

CHECK SHEET Short Change

(To be completed and attached to each application)

File No. 20237

Field Office No. 2

GMD No. 5

1. **Plugging agreement obtained for GMD?** Yes No Non Applicable
2. **Is Landowner correct as currently shown in WRIS?** Yes No **Address Change?** NO
If applicable, list Place of Use Overlap File Nos. None
3. **Is Water Use Correspondent correct as currently shown in WRIS?** Yes No **Address Change?** NO
Name of Former WUC --- Name of New WUC ---
4. a. **Point of diversion computer ID No(s).** 1 **for point(s) being changed.**
- b. **Show feet distances from the** SE **corner of the section for the new point(s) of diversion:**

Action	PDIV ID	Geo Ctr?	Sec	Twp	Rng	'N	'W	County	Qualifiers
NO CHG	28864	NO	7	22S	19W	1130	75	Pawnee	NE SE SE

- c. **If multiple points of diversion exist and rates and quantities are individually assigned, show:**
- | Old PDIV ID | Authorized Rate | Additional Rate | Authorized Quantity | Additional Quantity |
|-------------|-----------------|-----------------|---------------------|---------------------|
| _____ | _____ gpm/cfs | _____ gpm/cfs | _____ af/mgy | _____ af/mgy |
| _____ | _____ gpm/cfs | _____ gpm/cfs | _____ af/mgy | _____ af/mgy |
| _____ | _____ gpm/cfs | _____ gpm/cfs | _____ af/mgy | _____ af/mgy |
- d. **Name of Drainage Basin** _____ **Is this correctly shown in WRIS?** Yes No
- e. **Formation Name & No.** _____ **Special Use Area** _____

5. **Distances from the previous/original p/d:** _____ ' N / S _____ ' E / W

6. WATER RIGHT ACTION TRAIL COMMENTS

01/09/17 Change Application Received (date accepted for priority)
1 / 27 / 17 Change Approved
 _____ / _____ / _____ Notice and Proof by _____ / _____ / _____
 _____ / _____ / _____ Completion Requirement Removed (Change No. C _____)

7. METER ACTION TRAIL COMMENTS

1 / 27 / 17 DWR Meter Required by 12/31/2017
 _____ / _____ / _____ Anti-Reverse Meter Required by _____ / _____ / _____
 _____ / _____ / _____ Meter Seal Required by _____ / _____ / _____

8. Base Acres 204 Year 1983 Minimum Reasonable Quantity 1.25 AF/acre

Date Created 1/20/17 by TJS
 Date Entered _____ by _____



CHECK SHEET ATTACHMENT

9. Changes to the place of use will be:

File Number 20237

Action	Owner Person ID	Place Use ID #	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	
ENT	35819/ 35820/ 35821/	26684	7	22S	19W	Acres Authorized													40	40	40	40	160
						New Acres													40	40	40	40	160
						Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	
						Acres Authorized																	
						New Acres																	

Names and Address:

1. Person ID # <u>35819</u>	2. Person ID # <u>35820</u>	3. Person ID # <u>35821</u>	4. Person ID # _____
<u>EUGENE W & BETTY JO HALEY</u>	<u>JO LYNN HALEY REV TRUST</u>	<u>MICHAEL W HALEY TRUST</u>	<u>HALEY FAMILY TRUST</u>
<u>PO BOX 904</u>	<u>PO BOX 904</u>	<u>PO BOX 904</u>	<u>PO BOX 904</u>
<u>LAWRENCE KS 66044-0904</u>	<u>LAWRENCE KS 66044-0904</u>	<u>LAWRENCE KS 66044-0904</u>	<u>LAWRENCE KS 66044-0904</u>
_____	_____	_____	_____

GENERAL INSTRUCTIONS

1. Give to Applicant:

- a. Original application/approval
- b. Original receipt (one for each application)
- c. Information packet containing:
 - Notice and Proof form
 - Water Meter Specifications
 - Acceptable Meter list
 - Water level measurement tube specifications
 - Check Valve specifications
 - Pink Sheet - K.S.A. 82a-728 letter
 - Form stating to record in Register of Deeds Office (OPTIONAL AS NEEDED)

2. Send to headquarters:

- a. Good, **scannable** copy of application and/or approval and this check sheet
 - b. Original check and copy of receipt
 - c. Test hole log
 - d. GMD recommendation, if any
 - e. Map or aerial photograph, if any
3. Send to KDHE: Letter (KDHE.LT) advising of location of abandoned well.

CONDITIONS

- 1. Insert notice and proof date.
- 2. Type or print applicant's/owner's name on line.

