

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: pu WORKSHEET

1. File Number: 21418	2. Status Change Date: <i>1-11-2023</i>	3. Change Num: C1	4. Field Office: 04	5. GMD: 03
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: 1/5/2023
8a. Landowner, APPLICANT, WUC New to system <input type="checkbox"/> FEHR FARMS ATTN: GUILLERMO FEHR UNRAW 3502 S ROAD INGALLS, KS 67853		Person ID 68281 Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	
8b. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		8d. Correspondent, New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/2023 <input type="checkbox"/> N & P Date to Comply: _____				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input type="checkbox"/> Driller opy <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: _____				
Date Prepared: 1/5/2023 By: MAM Date Entered: _____ By: _____				

File No. **21418** 11. County: **GY** Basin: **ARKANSAS RIVER** Stream: Formation Code: Special Use:

12. Points of Diversion

CHK
MOD
DEL PDIV
ENT

Qualifier	S	T	R	ID	'N	'W	Comment (AKA Line)	Rate gpm	Quantity af	Rate gpm	Quantity af	Overlap PD Files
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CHK 73069

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	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files	
						NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼					
ENT	22403	3	26	30W	2													34	34	34	34	136	8a	Y	28809	
CHK	5114	10	26	30W	1	34	34	34	34													136	8a	Y	28809	

Base Acres: Year: **130** Minimum Reasonable Quantity:

Comments:

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

January 11, 2023

FEHR FARMS
Attn: GUILLERMO FEHR UNRAW
3502 S ROAD
INGALLS, KS 67853

RE: Field Office Application for Change
Water Right, File Nos. 21418 & 28809

Dear Sir or Madam:

Enclosed are orders executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the applications for change under the above referenced file numbers.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in this approval for change. Conditions of these approvals are that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file numbers and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed.

Since the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in blue ink that reads "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:
enclosures

pc: GMD3

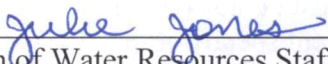
CERTIFICATE OF SERVICE

On this 11th day of January 2023, I hereby certify that the foregoing Approvals of Application for Change in Place of Use, Water Right, File Nos. 21,418 and 28,809 dated 11th day of January 2023 was mailed postage prepaid, first class, US mail to the following:

FEHR FARMS
Attn: GUILLERMO FEHR UNRAW
3502 S ROAD
INGALLS, KS 67853

Pc:

GMD3



Division of Water Resources Staff

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. 21418

RECEIVED
 4:10 pm
JAN 05 2023

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: FEHR FARMS, Attn: GUILLERMO FEHR UNRAW
3502 S ROAD, INGALLS, KS 67853
 Phone Number: (620)640-5052 Email address: _____
 Name and address of Water Use Correspondent: Same

Phone Number: (_____) _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: Same as above
 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	
10	26	30W	34	34	34	34													136

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: Same as above
 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	
10	26	30W	34	34	34	34													136
3	26	30W												34	34	34	34		136

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 1-5-23 Check # Master card

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: 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 _____

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) Better use of water

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

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

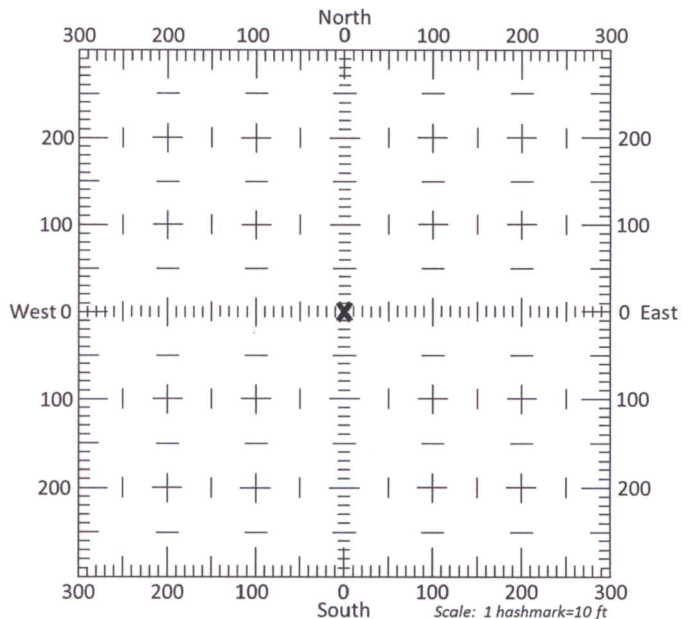
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by mdf/GCFO

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.)

