

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

1. File Number: 7893	2. Status Change Date: 3/12/18	3. Change Num: C1	4. Field Office: 04	5. GMD: 03
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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: 2/14/18
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8a. Applicant(s) New to system <input type="checkbox"/>	Person ID <u>54407</u> Add Seq# <u>1</u>
CORLEY FARMS LC PO BOX 1834 GARDEN CITY KS 67846	

8c. Landowner(s) New to system <input type="checkbox"/>	Person ID <u>51405</u> Add Seq# <u>1</u>
ERDENE CORLEY TRUST EMPRISE BANK TRUSTEE 2106 N ANTLER RIDGE DR GARDEN CITY KS 67846-3521	

8b. Landowner(s) New to system <input type="checkbox"/>	Person ID <u>54407</u> Add Seq# <u>1</u>
CORLEY FARMS LC PO BOX 1834 GARDEN CITY KS 67846	

8d. WUC New to system <input type="checkbox"/>	Person ID <u>54407</u> Add Seq# <u>1</u>
CORLEY FARMS LC PO BOX 1834 GARDEN CITY KS 67846	

9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/18</u> <input type="checkbox"/> N & P Date to Comply: _____	
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input type="checkbox"/> Check Valve <input type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input type="checkbox"/> Driller Copy <input type="checkbox"/> H & E Letter	
<input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____	

10. Use Made of Water From: _____	To: _____
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Date Prepared: 3/5/18	By: tpm
Date Entered: _____	By: _____

File No. **7893** 11. County: **GRANT** Basin: Stream: Formation Code: Special Use:

12. Points of Diversion
 CHK MOD DEL ENT Qualifier S T R ID 'N' 'W' Comment (AKA Line) Rate gpm/cfs Quantity af/mgy Additional Rate gpm/cfs Quantity af/mgy Additional Quantity ac/ft

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 CHK MOD DEL ENT	P	U	S	T	R	I	NE 1/4			NW 1/4			SW 1/4			SE 1/4			Total	Owner	Chg?	Overlap Files
							NE 1/4	SW 1/4	SE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	SW 1/4	SE 1/4	NW 1/4	SW 1/4	SE 1/4				
NC 20315	15	27	36W	1			40	40	40						40	40	40	40	320	8c nc	3214 4780 7893 7963 25941	28760
NC 5618	15	27	36W	2					40	40	40	40	40						320	8b	nc	
NC 15354	22	27	36W	1			40	40	40										160	8b	nc	

Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____
 Comments: _____

STATE OF KANSAS

DEPARTMENT OF AGRICULTURE
DIVISION OF WATER RESOURCES
GARDEN CITY FIELD OFFICE
2508 JOHNS STREET
GARDEN CITY, KS 67846-2804



PHONE: (620) 276-2901
FAX: (620) 276-9315
www.agriculture.ks.gov

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

March 12, 2018

CORLEY FARMS LC
PO BOX 1834
GARDEN CITY KS 67846

RE: Change the Place of Use, File Nos 3214, 4780,
7893, 7963, 25941, 28760

Dear Mr. Owens;

Enclosed you will find a *Summary Order Approving Application for Change in Place of Use* for the above referenced files. Since these orders modify the original documents, it should be recorded at the County Register of Deeds.

These orders modify the authorized acres that can be irrigated by these files. The authorized place of use is as shown on the plats within the change approvals.

A condition of this order is that an acceptable flow meter must be properly installed on the diversion works authorized under the referenced file number in accordance with the Kansas Administrative Regulations 5-1-4 through 5-1-12. This water flow meter shall be used to provide information required on the annual water use report (including the meter reading at the beginning and end of the report year).

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. The date of service is the date listed on the enclosed *Certificate of Service*.

Should you have any questions, please feel free to call this office or arrange an appointment for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,

Thomas P. Makens
Assistant Water Commissioner

TPM:tpm
Enclosures

CERTIFICATE OF SERVICE

On this 14th day of March 2018, I hereby certify that the attached original Approval of Application to Change the Place of Use under Water Right File 3214, 4780, 7893, 7963, 25941, 28760 dated March 12, 2018, was mailed postage prepaid, first class, US mail to the following:

CORLEY FARMS LC
PO BOX 1834
GARDEN CITY KS 67846

Copy provided to GMD#3



Division of Water Resources

Submit completed application to:
 Kansas Department of Agriculture
 Division of Water Resources
 Field Office for your area.
 Call for address:
 Topeka -- (785) 862-6300
 Stafford -- (620) 234-5311
 Stockton -- (785) 425-6787
 Garden City -- (620) 276-2901
www.ksda.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.