3. Complete notary statement.

4. Date stamp received and approved.

5. Complete ownership and WUC change information.

ADDITIONAL PHOTOCOPIES

HQ _____

GMD#5 _____

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
 WATER METER REQUIRED**



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. 20237

RECEIVED

JAN 09 2017
 10:23am

Stafford Field Office
 DIVISION OF WATER RESOURCES

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

2. Name and address of Applicant: Terry Ryan

PO BOX 127, Rozel KS 67574-127

Phone Number: (620)357-5130

Email address: tctfarms@gbta.net

Name and address of Water Use Correspondent: Terry Ryan

PO BOX 127, Rozel KS 67574-127

Phone Number: (620)357-5130

Email address: _____

3. The presently authorized place of use is:

**Haley Family Trust*

Owner of Land --- NAME: EUGENE W & BETTY JO HALEY // JO LYNN HALEY REV TRUST // MICHAEL W HALEY TRUST

ADDRESS: PO BOX 904, LAWRENCE KS 66044-0904

(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					
7	22S	19W									30				30				31.25	38	38	31.25	198.5

4. If this application is for a change in place of use, it is proposed that the place of use be changed to: **Haley Family Trust*

Owner of Land --- NAME: EUGENE W & BETTY JO HALEY // JO LYNN HALEY REV TRUST // MICHAEL W HALEY TRUST

ADDRESS: PO BOX 904, LAWRENCE KS 66044-0904

(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					
7	22S	19W																	40	40	40	40	160

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date _____ Check # 1610, 2373
3395, 29007

**TJS-SFFO*

SCANNED

5. **Presently authorized point of diversion:**
 One in the NE Quarter of the SE Quarter of the SE Quarter of Section 7, Township 22 South, Range 19 W, in Pawnee County, Kansas, 1130 feet North 75 feet West of Southeast corner of section.
 Authorized Rate 720 GPM Authorized Quantity 150 AF 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 _____

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:
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? N/A

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

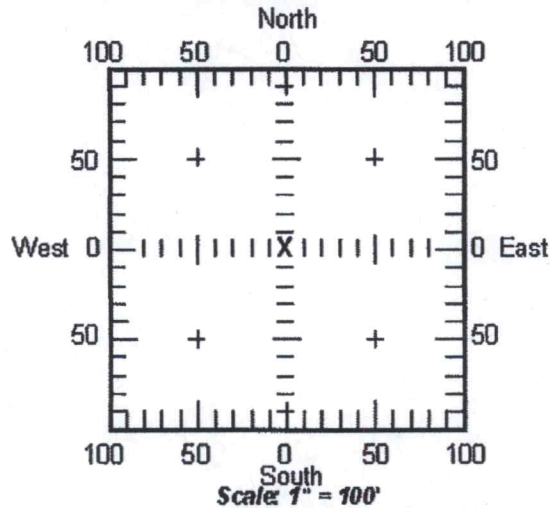
9. When do you propose to complete the new point of diversion?
N/A

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 1/27/17 CRC

12. Assisted by TJS-SFFO

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 2640 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 Lawrence, Kansas, this 5 day of January, 2017.

[Signature]
 (Owner)

[Signature]
 (Spouse)

Michael W. Haley
 (Please Print)

Haley Family Trust by
 Michael W. Haley, co-trustee
 (Please Print)

[Signature]
 (Owner)

(Spouse)

Jo Lynn Haley by
 Michael W. Haley, POA
 (Please Print)

(Please Print)

[Signature]
 (Owner)

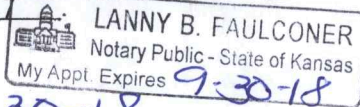
(Spouse)

Betty Jo Haley by
 Michael W. Haley, POA
 (Please Print)

(Please Print)

State of Kansas }
 County of DOUGLAS } SS

I hereby certify that the foregoing application was signed in my presence and sworn to before me this 5 day of January, 2017.



[Signature]
 Notary Public

My Commission Expires 9-30-18.

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

SUMMARY ORDER APPROVING APPLICATION FOR CHANGE AND IMPOSING CONDITIONS

This Summary Order is issued under authority of K.S.A. 82a-708b, as amended, and K.A.R. 5-14-3 and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et. seq.*, and rules and regulations promulgated thereunder, K.A.R. 5-1-1 *et. seq.* With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 20237.