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 Garden City, Kansas, this 5th day of January, 20 23.

[Signature]

 (Owner)

Eva Fehr

 (Spouse)

Guillermo Fehr

 (Please Print)

Eva Fehr

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

 (Owner)

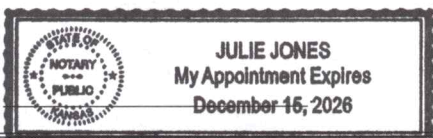
 (Spouse)

 (Please Print)

 (Please Print)

State of Kansas }
 County of Finney } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 5th day of January, 20 23.



My Commission Expires _____

Julie Jones

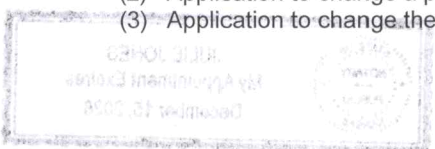
 Notary Public

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.

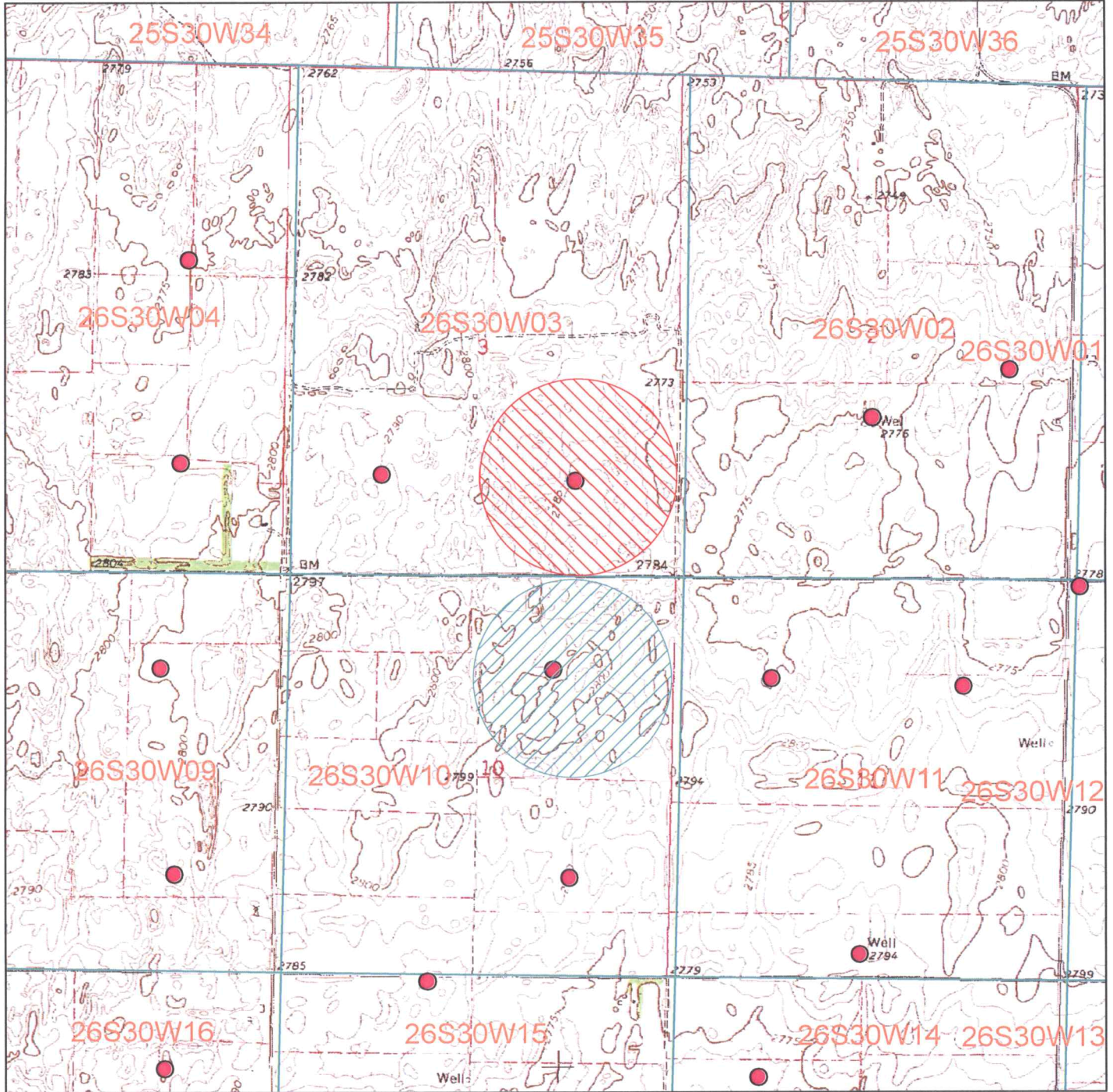
FEE SCHEDULE

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



Change in Place of Use for water right 21418.