RECEIVED
 3:33pm
 FEB 14 2018

File No. 7893

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both): Garden City Field Office
Division of Water Resources

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: CORLEY FARMS LC

PO BOX 1834 GARDEN CITY KS 67846

Phone Number: () Email address: _____

Name and address of Water Use Correspondent: CORLEY FARMS LC

PO BOX 1834 GARDEN CITY KS 67846

Phone Number: () Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: see supplemental page

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		

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: see supplemental page

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 \$ 200 TR # _____ Receipt Date 2/14/18 Check # 50015204

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter
 of Section _____, Township _____ South, Range _____ 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 _____ 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 _____ 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? _____
 no change to well locations _____

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

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

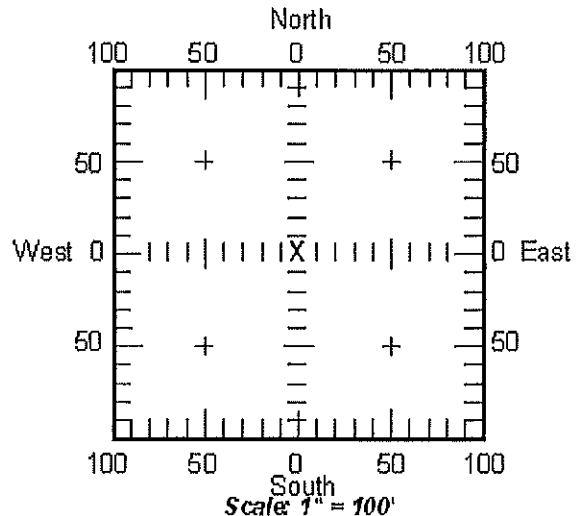
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached? Yes No

12. Assisted by tpm _____

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.

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 7893
MAKE ADDITIONAL COPIES AS NECESSARY

3. *Continued:* The presently authorized place of use is:

Owner of Land ---- NAME: CORLEY FARMS LC
ADDRESS: PO BOX 1834 GARDEN CITY KS 67846

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	
10	27	36w									40	40	40	40	40	40	40	40	320
15	27	36w					40	40	40	40	40	40	40	40					320
22	27	36w	40	40	40	40													160

Owner of Land ---- NAME: ERDENE CORLEY TRUST EMPRISE BANK TRUSTEE
ADDRESS: 2106 N ANTLER RIDGE DR GARDEN CITY KS 67846-3521

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	
14	27	36w	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	640
15	27	36w	40	40	40	40									40	40	40	40	320

APPLICATION FOR APPROVAL TO CHANGE
THE PLACE OF USE AND/OR POINT OF DIVERSION
SUPPLEMENTAL SHEET
FILE NO. 7893
MAKE ADDITIONAL COPIES AS NECESSARY

4. *Continued*: 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: CORLEY FARMS LC

ADDRESS: PO BOX 1834 GARDEN CITY KS 67846

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	
2	27	36w									40	40	40	40	40	40	40	40	320
3	27	36w													40	40	40	40	160
10	27	36w	40	40	40	40					40	40	40	40	40	40	40	40	480

Owner of Land ---- NAME: CORLEY FARMS LC

ADDRESS: PO BOX 1834 GARDEN CITY KS 67846

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	
11	27	36w					40	40	40	40	40	40	40	40	40	40	40	40	480
12	27	36w									40	40	40	40					160
15	27	36w					40	40	40	40	40	40	40	40					320

Owner of Land ---- NAME: CORLEY FARMS LC

ADDRESS: PO BOX 1834 GARDEN CITY KS 67846

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	
22	27	36w	40	40	40	40													160

Owner of Land ---- NAME: ERDENE CORLEY TRUST EMPRISE BANK TRUSTEE

ADDRESS: 2106 N ANTLER RIDGE DR GARDEN CITY KS 67846-3521

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	
14	27	36w	40	40	40	40		40		40	40	40	40	40	40	40	40	40	640
15	27	36w	40	40	40	40									40	40	40	40	320

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 WICHITA, Kansas, this 12TH day of FEBRUARY, 2018.

