



Garden City Field Office
2508 Johns Street
Garden City, Kansas 67846-2804
Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Michael A. Meyer, Water Commissioner

Phone: (620) 276-2901
Fax: (620) 276-9315
www.agriculture.ks.gov
Sam Brownback, Governor

January 19, 2018

Southwest Kansas Groundwater
Management District No 3
409 Campus Drive, Suite 106
Garden City KS 67846

Re: Water Right file number 7963

Dear Mr. Norquest;

The Corley Trust has applied to relocate the wells authorized by the above water right number. There are no neighboring wells within ½ mile of the requested.

We are delaying action for 15 days on the change application to allow you time to review and provide a recommendation if you feel one is warranted.

Thank you and as always feel free to call or write us at any time.

Sincerely;

A handwritten signature in black ink, appearing to read "Thomas P Makens". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Thomas P Makens

TPM:tpm
enc

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.

File No. 7963

RECEIVED
 3:32pm
 JAN 18 2018

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

Garden City Field Office
 Division of Water Resources

2. Name and address of Applicant: ERDENE CORLEY TRUST
PO BOX 1834 GARDEN CITY KS 67846
 Phone Number: (620)521-1450 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: ERDENE CORLEY TRUST % EMPRISE BANK TRUSTEE & CORLEY FARMS LC
 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: no change to acres
 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				

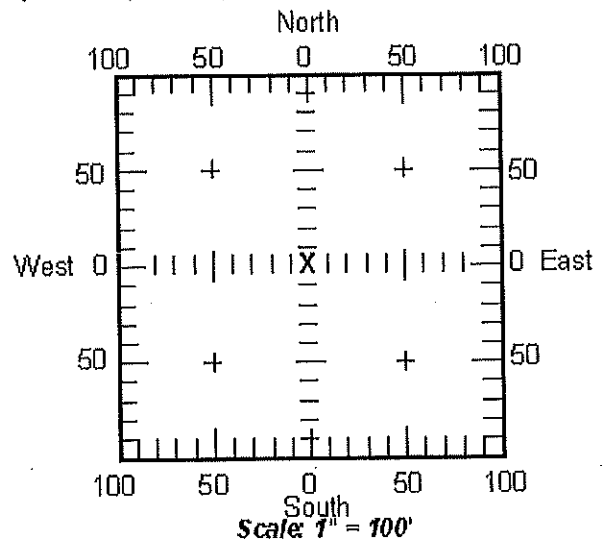
For Office Use Only: Code _____ Fee \$ 200 TR # _____ Receipt Date 1/19/10 Check # 3721

5. **Presently authorized point of diversion:**
 One in the nc s2 Quarter of the sw Quarter of the sw Quarter
 of Section 14, Township 27 South, Range 36 W,
 in Grant County, Kansas, 250 feet North 4550 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 1 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 se Quarter of the se Quarter of the sw Quarter
 of Section 14, Township 27 South, Range 36 W,
 in Grant County, Kansas, 113 feet North 2824 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 se Quarter of the se Quarter of the se Quarter
 of Section 15, Township 27 South, Range 35 W,
 in Grant County, Kansas, 400 feet North 100 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
 (DWR use only: Computer ID No. 1 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? _____
old wells needs to be replaced

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.)



8. If a well, is the test hole log attached? Yes No
9. When do you propose to complete the new point of diversion?
February 15, 2018
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
plug
 (b) When will this be done? 2018
11. Groundwater Management District recommendation attached? Yes No
12. Assisted by tpm

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 WICHITA, Kansas, this 8TH day of JANUARY, 2018.

ERDENE CORLEY TRUST NO. 1, EMPRISE BANK, TRUSTEE,
By: Janeen K. Hughes _____ (Owner) _____ (Spouse)

JANEEN K. HUGHES _____ (Please Print)

CORLEY FARMS, LC, EMPRISE BANK TRUSTEE OF ERDENE CORLEY TRUST NO. 1, MANAGER,
By: Janeen K. Hughes _____ (Owner) _____ (Spouse)

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

(Owner) (Spouse)

(Please Print) (Please Print)

State of Kansas }
County of Sedgewick } SS

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



Kathleen Z. McCormick
Notary Public

My Commission Expires May 19, 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