1. A change application was received on 1/9/17 requesting that the place of use and / or point of diversion authorized under the above-referenced file number be changed as described in the application.
2. On and after the effective date of this summary order, the authorized place(s) of use shall be located substantially as shown on the topographic map accompanying the application to change the place of use. Applicable Not Applicable
3. The change in point of diversion shall not impair existing rights and shall be limited to the same source or sources of water as previously authorized. The point of diversion authorized by this summary order shall be located within a _____ foot radius of the authorized point(s) of diversion. Applicable Not Applicable
4. The point(s) of diversion authorized herein shall not actually be located more than _____ feet from the previously authorized point(s) of diversion. Applicable Not Applicable
5. As required by K.A.R. 5-3-5d, if the works for diversion is a well with a diversion rate of 100 gallons per minute or more, a tube or other device suitable for making water level measurements shall be installed, operated and maintained in accordance with K.A.R. 5-6-13. Applicable Not Applicable
6. The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2017, or before the first use of water, whichever occurs first. The water flow meter shall be installed, operated and maintained in accordance with K.A.R. 5-1-4 through 5-1-12. As required by K.S.A. 82a-732, as amended, and K.A.R. 5-3-5e, the owner shall maintain records and report the reading of the water flow meter and the total quantity of water diverted annually to the Chief Engineer by March 1 following the end of each calendar year. Applicable Not Applicable
7. Installation of the works for diversion of water shall be completed on or before December 31, 20____, or within any authorized extension of time. By March 1, 20____ the applicant shall notify the Chief Engineer that construction of the works for diversion has been completed, on the form provided by the Chief Engineer, as required by K.A.R. 5-8-4e. Applicable Not Applicable
8. The completed well log shall be submitted with the required notice. Applicable Not Applicable
9. All diversion works into which any type of chemical or other foreign substance will be injected into the water shall be equipped with an in-line, automatic, quick-closing check valve capable of preventing pollution of the source of the water supply. The check valve(s) shall be installed, operated and maintained in accordance with K.A.R. 5-3-5c. Applicable Not Applicable
10. Additional Conditions are attached. Yes No
11. In accordance with K.S.A. 82a-708a, as amended, and K.A.R. 5-5-14, all of the owners of the authorized place(s) of use of water appropriated under the above-referenced file number are responsible for compliance with its terms, conditions and limitations, as amended and/or supplemented by this Summary Order, and with applicable provisions of the *Kansas Water Appropriation Law* and the *Rules and Regulations* promulgated thereunder. Failure to comply with these provisions may result in civil penalties pursuant to K.S.A. 82a-737, as amended, and/or the suspension or revocation and dismissal of the water or appropriation right or any other enforcement actions authorized by law.

Administrative Appeal and Effective Date of Order

You have the right to a hearing in accordance with K.A.R. 5-14-3 before this Summary Order becomes final action of the Kansas Department of Agriculture. Any request for a hearing must be filed with the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, 1320 Research Park Drive, Topeka, Kansas 66502, within 15 days after the date shown on the Certificate of Service attached hereto. If a hearing is not requested in accordance with K.A.R. 5-14-3, this Summary Order will become effective on the 15th day after the date shown on the Certificate of Service.

For Use by Register of Deeds

FOR OFFICE USE ONLY
**APPLICATION APPROVED AND
SUMMARY ORDER ISSUED**

By: Cameron R. Conant
Duly Authorized Designee of the Chief Engineer

(Print Name): Cameron R. Conant
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: 1/27/17

