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



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 m	ade for approval of the Chief Engineer to change the	
	(Check one or more)	Point of Diversion	Water Resources Received
		Use Made of Water File No. <u>7786</u>	KS Dept Of Agriculture
2.	Name of applicant: BR	AMCO LLC	
	Address: <u>325 20<sup>™</sup> RD</u>		
	City, State and Zip: <u>CL/</u>	AY CENTER KS 67432-7847	
	Phone Number: (785)63	E-mail address: brent	close@live.com
	What is your relationshi	o to the water right; 🛛 owner 🔲 tenant 🔲 agent	☐ other? If other, please explain
		espondent: ARLYN D CLOSE	
	Address: <u>325 20<sup>TH</sup> RD</u>		
		Y CENTER KS 67432-7847	
3.	The change(s) proposed	I herein are desired for the following reasons (please	e be specific):
	AUTHORIZED WELL	ER 31459 IS NOT ADEQUATE FOR THE ACI	RES IRRIGATED UNDER ITS CURRENTLY
	UNDER ITS CURRENL	THE QUANTITY UNDER 7786 IS MORE THAN TY AUTHORIZED WELL. THE PURPOSE OF THIS	ADEQUATE FOR THE ACRES IRRIGATED
	CURRENTLY AUTHOR	IZED UNDER 31459. A CHANGE APPLICATION	IS BEING PREPARED TO MOVE 31459 TO
	THE WELL CURRENTL	Y AUTHORIZED UNDER 7786. THIS WILL SOLVI	E AN OVERPUMPING ISSUE AND THE NEED
	FOR THE MULTI-YEAR	FLEX ACCOUNT THAT IS PENDING UNDER 202	27462
	The change(s) (was) (wi	l be) completed by <u>UPON APPROVAL OF APPLIC</u>	ATIONS (Date)
	Office Use Only <i>:</i> 1_ GMD Meets deCGT	K.A.R. 5-5-1(YES) NO) Use IRR Fee \$ 200 TR # PY2404UL678Rece	S County CY By ALB S County ipt Date Check #
			4/15/2024
			KAnderson

Assisted by: BLB/TFO 4-8-24

## 4/11/2024 4. The presently authorized place of use is: File No. 7786 Water Resources Owner of Land — NAME: NOT SUBJECT OF APPLICATION Received ADDRESS: \_ KS Dept Of Agriculture NE1/4 NW1/4 SW1/4 SE1/4 Sec. Twp. Range NE<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub> NE<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub> TOTAL NE1/4 NW1/4 SW1/4 SE1/4 ACRES NE1/4 NW1/4 SW1/4 SE1/4 List any other water rights that cover this place of use. Owner of Land — NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ Τ

	Soo Tur Dave		NE1/4			NW1⁄4			SW1/4				SE1/4				TOTAL		
_Sec.	Twp.	Range	NE¼	NW1/4	SW1/4	SE¼	NE¼	NW1/4	SW1/4	SE1/4	NE <sup>1</sup> / <sub>4</sub>	NW1/4	SW1/4	SE¼	NE¼	NW1⁄4	SW1/4	SE¼	ACRES
-								-											

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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

				NE	1/4			NV	N1/4			SV	N1/4			SE	=1/4		TOTAL
Sec.	Twp.	Range	NE1/4	NW1/4	SW1/4	SE¼	NE <sup>1</sup> / <sub>4</sub>	NW1/4	SW1/4	SE <sup>1</sup> / <sub>4</sub>	NE <sup>1</sup> ⁄ <sub>4</sub>	NW1/4	SW1/4	SE¼	NE <sup>1</sup> / <sub>4</sub>	NW1/4	SW1/4	SE <sup>1</sup> / <sub>4</sub>	ACRES
																		01/4	
						-													
				-			-												

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

Owner of Land — NAME: \_\_\_\_\_

			AD	DRES	SS:														
NE%								NW1⁄4		SW1/4			SE¼			TOTAL			
Sec.	Twp.	Range	NE¼	NW1/4	SW1/4	SE1/4	NE <sup>1</sup> / <sub>4</sub>	NW1/4	SW1/4	SE1/4	NE <sup>1</sup> / <sub>4</sub>	NW1/4	SW1/4	SE¼	NE¼	NW1/4	SW1/4	SE¼	ACRES
							-										_		
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List any other water rights that cover this place of use.

