

File No. **3351** 11. County: **ST** Basin: **CIMARRON RIVER** Stream: _____ Formation Code: _____ Special Use: _____

12. Points of Diversion
 CHK
 MOD
 DEL
 ENT PDIV Qualifier S T R ID 'N 'W Comment (AKA Line) Rate gpm Quantity af Rate gpm Quantity af Overlap PD Files

Rate and Quantity
 Authorized Additional

CHK 89936

CHK 13906

CHK 75732

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/ 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

ENT	MOD	DEL	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	17361			5	29	39W	01					L-3 39.80	L-4 39.80	40	40									159.60	8a 22167	N	4814, 8240, 17102,
MOD	9313			6	29	39W	02	L-1 39.83	L-2 37.98	40	40	L-3 39.92	L-4 34.30	L-5 34.51	40	40	L-6 32.50	L-7 29.40	40	40	40	40	610.33	8a 22167	N	4814, 8240, 17102,	
CHK	33771			7	29	39W	01	40	40	40	40	40	L-1 35.12	L-2 35.88	40									311.00	8a 22167	N	4814, 8240, 17102,
DEL	35511																										
DEL	52427																										

Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____
 Comments: ALL PU SAME OWNER. CORRECITON LOTS.

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

NAIRN & NAIRN FARMS
Attn: KEEGAN NAIRN
PO BOX 493
JOHNSON, KS 67855

RE: Field Office Application for Change
Water Right, File Nos. 3351, 4814, 8240, 17102, 22167

Dear Sir:

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, appearing to read "Michael A. Meyer".

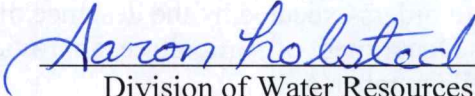
Michael A. Meyer
Water Commissioner

MAM:
enclosures

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. 3,351, 4,814, 8240, 17,102, 22,167 dated 11th day of January 2023 was mailed postage prepaid, first class, US mail to the following:

NAIRN & NAIRN FARMS
Attn: KEEGAN NAIRN
PO BOX 493
JOHNSON, KS 67855



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. 3351

RECEIVED
 1:05 pm
 DEC 13 2022

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

Garden City Field Office
 Division of Water Resources

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: NAIRN & NAIRN FARMS - KEEGAN NAIRN
PO BOX 493 JOHNSON KS 67855
 Phone Number: () Email address: _____
 Name and address of Water Use Correspondent: SAME AS ABOVE

 Phone Number: () Email address: _____

3. The presently authorized place of use is:
 Owner of Land ---- NAME: NAIRN & NAIRN FARMS - KEEGAN NAIRN
ADDRESS: PO BOX 493 JOHNSON KS 67855
 (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		
			L-1	L-2			L-3	L-4	L-5			L-6	L-7							
6	29S	39W	39.83	39.87	40	40	39.92	34.30	34.51	40	40	32.50	29.40	40	40	40	40	40	40	610.33
7	29S	39W	40	40	40	40	40	L-1	L-2											311
								35.12	35.88	40										

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: NAIRN & NAIRN FARMS - KEEGAN NAIRN
ADDRESS: PO BOX 493 JOHNSON KS 67855
 (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		
			L-1	L-2			L-3	L-4	L-5			L-6	L-7							
6	29S	39W	39.83	39.87	40	40	39.92	34.30	34.51	40	40	32.50	29.40	40	40	40	40	40	40	610.33
7	29S	39W	40	40	40	40	40	L-1	L-2											311
								L-3	L-4											
5	29S	39W					39.80	39.80		40	40									159.60

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 12-13-22 Check # 001578

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: 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 _____ (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: 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 _____ (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) CREATE A COMPLETE OVERLAP
IN PLACE OF USE BETWEEN FILE NOS. 3351; 4814;
8240; 17102 & 22167

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

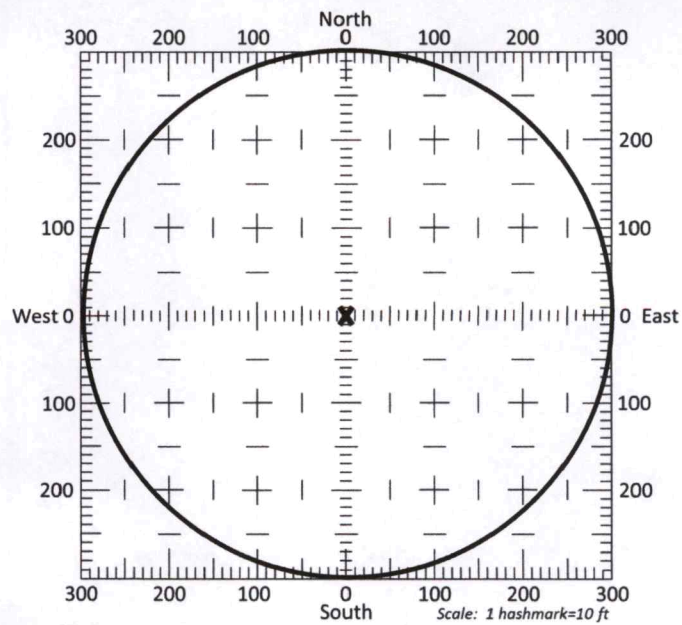
9. The change(s) (was)(will be) completed by?

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
N / A
 (b) When will this be done? N / A

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by AM / 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 a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. **(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.)