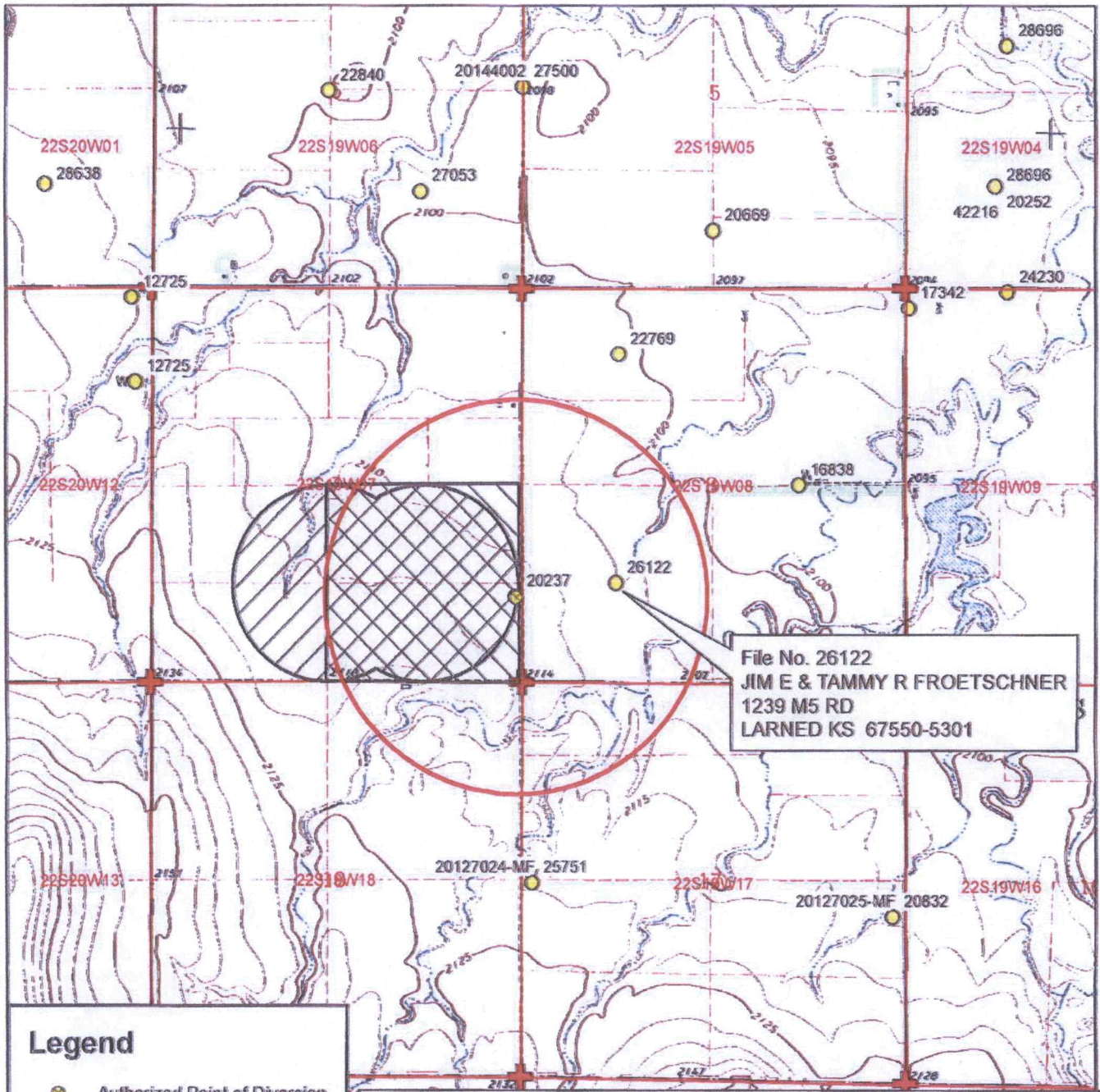
State of Kansas _____)
County of Stafford) SS

Acknowledged before me on 01/27/17
by Cameron Conant

Signature: Jessica Engelbrecht
Notary Public



My commission expires _____
(Notary Seal)



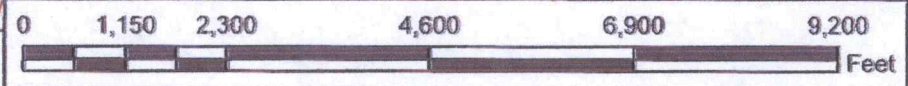
File No. 26122
 JIM E & TAMMY R FROETSCHNER
 1239 M5 RD
 LARNED KS 67550-5301

Legend

- Authorized Point of Diversion
- Water Appropriations
- Section Corner
- Section Line
- Domestic Well
- 1/2 Mile Buffer

