per minute and which supply water to a common distribution system.

6. The owner of the point of diversion, if other than the applicant is (please print):

APR 22 2019

(name, address and telephone number)

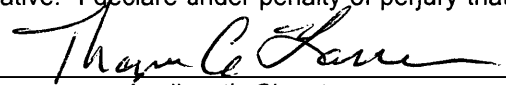
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(name, address and telephone number)

You must provide evidence of legal access to, or control of, the point of diversion from the landowner or the landowner's authorized representative. Provide a copy of a recorded deed, lease, easement or other document with this application. In lieu thereof, you may sign the following sworn statement:

I have legal access to, or control of, the point of diversion described in this application from the landowner or the landowner's authorized representative. I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 18th, 2019.



Applicant's Signature

The applicant must provide the required information or signature irrespective of whether they are the landowner. Failure to complete this portion of the application will cause it to be unacceptable for filing and the application will be returned to the applicant.

7. The proposed project for diversion of water will consist of BATT OF 4 WELLS

(number of wells, pumps or dams, etc.)

and WILL BE completed (by) 2020

(Month/Day/Year - each was or will be completed)

File No. 50241

8. The first actual application of water for the proposed beneficial use was or is estimated to be 2019.

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9. Will pesticide, fertilizer, or other foreign substance be injected into the water pumped from the diversion works?

Yes No If "yes", a check valve shall be required.

All chemigation safety requirements must be met including a chemigation permit and reporting requirements.

10. If you are planning to impound water, please contact the Division of Water Resources for assistance, prior to submitting the application. Please attach a reservoir area capacity table and inform us of the total acres of surface drainage area above the reservoir.

Have you also made an application for a permit for construction of this dam and reservoir with the Division of Water Resources? Yes No

- If yes, show the Water Structures permit number here N/A
- If no, explain here why a Water Structures permit is not required N/A

11. The application must be supplemented by a U.S.G.S. topographic map, aerial photograph or a detailed plat showing the following information. On the topographic map, aerial photograph, or plat, identify the center of the section, the section lines or the section corners and show the appropriate section, township and range numbers. Also, please show the following information:

- (a) The location of the proposed point(s) of diversion (wells, stream-bank installations, dams, or other diversion works) should be plotted as described in Paragraph No. 5 of the application, showing the North-South distance and the East-West distance from a section line or southeast corner of section.
- (b) If the application is for groundwater, please show the location of any existing water wells of any kind within 1/2 mile of the proposed well or wells. Identify each existing well as to its use and furnish the name and mailing address of the property owner or owners. If there are no wells within 1/2 mile, please advise us.
- (c) If the application is for surface water, the names and addresses of the landowner(s) 1/2 mile downstream and 1/2 mile upstream from your property lines must be shown.
- (d) The location of the proposed place of use should be shown by crosshatching on the topographic map, aerial photograph or plat.
- (e) Show the location of the pipelines, canals, reservoirs or other facilities for conveying water from the point of diversion to the place of use.

A 7.5 minute U.S.G.S. topographic map may be obtained by providing the section, township and range numbers to: Kansas Geological Survey, 1930 Constant, Campus West, University of Kansas, Lawrence, Kansas 66047.

12. List any application, appropriation of water, water right, or vested right file number that covers the same diversion points or any of the same place of use described in this application. Also list any other recent modifications made to existing permits or water rights in conjunction with the filing of this application.

27769, 47838

THIS APPLICATION WILL BE LIMITED TO QTY APPROVED UNDER ABOVE PERMITS WHEN
COMBINED. WILL ALSO BE FURTHER LIMITED TO 185 AF WITH ACCOMPANYING APPLICATION

13. Furnish the following well information if the proposed appropriation is for the use of groundwater. If the well has not been completed, give information obtained from test holes, if available.

Information below is from: Test holes Well as completed Drillers log attached

Well location as shown in paragraph

No. (A) (B) (C) (D)

Date Drilled _____

Total depth of well _____

Depth to water bearing formation _____

Depth to static water level _____

Depth to bottom of pump intake pipe _____

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14. The relationship of the applicant to the proposed place where the water will be used is that of OWNER

(owner, tenant, agent or otherwise)

15. The owner(s) of the property where the water is used, if other than the applicant, is (please print):

(name, address and telephone number)

(name, address and telephone number)

16. The undersigned states that the information set forth above is true to the best of his/her knowledge and that this application is submitted in good faith.