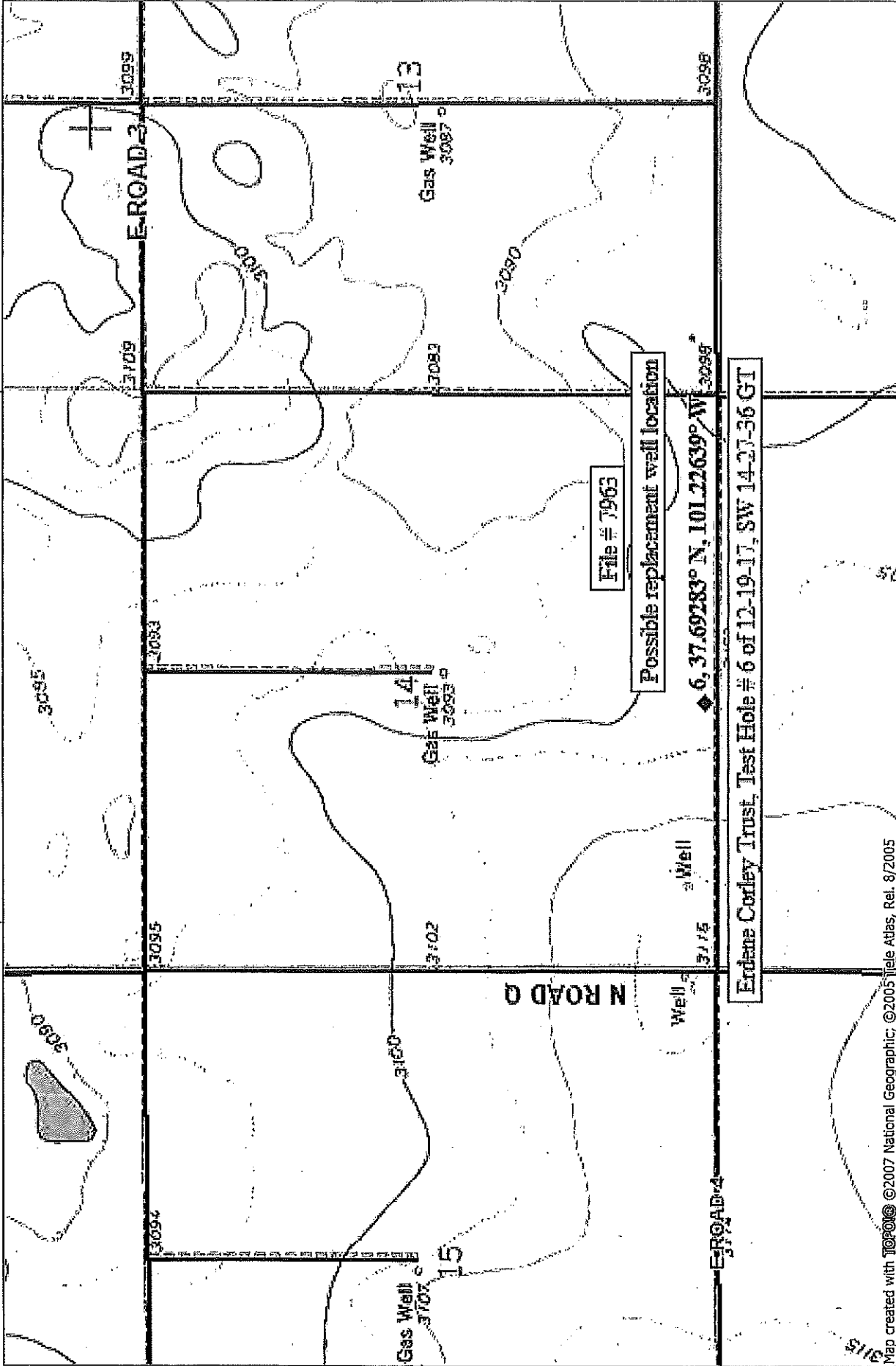
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: Kansas Department of Agriculture

- (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

TOPO! map printed on 12/20/17 from "Untitled.tpo"

101.23333° W

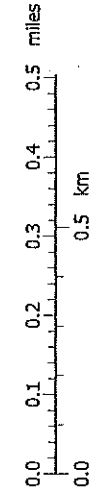
NAD27 101.21667° W



Map created with **TOPO!** © 2007 National Geographic; © 2005 Tele Atlas, Rel. 8/2005

101.23333° W

NAD27 101.21667° W



TIN MIN 6°

12/20/17

NATIONAL GEOGRAPHIC