

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



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. 40951

RECEIVED
 @ 3:00 PM
MAR 26 2021

Topeka 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: **RICHARD L, TERESA L, AUDRA L & LORI L WEIXELMAN / CHRISTOPHER P TORREY**
910 5TH ST WAMEGO KS 66547-1442 / PO BOX 23 ALMA KS 66401

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: **RICHARD L & TERESA WEIXELMAN**

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: **RICHARD L, TERESA L, AUDRA L & LORI L WEIXELMAN / CHRISTOPHER P TORREY**

ADDRESS: **910 5TH ST WAMEGO KS 66547-1442 / PO BOX 23 ALMA KS 66401**

(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 | |
| 9 | 10 | 10E | | | | | | | | | | | | 15 | | | | | 15 |
| 9 | 10 | 10E | | | | | | | | | | | | 9.5 | | | | | 9.5 |

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: **RICHARD L, TERESA L, AUDRA L & LORI L WEIXELMAN / CHRISTOPHER P TORREY**

ADDRESS: **910 5TH ST WAMEGO KS 66547-1442 / PO BOX 23 ALMA KS 66401**

(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 | |
| 9 | 10 | 10E | | | | | | | | | | | | 18.5 | | | | | 18.5 |
| 9 | 10 | 10E | | | | | | | | | | | | 6 | | | | | 6 |

For Office Use Only: Code CPU Fee \$ 200 TR # _____ Receipt Date 3/26/21 Check # 2235

5. **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:
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 _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

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:
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 _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. Why do you need a new point of diversion? _____

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

9. When do you propose to complete the new point of diversion?

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

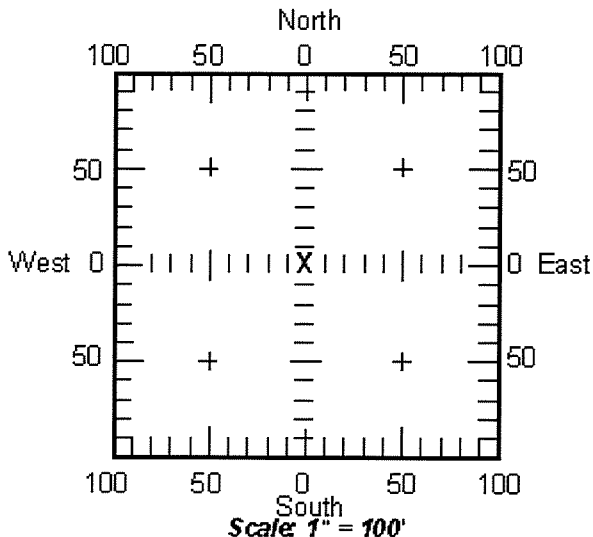
 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by **BRETT BUNGER 2-26-21** _____

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.)



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.

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).

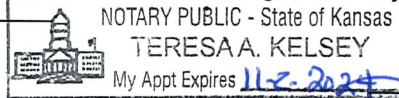
I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regard to the water right(s) to which this application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

Dated at _____, Kansas, this _____ day of _____, 20_____.

| | |
|--|---|
| <p><u>Richard L Weixelman</u> (Owner)</p> <p><u>Richard L Weixelman</u> (Please Print)</p> <p><u>Teresa Weixelman</u> (Owner)</p> <p><u>Teresa Weixelman</u> (Please Print)</p> <p><u>Archie Weixelman</u> (Owner)</p> <p><u>Audra Weixelman Evans</u> (Please Print)</p> <p><u>Lori Weixelman Rice</u> (Please Print)</p> | <p><u>Teresa Weixelman</u> (Spouse)</p> <p><u>Teresa Weixelman</u> (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Spouse)</p> <p>_____ (Please Print)</p> <p>_____ (Please Print)</p> |
|--|---|

State of Kansas }
County of Pottawatomie } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 5 day of March, 2021



Teresa A. Kelsey
Notary Public

My Commission Expires 11-2-2024

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

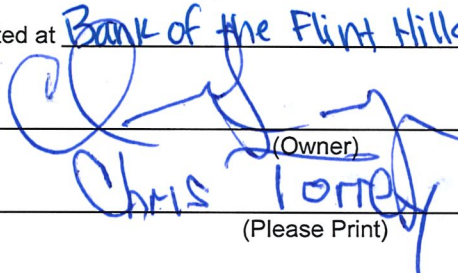
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I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regard 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 Bank of the Flint Hills, Kansas, this 24 day of March, 20 21.


 _____ (Owner)
Chris Torrey
 _____ (Please Print)

 _____ (Owner)
 _____ (Please Print)

 _____ (Owner)
 _____ (Please Print)

 _____ (Spouse)
 _____ (Please Print)

 _____ (Spouse)
 _____ (Please Print)

 _____ (Spouse)
 _____ (Please Print)

State of Kansas }
County of _____ } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 24 day of March, 20 21.

Ashley Seidl
Notary Public State of Kansas
 My Commission Expires 2-8-25
 My Appt. Exp. _____



 Notary Public

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