Dated at Belleverille, Kansas, this 18th day of April, 2019.
(month) (year)

Bertie Fama
(Applicant Signature)

By Thayne A Larson
(Agent or Officer Signature)

Thayne A Larson
(Agent or Officer - Please Print)

Kansas Department of Agriculture
Division of Water Resources
David W. Barfield, Chief Engineer
1320 Research Park Drive
Manhattan, Kansas 66502

(Date)
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Re: Application
File No. 50241

Minimum Desirable Streamflow


Dear Sir:

I understand that a Minimum Desirable Streamflow requirement has been established by the legislature for the source of supply to which the above referenced application applies.

I understand that diversion of water pursuant to this application will be subject to regulation any time Minimum Desirable Streamflow requirements are not being met.

I also understand that if this application is approved, there could be times, as determined by the Division of Water Resources, when I would not be allowed to divert water. I realize that this could affect the economics of my decision to appropriate water.

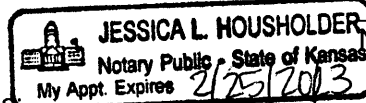
I am aware of the above factors, and with the knowledge thereof, request that the Division of Water Resources proceed with processing and approval, if possible, of the above referenced application.


Signature of Applicant

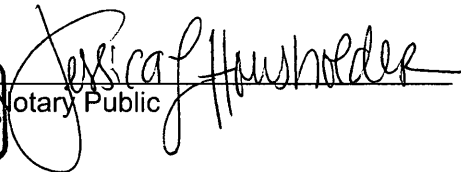
State of Kansas)
County of Republic) ss

Thayne A. Larson
(Print Applicant's Name)

I hereby certify that the foregoing instrument was signed in my presence and sworn to before me this 18 day of April, 2019.


JESSICA L. HOUSHOLDER
Notary Public, State of Kansas
My Appt. Expires 2/25/2013

My Commission Expires


Notary Public

50241

**MINIMUM DESIRABLE STREAMFLOW FORM TO BE USED WHEN
APPLICABLE WHEN FILING AN APPLICATION FOR PERMIT
TO APPROPRIATE WATER FOR BENEFICIAL USE**

The Kansas Legislature has established minimum desirable streamflows for the streams listed below. If your proposed diversion of water is going to be from one of these watercourses or adjacent alluvial aquifers, please complete the back side of this page and submit it along with your application for permit to appropriate water.

Arkansas River
Big Blue River
Chapman Creek
Chikaskia River
Cottonwood River
Delaware River
Little Arkansas River
Little Blue River
Marais des Cygnes River
Medicine Lodge River
Mill Creek (Wabaunsee Co. area)
Neosho River

Ninnescah River
North Fork Ninnescah River
Rattlesnake Creek
Republican River
Saline River
Smoky Hill River
Solomon River
South Fork Ninnescah
Spring River
Walnut River
Whitewater River

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1 LOCATION OF WATER WELL: County: Cloud	Fraction NE 1/4 NE 1/4 NW 1/4	Section Number 18	Township Number T 6 S	Range Number R 2 E (W)
Distance and direction from nearest town or city street address of well if located within city? Approximately 2 miles south and 4 miles east of Concordia		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.538785 Longitude: -97.583619 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit		
2 WATER WELL OWNER: Everton Energy LLC RR#, St. Address, Bx # : 1020 E. 19th Street North City, State, ZIP Code : Wichita, KS 67214				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 187 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 61.22 ft. below land surface measured on mo/day/yr. 02-21-07 Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering (12) Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Test Well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>															
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">X</td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">--NW--</td><td style="text-align: center;">--NE--</td><td style="text-align: center;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">--SW--</td><td style="text-align: center;">--SE--</td><td style="text-align: center;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> E S		X		--NW--	--NE--					--SW--	--SE--					
	X															
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--SW--	--SE--															