Place of Use

- Authorized
- Proposed

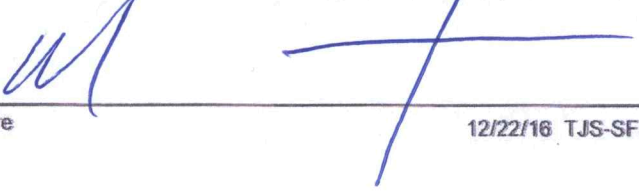


Water Right, File No. 20,237

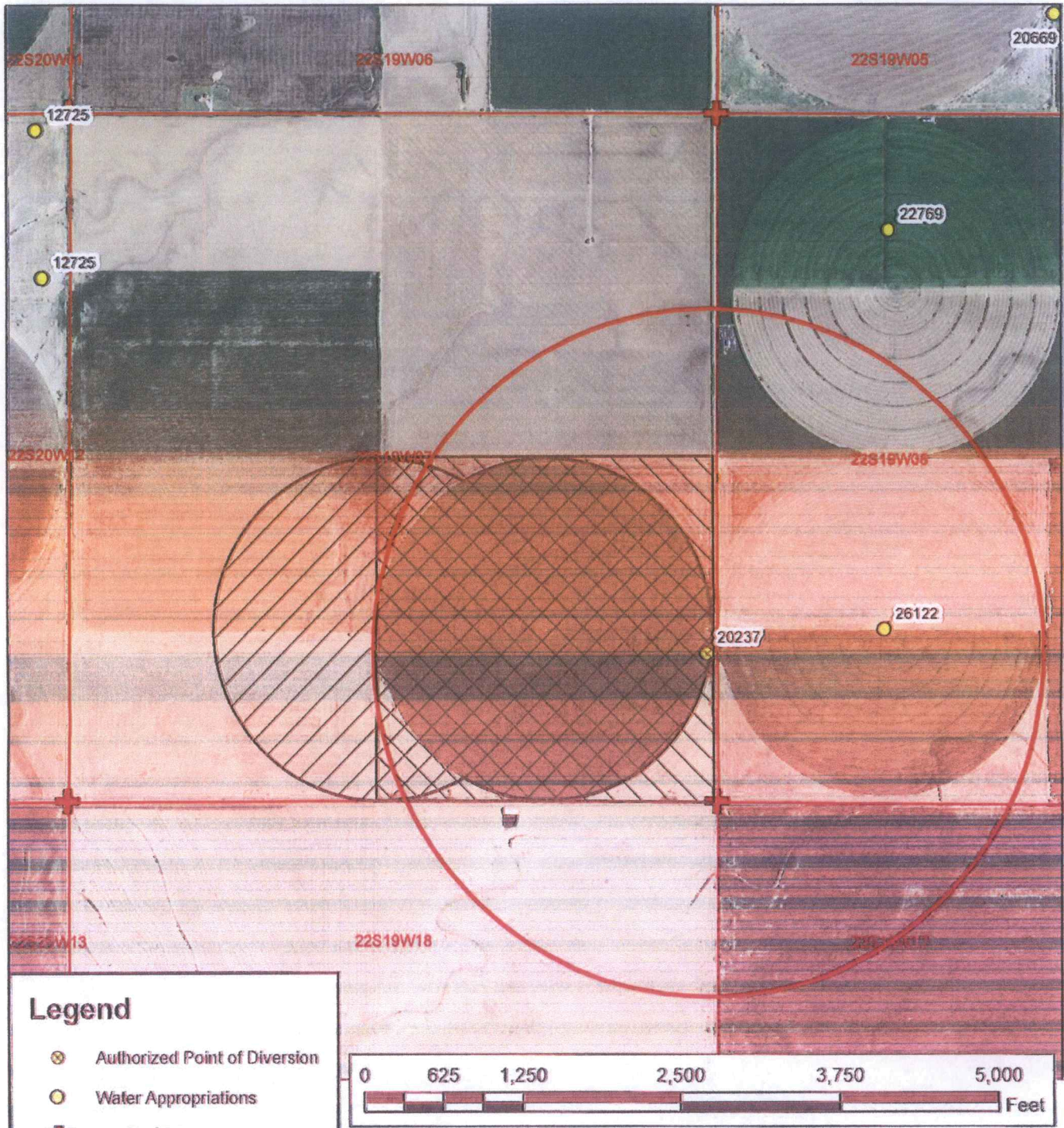
Change in Place of Use Application Map
 7-22S-19W // Pawnee County

To the best of my knowledge, all water wells including domestic, within 1/2 mile of the authorized point of diversion have been shown.



Signature 

12/22/16 TJS-SFFO 1:24,000 scale



Water Right, File No. 20,237

Change in Place of Use Application Map, Aerial
7-22S-19W // Pawnee County





Stafford Field Office
300 S. Main Street
Stafford, Kansas 67578-1521
Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Jeff Lanterman, Water Commissioner

Phone: (620) 234-5311
Fax: (620) 234-6900
www.agriculture.ks.gov
Sam Brownback, Governor

January 27, 2017

Eugene W & Betty Jo Haley
PO Box 904
Lawrence KS 66044-0904

Re: Water Right, File No(s). 20237

Dear Water Right Owner:

Enclosed is the order executed by the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number(s).

