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.

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

Kansas
Department of Agriculture

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

Mike Beam, Secretary

Laura Kelly, Governor

WATER RESOURCES
RECEIVED
APR 26 2021
11:45 AM
KS DEPT OF AGRICULTURE

File Number 50573
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): ROBERT CLYDESDALE LIVING TRUST

   Address: 26148 CENTER RD

   City: EDMOND State KS Zip Code 67645

   Telephone Number: (785) 622-8825

2. The source of water is: ☐ surface water in _____ (stream)

   OR ☒ groundwater in N F SOLOMON (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 114 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:
F.O. 3 *GMD* _____ *Meets K.A.R. 5-3-1* (YES / NO) *Use* IRR *Source* G / S *County* NT *By* BMM *Date* 4/27/21
Code RE2 *Fee $* 300 *TR #* _____ *Receipt Date* 4/26/21 *Check #* 2390

File No. _____

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 NW quarter of the NW quarter of the NW quarter of Section 10, more particularly described as being near a point 5116 feet North and 4856 feet West of the Southeast corner of said section, in Township 5 South, Range 23 WEST, NT _____ County, Kansas.

(B) One in the NW quarter of the NW quarter of the NW quarter of Section 10, more particularly described as being near a point 4875 feet North and 4774 feet West of the Southeast corner of said section, in Township 5 South, Range 23 WEST, NT _____ County, Kansas.

(C) One in the NW quarter of the NW quarter of the NW quarter of Section 10, more particularly described as being near a point 5119 feet North and 5146 feet West of the Southeast corner of said section, in Township 5 South, Range 23 WEST, NT _____ County, Kansas.

(D) One in the _____ quarter of the _____ quarter of the _____ quarter of Section _____, more particularly described as being near a point _____ feet North and _____ feet West of the Southeast corner of said section, in Township _____ South, Range _____ East/West (circle one), _____ 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 (¼) 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):

_____
(name, address and telephone number)

_____
(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:

X 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 15th - APRIL, 2021. Robert Clydesdale, Trustee
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 BATTER OF 3 WELLS
(number of wells, pumps or dams, etc.)
and (was)(will be) completed (by) 12/31/22.
(Month/Day/Year - each was or will be completed)

8. The first actual application of water for the proposed beneficial use was or is estimated to be 2022.
(Mo/Day/Year)

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File No. _____

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 ½ 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 ½ mile, please advise us.

(c) If the application is for surface water, the names and addresses of the landowner(s) ½ mile downstream and ½ 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.

WILL OVERLAP IN PLACE OF USE WITH FILES 25,439 , 32801 & 35123

THIS APPLICATION WILL INCREASE THE MAXIMUM REASONABLE QUANTITY TO 1.5 AF/ACRE

WHEN COMBINED

File No. _____

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	03/01/21	03/01/21	03/01/21	
Total depth of well	75	80	80	
Depth to water bearing formation	27	30	52	
Depth to static water level	50	51.5	52	
Depth to bottom of pump intake pipe	73	76	76	

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 Stockton Ks, Kansas, this 15th day of April (month), 2021 (year).

Robert Clydell, Trustee
(Applicant Signature)

By Rebecca F. Hageman
(Agent or Officer Signature)

Rebecca F Hageman
(Agent or Officer - Please Print)

STATE OF KANSAS NOTARY PUBLIC
REBECCA F. HAGEMAN
My Appointment Expires
June 29, 2023

Assisted by M. BILLINGER ASST WATER COMMISS (office/title) Date: 04/07/21

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FEE SCHEDULE

1. The fee for an application for a permit to appropriate water for beneficial use, except for domestic use, shall be (see paragraph No. 2 below if requesting storage):

ACRE-FEET	FEE
0-100	$200.00
101-320	$300.00
More than 320	$300.00 plus $20.00 for each additional 100 acre-feet or any part thereof.

2. The fee for an application in which storage is requested, except for domestic use, shall be:

ACRE-FEET	FEE
0-250	$200.00
More than 250	$200.00 plus $20.00 for each additional 250 acre-feet of storage or any part thereof.

Note: If an application requests both direct use *and* storage, the fee charged shall be as determined under No. 1 or No. 2 above, whichever is greater, but not both fees.