● Authorized point of diversion

⊘ Authorized place of use

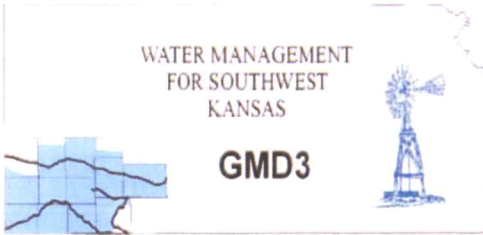
⊘ Proposed place of use



0 0.1 0.2 0.4 0.6 0.8 Miles

All wells within 1/2 mile are on this map.

X



Southwest Kansas
Groundwater Management District No. 3
2009 E. Spruce Street
Garden City, Kansas 67846
(620) 275-7147 phone
www.gmd3.org

January 10, 2023

Michael A. Meyer
Division of Water Resources
4532 W Jones Ave., Suite B
Garden City, Kansas 67846

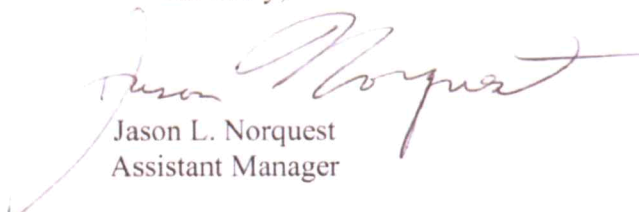
RE: Application for Change in Place of Use
Water Right, File No. 21418 & 28809

Dear Mike:

We have reviewed the application for the above referenced water right. The proposal is not in conflict with the Management Program of the Southwest Kansas Groundwater Management District No. 3 (GMD3). The proposed change in place of use will make a complete overlap in currently authorized place of use with Water Right 11413, in accordance with K.A.R. 5-5-11(b). No new acres are proposed that are not currently authorized by one of the water rights. It is therefore recommended that the application be approved at this time.

Thank you for the opportunity to review the applications and to provide a recommendation. If you have any questions, please don't hesitate to contact us.

Sincerely,



Jason L. Norquest
Assistant Manager

GMD3 Change Review

File No(s): 21418, 28809.

DWR office: GC.

App filed to change: PU.

Is Landowner(s) correct in WRIS: Fehr Farms.

If NO, is documentation included?

Is Water Use Correspondent correct in WRIS? ___.

If NO, is documentation included?

Regulation(s) Reviewed: KAR 5-5-11

Point of diversion ID No(s) ___ being changed.

	ft. North	ft. West
Authorized PD		
Proposed PD		
<hr/>		
Difference	0	0
$a^2 + b^2 = c^2$	0	0
		0

GPS for proposed PD: Lat: ___ Long: ___.

Is proposed PD stacking on existing WRs? No Change.

Is Proposed PU overlapping existing WRs? Make complete overlap.

Neighboring certified well(s) notified: ___.

Name ___.

Address ___.

Zip ___.

Email: ___. Phone: ___.

Domestic well(s) notified: ___.

Name ___.

Address ___.

Zip ___.

Base Acres: ___.

Perfected Acres: ___.

Irr. Return-Flow ___%

21418 authorized: 272AF @ 795gpm

136 acres NE 10-26-30

28809 authorized: 272AF @ 995gpm

136 acres SE 3-26-30

No recent issues with either water right.

Is a waiver needed: No new acres proposed, just overlapping currently authorized acres.

Recommendation: After review of all available information, it appears current area rules are met. Staff recommends approval of the applications.



Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

January 9, 2023

SOUTHWEST KANSAS GROUNDWATER
MANAGEMENT DISTRICT NO. 3
2009 E SPRUCE ST
GARDEN CITY KS 67846

Re: Request for Recommendation
Water Right, File Nos. 21418, 28809

Dear Mr. Norquest:

This is to advise you that the Nairn & Nairn Farms filed applications for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the place of use.

We are delaying action on the change applications to allow you time to review and provide a recommendation. Please submit a recommendation within 15 days from the date of this letter.

Thank you and as always feel free to contact this office at any time.

Sincerely,

A handwritten signature in blue ink that reads "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM
Enclosures