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AS NECESSARY

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6.	The presently	authorized p	point(s) c	of diversion	(is)	(are)	ONE WELL	
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7. The proposed point(s) of diversion (is) (are) ONE WELL

(Provide description and number of points)

(Provide description and number of points)

Presently auth	orized point of	diversion:				
One in the	SE	Quarter of the	SE	Quarter of the	NE	Quet
		, IOWNSHID	6	South Dongo	4 -	
in <u>CLAY</u>	Cou	unty, Kansas, 3079	feet North	South, Range 32 feet West of S		
rationzed Rate		Authorized Quantity	/			
(DWR use only	: Computer ID	No. G	PS	feet North	foot M	
🗌 This point v	vill not be chang	ged 🛛 This point w	ill be changed	as follows:		est)
Proposed poin	t of diversion: (	Complete only if char		as 10110W3.		
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of Section	7		SVV	Quarter of the	NE	Quart
in CLAY	Col	, rownsnip	6 fact North	South, Range	<u>1E</u>	(E/W
Proposed Rate	000	Proposed Quantity		1521 feet West of S	outheast corne	er of section
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			other water righ	ts that will use this point _		
Presently authority	orized point of o	liversion:				
				Quarter of the		
of Section				Quarter of the		Quart
in	Cou	, rownship	foot North	South, Range		(E/W
Authorized Pate	000	Authority, Kansas,		feet West of So	outheast corne	er of section
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N/A

4/11/2024

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AS NECESSARY Water Resources Received

File No. 7786

12.	The presently authorized use of water is for IRRIGATION	4/11, purposes.	/2024
	It is proposed that the use be changed to <b>NO CHANGE</b>		/ater Resources
13.	If changing the place of use and/or use made of water, describe how the consumptive	ve use will not be increa	Received ased.

N/A	KS Dept Of Agriculture
(Please show any calculations here.)	

14. It is requested that the maximum annual quantity of water be reduced to <u>N/A</u> (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 (\_\_\_\_\_\_ 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:
    - 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 ½ 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 ½ 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) ½ mile downstream and ½ 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.

THE PROPOSED LOCATION MEETS SPACING REQUIREMENTS TO ALL DOMESTIC AND NON-DOMESTIC W	VELLS
SO IMPAIRMENT SHOULD NOT BE AN ISSUE.	

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.

### NOT APPLICABLE

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AS NECESSARY

File No. 7786

Any use of water that is not as authorized by the water right or permit to authorize water <u>before</u> 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.

Datedat Clay Center, Kansas	, this 8th day of April , 20,34
Uf Class	Secre P Clon
(Owner)	(Spouse)
HARKIN LOSE	Jolene & Close
(Please Print)	(Please Print)
4 Well	- Lamak Close
(Owner)	(Spouse)
Brent W Close	Laura K Close
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
State of Kansas	
County of Clay SS	
hereby certify that the foregoing application was signed in r	my presence and sworn to before me this $\underline{STC}$ day of
A NOTARY PUBLIC - State of Kansas	Y.
LAURIE CLARK	Dauree Clark
My Commission Expires Sept 5, 2026	Notary Public

#### 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) (2) (3) (4)	Application to change a point of diversion 300 feet or less	
(4)	Application to change the use made of the water	

Make check payable to Kansas Department of Agriculture.

## 4/11/2024

Water Resources Received

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# SCHEDULING MANAGEMENT Person Schedule

Water Resources Received

Person: CLOSE, ARLYN D MRN: 42292

Gender: Male DOB: 01/20/1949

KS Dept Of Agriculture

Date	Time	Dur	Appointment Type	Status	Location	Orders		
04/10/2025 Reason: Preparation Post Appo	n:	15	Routine Lab (CCMC)	Confirmed	CCMC Lab			
04/10/2025 Reason: Preparation Post Appoi	Well Man Exam n:	30 1	Well Man Exam (CCMC)	Confirmed	Clay Center Family Physicians			
07/07/2025	09:00	30	SURG Consult (CCMC)	Confirmed	Clay Center Family Physicians			
Reason: 3 year follow up EGD/ DGP Preparation: Post Appointments:								

\* \* \* END OF REPORT \* \* \*

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