3. The fee for an application for a permit to appropriate water for water power or dewatering purposes shall be $100.00 plus $200.00 for each 100 cubic feet per second, or part thereof, of the diversion rate requested.

Note: The applicant shall notify the Chief Engineer and pay the statutorily required field inspection fee of $400.00 when construction of the works for diversion has been completed, except that for applications filed on or after July 1, 2009, for works constructed for sediment control use and for evaporation from a groundwater pit for industrial use shall be accompanied by a field inspection fee of $200.00.

MAKE CHECKS PAYABLE TO THE KANSAS DEPARTMENT OF AGRICULTURE

ATTENTION

A Water Conservation Plan may be required per K.S.A. 82a-733. A statement that your application for permit to appropriate water may be subject to the minimum desirable streamflow requirements per K.S.A. 82a-703a, b, and c may also be required from you. After the Division of Water Resources has had the opportunity to review your application, you will be notified whether or not you will need to submit a Water Conservation Plan. You also may be required to install a water flow meter or water stage measuring device on your diversion works prior to diverting water. There may be other special conditions or Groundwater Management District regulations that you will need to comply with if this application is approved.

CONVERSION FACTORS

1 acre-foot equals 325,851 gallons

1 million gallons equal 3.07 acre-feet

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IRRIGATION USE
SUPPLEMENTAL SHEET

File No. _____

Name of Applicant (Please Print): ROBERT CLYDESDALE

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: ROBERT CLYDESDALE LIVING TRUST

ADDRESS: 26148 CENTER RD EDMOND, KS 67645

S	T	R	NE¼				NW¼				SW¼				SE¼				TOTAL
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
10	5S	23W	35	2	2	35			27	7	23	25	14	35			1		206
9	5S	23W	18	11	22	33													84

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): _____%

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

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

Other, please describe: _____

d. System design features:

i. Describe how you will control tailwater: TILLAGE, SOIL MOISTURE MONITORING

ii. For sprinkler systems:

(1) Estimate the operating pressure at the distribution system: 35 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

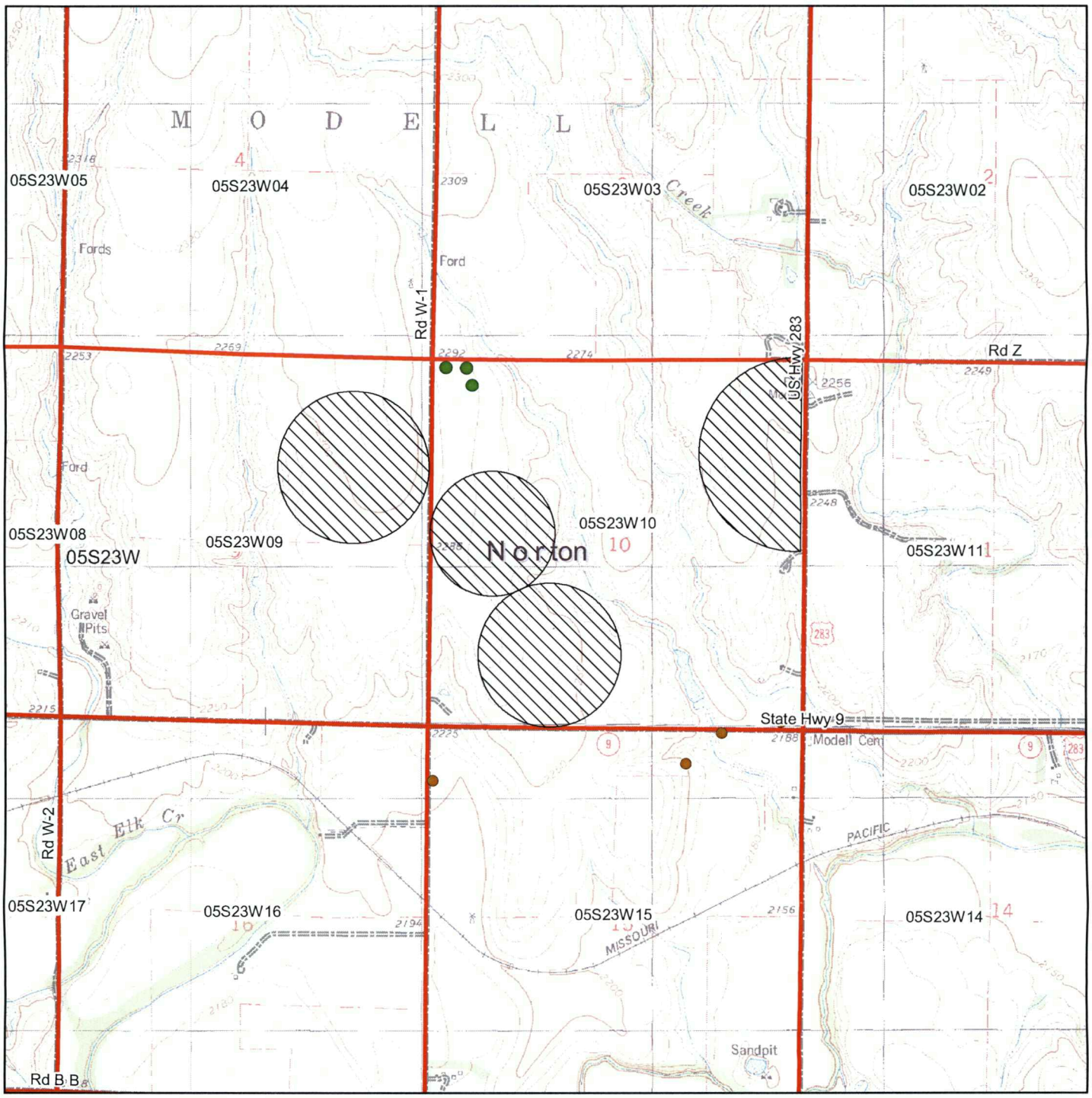
(4) Please include a copy of the sprinkler package design information.