Your attention is directed to the enclosures and to the terms, conditions and limitations specified in this approval for change. An acceptable water flow meter must be installed on your well before any water is applied as authorized under this change approval. A copy of the approved list of Certified Water Flowmeters as well as the regulations regarding the installation of flowmeters, measurement tubes and check valves can be found at <http://agriculture.ks.gov/divisions-programs/dwr/water-appropriation/water-flowmeters>. If you do not have access to the internet, please contact this office and we will send you a paper copy of the referenced information.

Since this 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 to contact this office. If you wish to refer to a specific file, please reference it when you contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Lanterman".

Jeff Lanterman
Water Commissioner

Enclosures

pc: Water Rights Section
Ground Water Management District 5

CERTIFICATE OF SERVICE

On this **27 January 2017**, I hereby certify that the attached Change in Place of Use, File No. 20237 dated January 27, 2017 was mailed to the following:

Eugene W & Betty Jo Haley
PO Box 904
Lawrence KS 66044-0904

pc: Water Rights Section
GMD #5



Staff

Kansas

Department of Agriculture
Division of Water Resources

Stafford Field Office
300 S. Main Street
Stafford, Kansas 67578-1521

Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Jeff Lanterman, Water Commissioner

Phone: (620) 234-5311
Fax: (620) 234-6900
www.agriculture.ks.gov
Sam Brownback, Governor

January 10, 2017

Michael W. Haley
P.O. Box 904
Lawrence KS 66044-0904

RE: Water Right, File No. 20,237

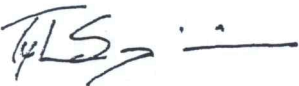
Dear Mr. Haley,

On January 9, 2017, an application for approval to change the place of use under Water Right, File No. 20,237 was received in our office. The application that we have received is signed by you, Michael W. Haley, as the POA for Jo Lynn Haley and Betty Jo Haley. Michael W. Haley has also signed as a co-trustee of the Haley Family Trust.

Our records indicate owners of the place of use to be Eugene W & Betty Jo Haley, the Jo Lynn Haley Rev Trust, and the Michael W Haley Trust. In order to proceed with processing of the above mentioned change application, our office requires documentation verifying the POA for Betty Jo Haley and the Jo Lynn Haley Rev Trust. Accordingly, if the ownership is now including the Haley Family Trust, please provide documentation validating this and the information can be incorporated into our records.

Please provide the requested documentation within thirty (30) days from the date of this letter. If you have any questions regarding the information that is requested, please call me at the Stafford Field Office at (620) 234-5311.

Sincerely,



Tyler Saryerwinnie
Environmental Scientist
tyler.saryerwinnie@ks.gov

pc: Terry Ryan

January 13, 2017

Tyler Saryerwinnie
Kansas Department of Agriculture
Stafford Field Office
300 S. Main St.
Stafford, Kansas 67578

RE: Water Right #20,237

Dear Mr. Saryerwinnie,

I am enclosing POAs from Jo Lynn Haley and Betty Jo Haley to Michael W. Haley. Also enclosed is a copy of the death certificate of Eugene Haley and the current deed to the Pawnee County property with water right #20,237. Eugene Haley's trust became the Haley Family Trust after his death.

If you need anything additional, please let me know.

Sincerely,

Haley Farms



Lanny Faulconer

haleyfarms@sunflower.com

P.O. Box 904

Lawrence, KS 66044

785-865-5518

RECEIVED

JAN 19 2017

Stafford Field Office
Division of Water Resources

Specific Limited Power of Attorney

BE IT ACKNOWLEDGED that I, **Jo Lynn Haley**, the undersigned, as an individual and Jo Lynn Haley, the undersigned, as Trustee, do hereby grant a limited and specific power of attorney to **Michael W. Haley as my attorney-in-fact.**

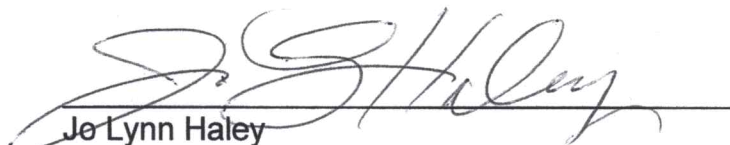
Said attorney-in-fact shall have full power and authority to undertake and perform only the act of marketing, insuring, contracting, purchasing, and selling agricultural products owned by Jo Lynn Haley outright and held in common by Jo Lynn Haley and the Jo Lynn Haley Trust. This act includes forward sales of crops and agricultural products that have yet to be harvested that Jo Lynn Haley has interest in.

