

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

1. File Number: 49,014	2. Status Change Date: 11-29-2018	3. Change Num: C1	4. Field Office: 01	5. GMD:
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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: 11/16/18
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8a. Applicant(s) <input type="checkbox"/> New to system <input type="checkbox"/> Person ID <u>63699</u> Add Seq# <u>1</u> GREGG SEXTON 1228 3400 AVE ABILENE KS 67410-6020	8c. Landowner(s) <input type="checkbox"/> New to system <input type="checkbox"/> Person ID _____ Add Seq# _____
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8b. Landowner(s) <input type="checkbox"/> New to system <input type="checkbox"/> Person ID <u>63699</u> Add Seq# <u>1</u> 8A.	8d. WUC <input type="checkbox"/> New to system <input type="checkbox"/> Person ID <u>52346</u> Add Seq# <u>1</u> 8a.
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9. Documents and Enclosure(s): DWR Meter(s) Date to Comply: **12/31/19** N & P Date to Comply: **12/31/19**

Anti-Reverse Meter Meter Seal Check Valve N & P Form Water Tube Driller Copy H & E Letter

Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____

10. Use Made of Water From: _____ To: _____

Date Prepared: **11/20/18** By: **LHH/TFO**
 Date Entered: _____ By: _____

File No. **49,014** 11. County: **DICKINSON** Basin: **Smoky Hill River** Stream: Formation Code: **540** Special Use:

12. Points of Diversion										Rate and Quantity					
CHK	MOD	DEL	PDIV	Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Authorized	Additional	Overlap PD Files	
ENT												Rate	Quantity	Rate	Quantity
												gpm/cfs	af/mgy	gpm/cfs	af/mgy
DEL			82867	NW NW NE	24	11S	2E	2	4824	2096					None
ENT				NW NW NE	24	11S	2E		4823	2108	No change to rate or quantity				None

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

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

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

16. Place of Use																		Total	Owner	Chg?	Overlap Files						
CHK	MOD	DEL	ENT	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼						
									NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE			
									¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼	¼			
CHK			65718																								
CHK			65719																								
CHK			65720																								
CHK			65721																								

Base Acres: Year: Minimum Reasonable Quantity: Comments:

STATE OF KANSAS

DEPARTMENT OF AGRICULTURE
DIVISION OF WATER RESOURCES
TOPEKA FIELD OFFICE
6531 SE FORBES AVE., SUITE B
TOPEKA, KS 66619



PHONE: (785) 296-5733
FAX: (785) 296-8298
www.agriculture.ks.gov

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

November 30, 2018

THREE G'S FAMILY TRUST
GREGG SEXTON TRUSTEE
1228 3400 AVE
ABILENE KS 67410-6020

Re: Appropriation of Water, File No. 49,014

Dear Sir:

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

Your attention is directed to the terms, conditions, and limitations specified in this approval for change. A condition of this order requires the installation of water flow meter(s) before the first use of water in accordance with the Chief Engineer's specifications found in K.A.R. 5-1-4 through K.A.R. 5-1-12. A copy of these specifications and a list of acceptable meters can be obtained from our website at the following web address:

<http://agriculture.ks.gov/meters>

This order also requires that the diversion works should be completed, including installation of the flow meter(s), by December 31, 2019 and reported to the Division of Water Resources using the enclosed Notice of Completion of Diversion Works form. The form is also available on our website at: <http://agriculture.ks.gov/wa-forms> . 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.

This document is a summary order by this agency regarding this matter. This order shall become final if a request for a hearing is not filed with the Chief Engineer within 15 days of the date of service of this order.

If 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,


Katherine A. Tietsort
Water Commissioner

KAT:lh
Enclosures

RECEIVED

NOV 16 2018

3pm Topeka Field Office
DIVISION OF WATER RESOURCES



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

STATE OF KANSAS

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>

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. 49,014

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: GREGG SEXTON

1228 3400 AVE ABILENE KS 67410-6020

Phone Number: () _____ Email address: _____

Name and address of Water Use Correspondent: As above

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: THREE G'S FAMILY TRUST GREGG SEXTON TRUSTEE

ADDRESS: 1228 3400 AVE ABILENE KS 67410-6020

(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			

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: NOT THE SUBJECT OF THIS APPLICATION - NO CHANGE TO PLACE OF USE

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 \$ _____ TR # _____ Receipt Date _____ Check # _____

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

One in the NW Quarter of the NW Quarter of the NE Quarter of Section 24 , Township 11 South, Range 2 EAST, in Dickinson County, Kansas, 4824 feet North 2096 feet West of Southeast corner of section. Authorized Rate Authorized Quantity Depth of well (feet)

(DWR use only: Computer ID No. 2 GPS 4823 feet North 2083 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 NW Quarter of the NW Quarter of the NE Quarter of Section 24 , Township 11 South, Range 2 EAST, in Dickinson County, Kansas, 4823 feet North 2108 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 NONE

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

One in the Quarter of the Quarter of the Quarter of Section , Township South, Range (E/W), in County, Kansas, feet North feet West of Southeast corner of section. Authorized Rate Authorized Quantity Depth of well (feet)

(DWR use only: Computer ID No. GPS feet North feet West)

This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:

Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)

One in the Quarter of the Quarter of the Quarter of Section , Township South, Range (E/W), in County, Kansas, feet North feet West of Southeast corner of section. Proposed Rate Proposed Quantity Proposed well depth (feet) .

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

7. The changes herein are desired for the following reasons? (please be specific) The well will be re-drilled with a larger bore-hole to accommodate a larger pump.