e. Crop(s) you intend to irrigate. Please note any planned crop rotations: CORN, SOYBEANS, MILO, WHEAT

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



Proposed Place of Use

▲ Surface Water Point of Diversion
● Groundwater Point of Diversion

1:24,000

Signature Required

X Robert Clydell, Trustee

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.

4-15-21
(Date)

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

Re: Application
File No. _____

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.

Robert Clydesdale Trustee
Signature of Applicant

X

State of Kansas)
) ss
County of Rooks)

ROBERT CLYDESDALE
(Print Applicant's Name)

I hereby certify that the foregoing instrument was signed in my presence and sworn to before me this 15th day of April, 2021.

X Rebecca F Hageman
Notary Public

My Commission Expires: 6-29-23

REBECCA F. HAGEMAN
My Appointment Expires
June 29, 2023

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DWR 1-100.171 (Revised 06/16/2014)

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

ROBERT Clydesdale

SECTION 10
RANGE 23
TOWNSHIP 5

POINT of DIVERSION - WELL # 1

	NAD27	NAD83	
N	39.63881"	39.63882	5116'N
W	99.90672"	-99.907[illegible]	4856'W

NW NW NW

290 ACRES

	AF
25459	149
32801	132
[illegible]	
35123	40
	321

290 x 1.5 AF/ACRE
435 AF
- 321
114 AF NEEDED

WELL # 2

	NAD27	NAD83	
		39.63816	
N	39.63815"	[illegible]	4875'N
W	99.90643"	99.90683	4774'W