EMPRISE BANK, MANAGING MEMBER
 *by: Janeen K. Hughes
 (Owner) (Spouse)

JANEEN K. HUGHES
 (Please Print) (Please Print)

(Owner) (Spouse)

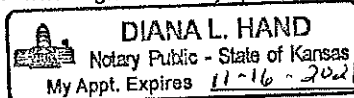
(Please Print) (Please Print)

(Owner) (Spouse)

(Please Print) (Please Print)

State of Kansas }
County of Sedgwick } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 12th day of February, 2018.



Diana L. Hand
Notary Public

My Commission Expires 11-16-2021

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.

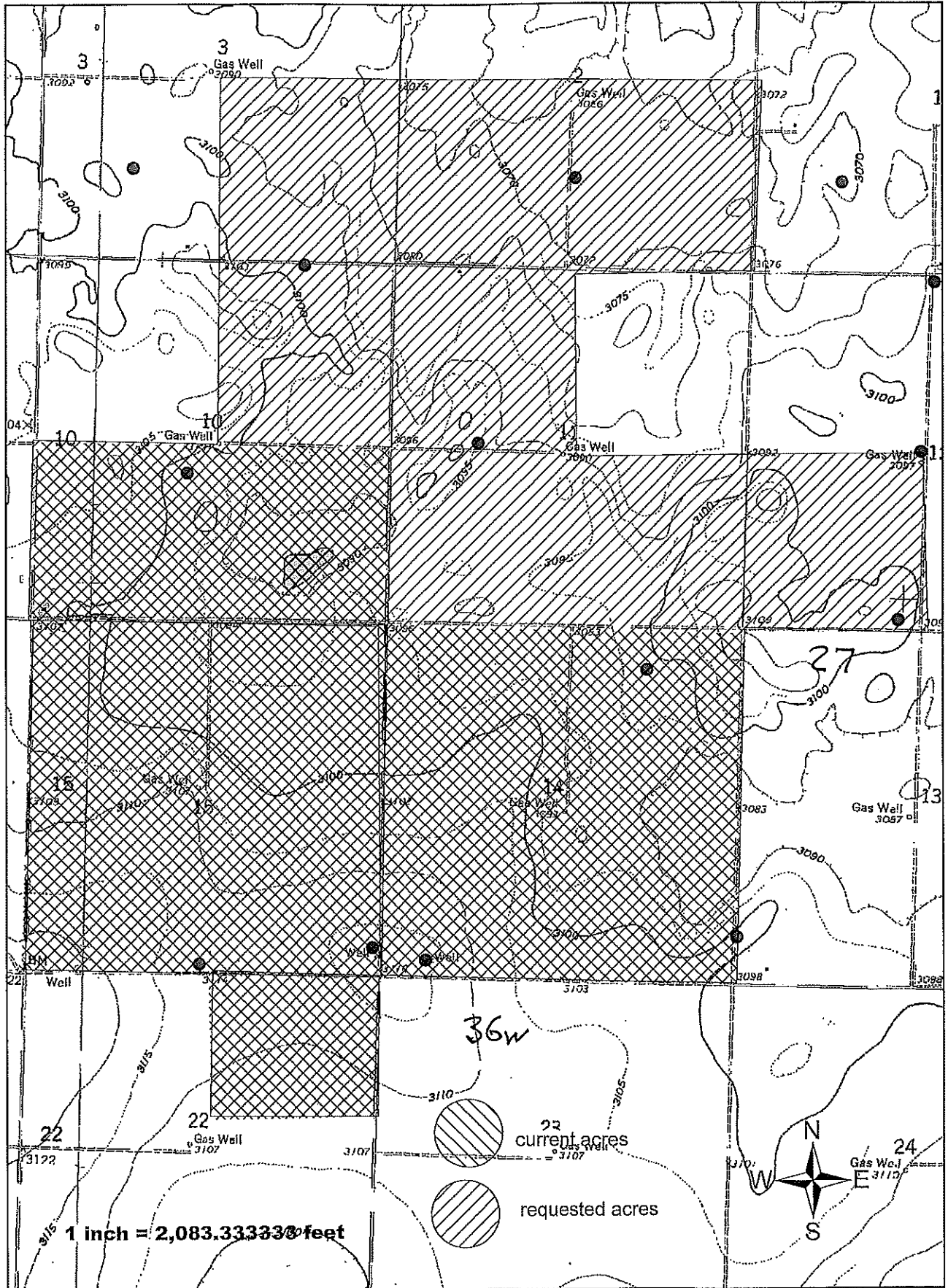
FEE SCHEDULE

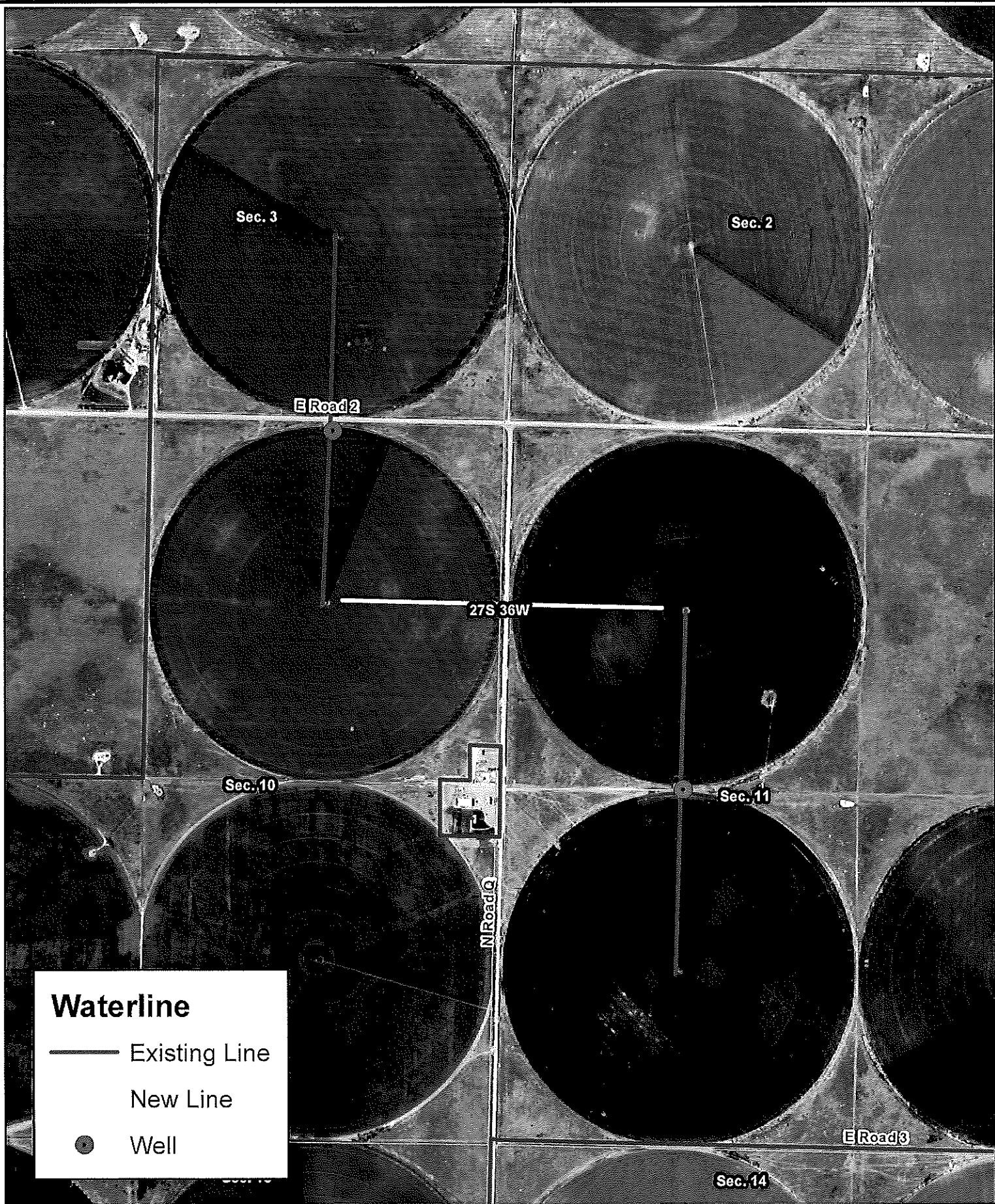
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (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 ✓

corley overlap

3214 4780 7893 7963 28760





Waterline

— Existing Line

— New Line

● Well



Farm #21135
 Corley Farms Inc
 Grant Co., KS

Latitude: 37.7179°N
 Longitude: -101.2353°W
 Imagery Source: USDA NAIP
 Maps Are For Visual Aid Only
 Boundaries Are Approximate