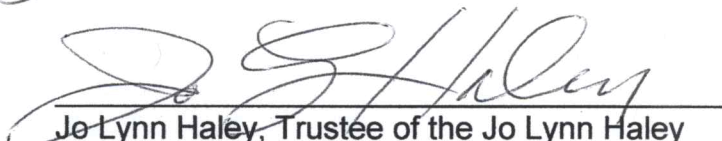
This authority shall include such incidental acts as are reasonably required to carry out and perform the specific authority granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in his discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact. This specific limited power of attorney automatically revokes three (3) years from the date this document is executed.

Signed this 5th day of January, 2016.


Jo Lynn Haley


Jo Lynn Haley, Trustee of the Jo Lynn Haley
Revocable Trust dated February 3, 1999

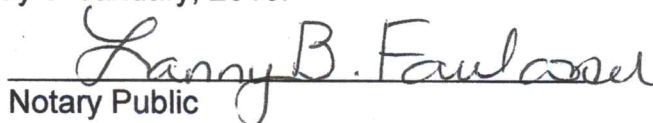
RECEIVED

JAN 19 2017

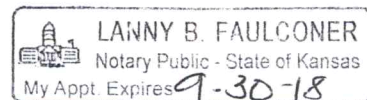
Stafford Field Office
Division of Water Resources

STATE OF KANSAS)
COUNTY OF DOUGLAS) ss:

The foregoing instrument was acknowledged by Jo Lynn Haley before me, the undersigned Notary Public, this 5th day of January, 2016.


Notary Public

My commission expires 9-30-18


LANNY B. FAULCONER
Notary Public - State of Kansas
My Appt Expires 9-30-18

Specific Limited Power of Attorney

BE IT ACKNOWLEDGED that I, **Betty Jo Haley**, the undersigned, as an individual and Betty Jo Haley, the undersigned, as Trustee, do hereby grant a limited and specific power of attorney to **Michael W. Haley as my attorney-in-fact.**

Said attorney-in-fact shall have full power and authority to undertake and perform only the act of marketing, insuring, contracting, purchasing, and selling agricultural products owned by Betty Jo Haley outright and held in common by Betty Jo Haley and the Betty Jo Haley Trust. This act includes forward sales of crops and agricultural products that have yet to be harvested that Betty Jo Haley has interest in.

This authority shall include such incidental acts as are reasonably required to carry out and perform the specific authority granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in his discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact. This specific limited power of attorney automatically revokes five (5) years from the date this document is executed.

Signed this 5th day of January, 2016.

Betty Jo Haley
Betty Jo Haley

Betty Jo Haley, Trustee
Betty Jo Haley, Trustee of the Betty Jo Haley
Revocable Trust dated October 25, 2001

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STATE OF KANSAS)
COUNTY OF DOUGLAS) ss:

Stafford Field Office
Division of Water Resources

The foregoing instrument was acknowledged by Betty Jo Haley before me, the undersigned Notary Public, this 5th day of January, 2016.

Lanny B. Faulconer
Notary Public

My commission expires 9-30-18

LANNY B. FAULCONER
Notary Public - State of Kansas
My Comm Expires 9-30-18

AUG 19 2004

2004-014233

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEDENT'S NAME FIRST MIDDLE LAST 2 SEX 3 DATE OF DEATH (Mo., Day, Yr.)
EUGENE WESLEY HALEY M AUGUST 13, 2004

4 SOCIAL SECURITY NUMBER 5a. AGE—Last Birthday (Yrs.) 5b UNDER 1 YEAR 5c UNDER 1 DAY 6 DATE OF BIRTH (Mo., Day, Yr.) 7 BIRTHPLACE (City and State or Foreign Country)
515-14-6109 75 Months Days Hours Minutes JANUARY 29, 1929 KANSAS CITY, MO

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 9a. PLACE OF DEATH (Check only one)
 HOSPITAL Inpatient ER/Outpatient DOA Nursing Home Residence Other (Specify)
 9b FACILITY NAME (If not institution, give street and number) 9c CITY TOWN, OR LOCATION OF DEATH 9d COUNTY OF DEATH
LAWRENCE MEMORIAL HOSPITAL LAWRENCE DOUGLAS

10 MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give maiden name) 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12b KIND OF BUSINESS/INDUSTRY (Do not give name of company)
 Married Never Married Widowed Divorced **BETTY JO HUNTER DEVELOPER REAL ESTATE**

13a RESIDENCE—STATE 13b COUNTY 13c CITY TOWN, OR LOCATION AND ZIP CODE 13d STREET AND NUMBER 13e INSIDE CITY LIMITS?
KANSAS DOUGLAS LAWRENCE 66049 2806 SCHWARZ RD. Yes No