NW NW NW

WELL # 3

	NAD27	NAD83	
N	39.63882"	39.63883	5119'N
W	99.90775"	-99.90815	5146'W

NW NW NW

MAP DATUM NAD 27

BERKELEY

ROBERTS PUMP & SUPPLY

2440 W. Lincoln Hwy.
Grand Island, NE 68803
800-333-1981

1116 Hixson Drive
Salina, KS 67401
888-333-1981

MB NOTES

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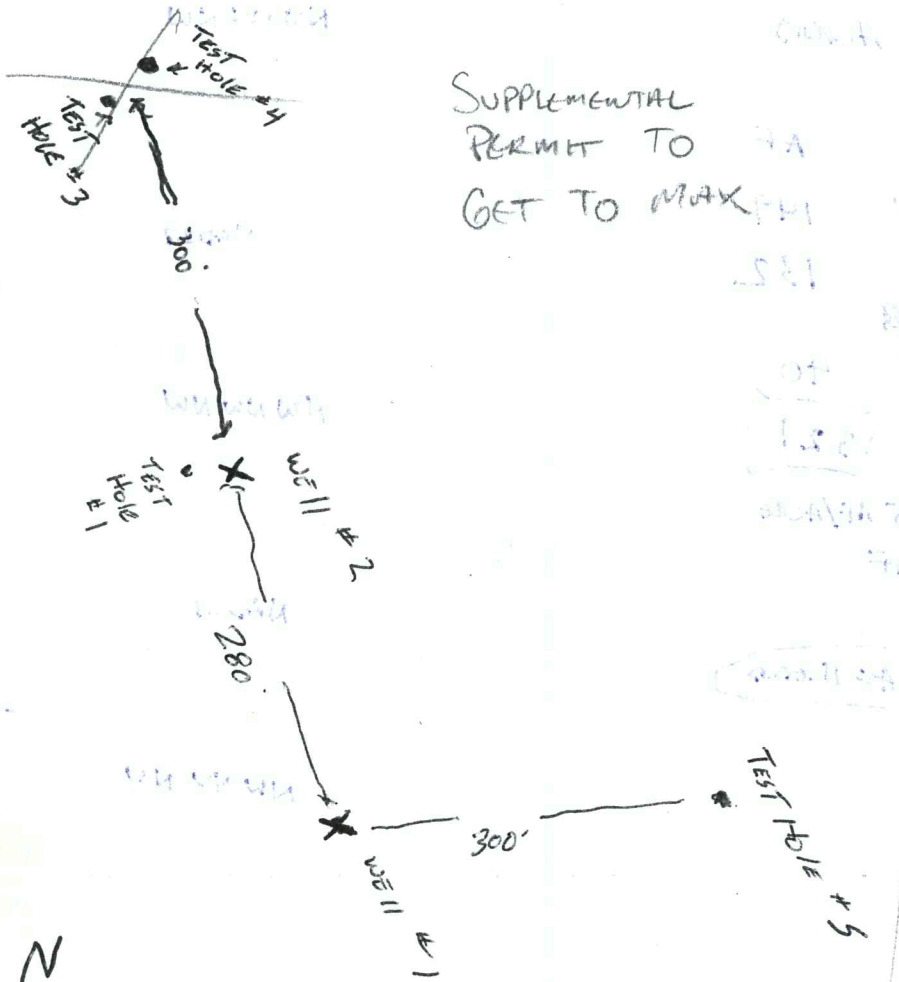
Stockton Field Office
Division of Water Resources

FO CHANLOT 3 FILES

X = WELLS
• = TEST HOLES

W-1



SUPPLEMENTAL PERMIT TO GET TO MAX

N

BERKELEY
Pentair Water

ROBERTS PUMP & SUPPLY

2440 W. Lincoln Hwy.
Grand Island, NE 68803
800-333-1981

1116 Hixson Drive
Salina, KS 67401
888-333-1981

RMD Drilling, LLC

785-657-7196
RR 1 Box 117 • Hoxie, KS 67740

Test Log

Name Robert Clydesdale Date _____

Casing Size _____ Address _____

Total Casing Set _____ Perf _____ _____

Completed _____ Test # _____

Nearest Contamination _____ Latitude _____

Direction from well _____ Distance _____ Longitude _____

Total Depth _____ County _____

Static Water Level _____ Elevation _____

NW NE SW SE

Locate Well's Location with an X in Section Box

TEST HOLE #4

0 TO	2	Surface
2	17	Loess
17	28	Clay
28	45	Sandstone w/ Clay
45	52	Clay
52	62	Clay w/ sandstone str
62	64	Flint
64	77	Yellow ochra
77	80	Black Shale

WELL #3

TEST HOLE #5 (300' West of well #

39.63882

99.90775

0	2	Surface
2	12	Loess
12	25	Clay
25	52	Clay w/ sandstone str
52	66	Sandstone w/ fine sand str
66	76	Fine to some med sand (loose)
76	77	Flint
77	78	Yellow ochra
78	80	Black Shale