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

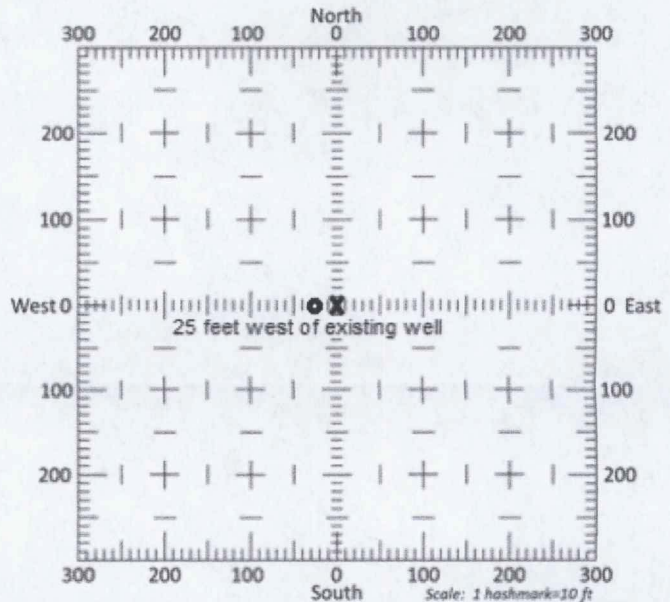
9. The change(s) (was)(will be) completed by? following approval

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

11. Groundwater Management District recommendation attached? Yes No

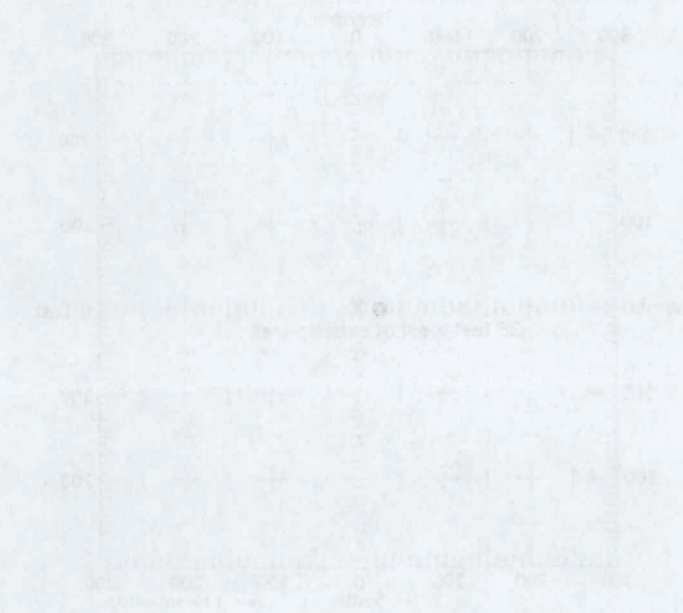
12. Assisted by Lloyd Hemphill

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



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

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



13a) If the proposed point of diversion will be relocated more than 300 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) (if any) within one-half mile upstream and one-half mile downstream from your property line.

11. Groundwater Management District recommendation attached? Yes No

10. If the point of diversion is a well, (a) What are you going to do with the old well? Cap or decommission well (b) When will this be done?

9. The change(s) (was/will be) complete by? Following approval

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

7. The changes herein are desired for the following reasons? (please be specific. The well will be drilled with a larger bore hole to accommodate a larger pump.)

6. Presently authorized point of diversion:
 One in the _____ Quarter of the _____
 of Section _____ Township _____
 in _____ County, Kansas _____ feet north _____
 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: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or existing point is better described by GPS)
 One in the _____ Quarter of the _____
 of Section _____ Township _____
 in _____ County, Kansas _____ feet north _____ feet west _____ feet 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: NONE

5. Presently authorized point of diversion:
 One in the _____ Quarter of the _____
 of Section _____ Township _____
 in _____ County, Kansas _____ feet north _____ feet west _____ feet 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: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or existing point is better described by GPS)
 One in the _____ Quarter of the _____
 of Section _____ Township _____
 in _____ County, Kansas _____ feet north _____ feet west _____ feet 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: NONE

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

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

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

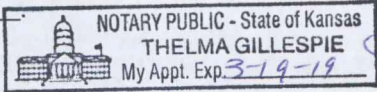
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application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

Dated at Abilene, Kansas, this 8th day of November, 2018.

<u>Gregg Sexton</u> (Owner)	_____	(Spouse)
<u>Gregg Sexton</u> (Please Print)	_____	(Please Print)
<u>Gregg Sexton</u> (Owner)	_____	(Spouse)
<u>Gregg Sexton</u> (Please Print)	_____	(Please Print)
_____	_____	(Spouse)
_____	_____	(Please Print)

State of Kansas }
County of Dickinson } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 8th day of November, 2018.



[Signature]
Notary Public

My Commission Expires 3-19-19.

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

CERTIFICATE OF SERVICE

On this 30th day of November, 2018, I hereby certify that the attached **APPROVAL OF APPLICATION FOR CHANGE IN POINT OF DIVERSION**, Appropriation of Water, File No. 49,014, dated November 29, 2018 was mailed postage prepaid, first class, US mail to the following:

THREE G'S FAMILY TRUST
GREGG SEXTON TRUSTEE
1228 3400 AVE
ABILENE KS 67410-6020

Staff

A handwritten signature in blue ink, appearing to read "A. M. Murphy", is written over a horizontal line. The signature is cursive and extends to the right of the line.