5 TYPE OF CASING USED:	5 Wrought Iron 8 Concrete tile 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) (2) PVC 4 ABS 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ Welded _____ Threaded _____
Blank casing diameter 5 in. to 105 ft., Diameter in. to _____ ft., Diameter in. to _____ ft.	Casing height above land surface 24 in., weight 2.36 lbs./ft. Wall thickness or gauge No. 214	
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless Steel 5 Fiberglass (7) PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:		
1 Continuous slot (3) Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) _____		
SCREEN-PERFORATED INTERVALS: From 105 ft. to 185 ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 91 ft. to 190 ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL:	1 Neat Cement 2 Cement grout 3 Bentonite (4) Other _____ Bentonite Holeplug	Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From 0 ft. to 91 ft.
What is the nearest source of possible contamination:		
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage (16) Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well None known 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well		
Direction from well? _____		How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Topsoil			RECEIVED
5	21	Clay, tan, soft, silty			
21	27	Clay, brown, hard			APR 22 2019
27	43	Clay, tan and yellow, hard, with streaks of sandstone			KS DEPT OF AGRICULTURE
43	81	Sandstone, tan color, soft			
81	94	Clay, gray, hard			
94	181	Sandstone, tan color, soft, water loss at 97'			
181	185	Sandstone, gray color, hard, with wood streaks			
185	190	Clay, red and gray, hard			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	
This water well was (1) <u>constructed</u> (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 02-21-07 and this record is true to the best of my knowledge and belief.	This Water Well Record was completed on (mo/day/year) 02-21-07
Kansas Water Well Contractor's License No. 185	by (signature) <i>Clarke Well & Equipment, Inc.</i>
Under the business name of Clarke Well & Equipment, Inc.	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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. Fee of \$5.00 for each constructed well.	

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IRRIGATION USE SUPPLEMENTAL SHEET

File No. 50241

Name of Applicant (Please Print): BESTIFOR FARMS

1. Please supply the name and address of each landowner, the legal description of the lands to be irrigated, and designate the actual number of acres to be irrigated in each forty acre tract or fractional portion thereof:

Landowner of Record NAME: BESTIFOR FARMS LP

ADDRESS: 1325 US HWY 36 BELLEVILL, KS 66935

S	T	R	NE¼				NW¼				SW¼				SE¼				TOTAL
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
18	6S	2W					34	38	38	34									144

Landowner of Record NAME: _____

ADDRESS: _____

S	T	R	NE¼				NW¼				SW¼				SE¼				TOTAL
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Landowner of Record NAME: _____

ADDRESS: _____

S	T	R	NE¼				NW¼				SW¼				SE¼				TOTAL
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

2. Please complete the following information for the description of the operation for the irrigation project. Attach supplemental sheets as needed.

a. Indicate the soils in the field(s) and their intake rates:

Soil Name	Percent of field (%)	Intake Rate (in/hr)	Irrigation Design Group
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total:	100 %		

b. Estimate the average land slope in the field(s): _____ %
 Estimate the maximum land slope in the field(s): _____ %

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c. Type of irrigation system you propose to use (check one):

Center pivot _____ Center pivot - LEPA ~~Big gun~~ ~~sprinkler~~
 _____ Gravity system (furrows) _____ Gravity system (borders) _____ Sideroll sprinkler

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Other, please describe: _____

d. System design features:

i. Describe how you will control tailwater: TILLAGE PRACTICES AND PROPER IRRIGATION TIMING

ii. For sprinkler systems:

- (1) Estimate the operating pressure at the distribution system: _____ psi
- (2) What is the sprinkler package design rate? _____ gpm
- (3) What is the wetted diameter (twice the distance the sprinkler throws water) of a sprinkler on the outer 100 feet of the system? _____ feet
- (4) Please include a copy of the sprinkler package design information.