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KS DEPT OF AGRICULTURE

WELL #2

RMD Drilling, LLC

785-657-7196

RR 1 Box 117 • Hoxie, KS 67740

Test Log

Name ROBERT CLYDESDALE

Date _____

Address _____

Casing Size 5"

Total Casing Set 80' Perf 20'

Completed GRAVELED PACKED TO 20' HOLE PLUG TO SURFACE

Test # TEST WELL # 2

Nearest Contamination _____

Latitude 39.63815 280' SSE OF WELL #1

Direction from well _____ Distance _____

Longitude 99.90643

Total Depth _____

County NORTON

Static Water Level 51.5'

Elevation _____

NW	NE
SW	SE

Locate Well's Location with an X in Section Box

	TO		
0	TO	2	SURFACE
2		17	LOESS
17		30	CLAY
30		61	SANDSTONE W/ CALICHE
61		64	LIMESTONE
64		74	FINE TO SOME MED SAND (LOOSE)
74		76	FLINT
76		78	YELLOW OCHRE
78		80	BLACK SHALE

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Stockton Field Office
Division of Water Resources
WATER RESOURCES
RECEIVED
APR 26 2021
KS DEPT OF AGRICULTURE

RMD Drilling, LLC

785-657-7196
RR 1 Box 117 • Hoxie, KS 67740

Test Log

Name Robert Clydesdale

Date _____

Casing Size _____

Address _____

Total Casing Set _____ Perf _____

Completed _____

Test # _____

Nearest Contamination _____

Latitude _____

Direction from well _____ Distance _____

Longitude _____

Total Depth _____

County _____

Static Water Level _____

Elevation _____

NW	NE
SW	SE

Locate Well's Location with an X in Section Box

Test Hole # 1 (280' SE of Well # 1)

TO		
0	2	Soil/face
2	15	Loess
15	26	Clay
26	30	Sandstone w/ clay
30	42	Sandstone w/ caliche
42	57	Clay w/ limestone str
57	65	Sandstone w/ clay
65		flint

Test Hole # 2 is Well # 2

Test Hole # 3

0	2	Surface
2	15	Loess
15	26	Clay
26	40	Sandstone w/ clay
40	56	Sandstone
56	62	Fine sand w/ sandstone str
62	63	Flint
63	68	Yellow ochra
68	70	Black shale

WELL #1

RMD Drilling, LLC

785-657-7196

RR 1 Box 117 • Hoxie, KS 67740

Test Log

Name ROBERT CLYDESDALE Date _____

Casing Size 5"

Address _____

Total Casing Set 74' Perf 20'

Completed GRAVELED PACKED TO 20' HOLE PLUG TO SURFACE

Test # TEST WELL #1

Nearest Contamination _____

Latitude 39.63881

Direction from well _____ Distance _____

Longitude 99.90672

Total Depth _____

County NORTON

Static Water Level 50'

Elevation _____

NW	NE
SW	SE

Locate Well's Location with an X in Section Box

	TO		
0	TO	2	SURFACE
2		15	LOESS
15		27	CLAY
27		62	SANDSTONE & CALICHE
62		64	LIMESTONE
64		66	FINE TO SOME MED SAND
66		73	FINE TO MED SAND (LOOSE)
73		75	FLINT

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APR 06 2021

Stockton Field Office
Division of Water Resources

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KS DEPT OF AGRICULTURE

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

Kansas
Department of Agriculture

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

Mike Beam, Secretary

Laura Kelly, Governor

April 28, 2021

ROBERT CLYDESDALE LIVING TRUST
26148 CENTER RD
EDMOND KS 67645

RE: Application, File No(s). **50573**

Dear Sir or Madam:

The Division of Water Resources (Division) has received your application(s) for a permit to appropriate water for beneficial use. Your application(s) has been assigned the file number(s) 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(s) 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(s) 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.*Stockton Field Office at 785-425-6787.* If you call, please reference the file number so we can help you more efficiently.

Sincerely,

Kris Neuhauser
New Applications Lead
Water Appropriation Program