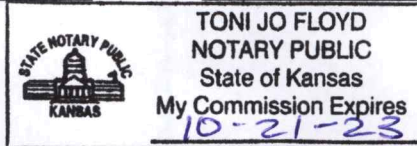
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized 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 Johnson, Kansas, this 8 day of December, 20 22.

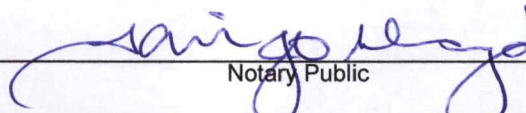
 (Owner)	(Spouse)
<u>Keegan Nairn</u> (Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)
(Owner)	(Spouse)
(Please Print)	(Please Print)

State of Kansas }
 County of Stanton } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 8th day of December, 20 22.

My Commission Expires 10-21-23


 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.

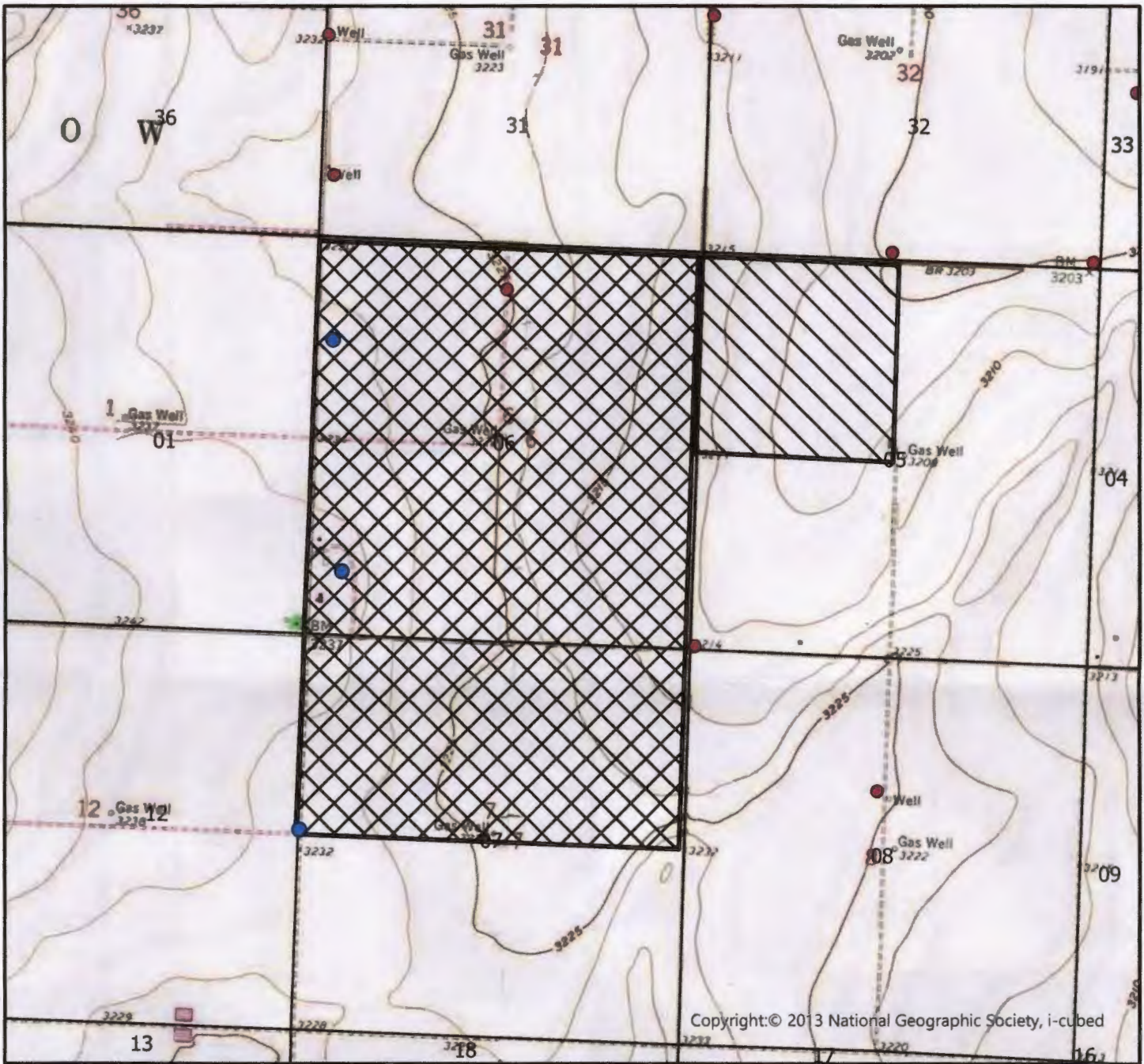
FEE SCHEDULE

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 WATER RIGHT, FILE NOS.
3351; 4814; 8240 & 17102**

Township 29 South Range 39 West Stanton County



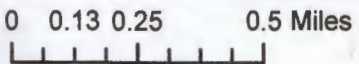
Copyright: © 2013 National Geographic Society, i-cubed

	Authorized Point of Diversion
	Permitted Water Right
	Domestic Well within 1/2 mile
	Authorized Place of Use
	Proposed Place of Use

List of owner name and addresses within 1/2 mile:



By signing below I agree that all wells, including domestic, and owners names and addresses within 1/2 mile of the proposed point of diversion have been shown on the map



(Signature) _____ Date _____

AM/GCFO
1:24,000 Scale

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

December 14, 2022

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

Re: Request for Recommendation
Water Right, File Nos. 3351, 4814, 8240, 17102, 22167

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,

Michael A. Meyer
Water Commissioner

MAM
Enclosures