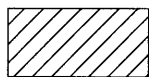
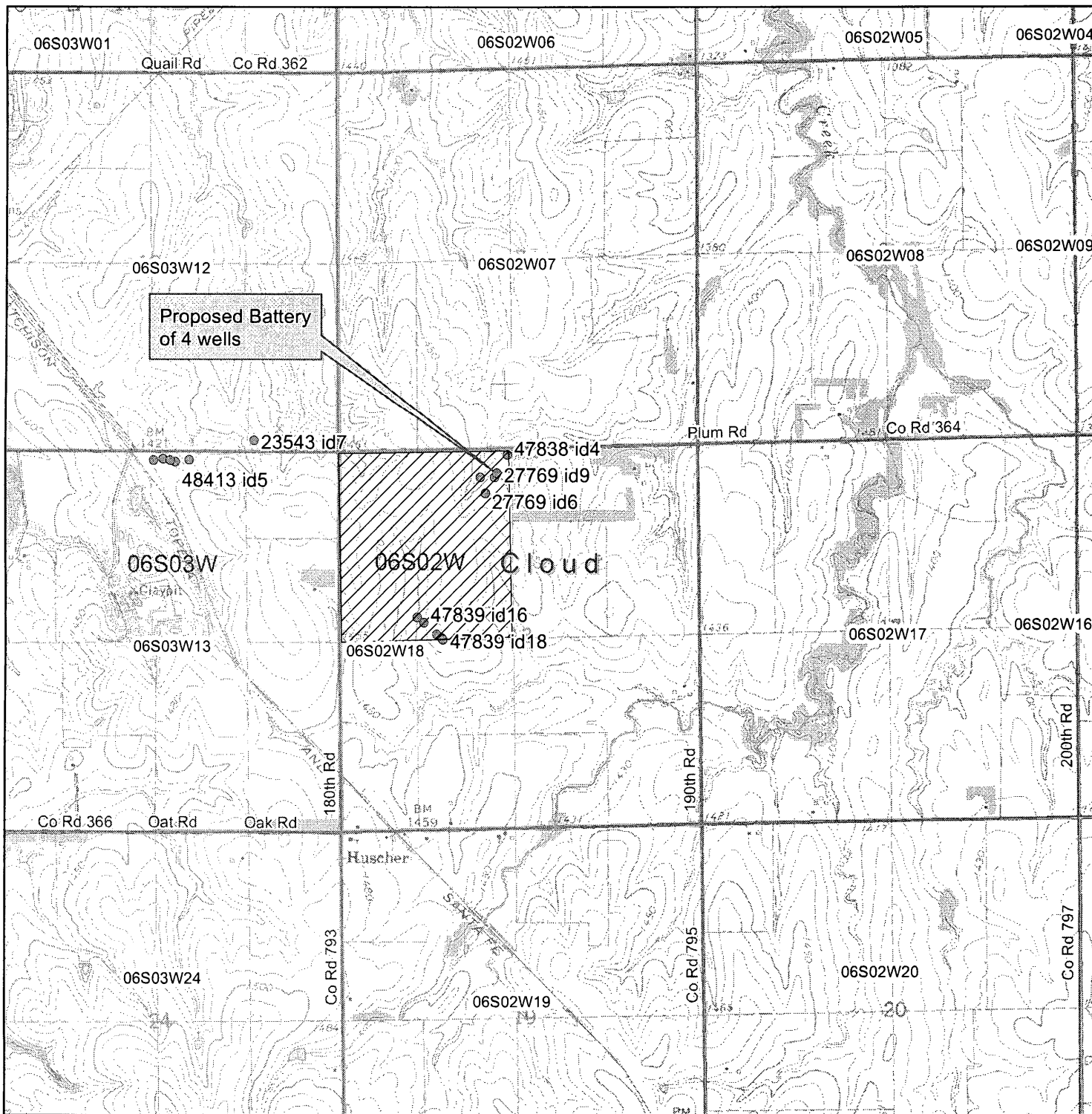
e. Crop(s) you intend to irrigate. Please note any planned crop rotations: ALFALFA

f. Please describe how you will determine when to irrigate and how much water to apply (particularly important if you do not plan a full irrigation). SOIL MOISTURE

You may attach any additional information you believe will assist in informing the Division of the need for your request.

New Application - Groundwater
 Assisted by Division of Water Resources
 Stockton Field Office

50241




Proposed Place of Use

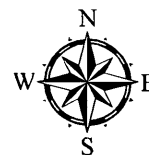
▲ Surface Water Point of Diversion

● Groundwater Point of Diversion

1:24,000

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Signature Required

 By signing this I am stating that to the best of my knowledge
 that all wells within 1/2 mile of proposed well location are
 identified on this map.



1320 Research Park Drive
Manhattan, KS 66502
785-564-6700
www. agriculture.ks.gov



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

Mike Beam, Secretary

Laura Kelly, Governor

April 25, 2019

BESTIFOR FARMS
PO BOX 220
BELLEVILLE, KS 66935

RE: Application, File No. **50241**

Dear Sir or Madam:

The Division of Water Resources (Division) has received your application for a permit to appropriate water for beneficial use. Your application has been assigned the file number referenced above. Please be aware that the Division may have a large number of pending applications on hand at times and makes every attempt to process them in the order in which they are received. You will be contacted if additional information is required.

Please note, this letter only acknowledges receipt of your application and does not guarantee approval. In accordance with the provisions of the Kansas Water Appropriation Act, the use of water as proposed prior to approval of the application is unlawful.

Additional information about the process may be found on our website at agriculture.ks.gov/divisions-programs/dwr. If you have any other questions, please contact our office at 785-564-6640 or your local Stockton Field Office at 785-425-6787. If you call, please reference the file number so we can help you more efficiently.

Sincerely,

A handwritten signature in cursive script that reads "Kristen A. Baum".

Kristen A. Baum
New Applications Unit Supervisor
Water Appropriation Program