14 ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) 15 RACE—(Native American, Black, White, etc.) (Specify) 16 DECEDENT'S EDUCATION (Specify only highest grade completed)
AMERICAN WHITE Elementary-Secondary (0-12) College (1-4 or 5-) 5+

17. FATHER'S NAME FIRST MIDDLE LAST 18. MOTHER'S NAME FIRST MIDDLE MAIDEN SURNAME
ERNEST HALEY NELLIE ROYER

19a. INFORMANT'S NAME (Type) 19b MAIDEN SURNAME (Type and Maiden Surname) (Specify)
MRS. BETTY JO HALEY ~~PO BOX 904 LAWRENCE, KANSAS 66044~~ 2806 SCHWARZ RD., LAWRENCE, KANSAS 66049

20a METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c LOCATION—City or Town, State
 Burial Cremation Removal from State Donation Other (Specify) **UNDERWOOD CEMETERY JEFFERSON CO., KANSAS**

21a FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) 21b. NAME OF EMBALMER & LICENSE NO.
Jay K. McElwain #1683 TERRY CAVANAUGH #3603

22 NAME AND ADDRESS OF FIRM
WARREN-McELWAIN MORTUARY, 120 W. 13TH ST., LAWRENCE, KANSAS 66044

23a To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated (Signature and Title) X *H Laird*
 23b. DATE SIGNED (Mo., Day, Yr.) 23c. TIME OF DEATH
8/13/04 A.M. P.M.

23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
DR. H. LAIRD INGHAM, MD, 404 MAINE, LAWRENCE, KANSAS 66044

24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X
 24b. DATE SIGNED (Mo., Day, Yr.) 24c. TIME OF DEATH
A.M. P.M.

24d. PRONOUNCED DEAD (Mo., Day, Yr.) 24e. PRONOUNCED DEAD (Hour)
A.M. P.M.

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print)
DR. H. LAIRD INGHAM, MD, 404 MAINE, LAWRENCE, KANSAS 66044

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death
 IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **Cardiac arrest** **Hours**
 b. **Ischemic cardiomyopathy** **years**
 c.
 d.
 e.

Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
Diabetes mellitus

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
 27a. AUTOPSY Yes No 27b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH Yes No 28 WAS CASE REFERRED TO CORONER Yes No

29. MANNER OF DEATH 30a DATE OF INJURY (Mo., Day, Yr.) 30b TIME OF INJURY 30c INJURY AT WORK 30d DESCRIBE HOW INJURY OCCURRED
 Natural Pending Investigation Accident Suicide Homicide Could not be determined
A.M. P.M. Yes No

30e PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify) 30f. LOCATION (Street and Number or Rural Route, City or Town, State)

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Trustees' Deed

This indenture made this 31st day of December, 2005, by and between Betty Jo Haley, Jo Lynn Haley and Michael W. Haley Trustees of the Eugene W. Haley Trust dated October 25, 2001 which became irrevocable on the death of Eugene W. Haley on August 13, 2004 as **GRANTORS**

AND

Betty Jo Haley, Jo Lynn Haley and Michael W. Haley, Trustees of the Haley Family Trust created under the Eugene W. Haley Trust dated October 25, 2001 as GRANTEES

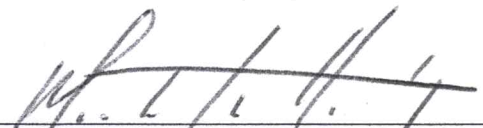
THE GRANTORS, by virtue of the terms and provisions of said trust agreement, in consideration of the sum of One dollar (\$1.00) and other consideration, the receipt of which is hereby acknowledged, do hereby grant, sell, and convey to Betty Jo Haley, Jo Lynn Haley and Michael W. Haley, Trustees of the Haley Family Trust created under the Eugene W. Haley Trust dated October 25, 2001 the following described real estate in Pawnee County, Kansas, to-wit:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.

THE GRANTORS covenant that the trust remains in full force and effect at this time, that the trustees have authorization without limitation to sell or convey all of the above described real estate.

Dated December 31, 2005

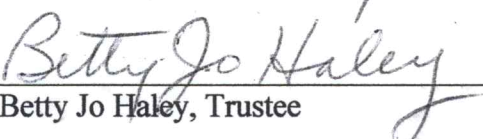
Eugene W. Haley Trust dated October 25, 2001 which became irrevocable on the death of Eugene W. Haley on August 13, 2004



Michael W Haley, Trustee



Jo Lynn Haley, Trustee



Betty Jo Haley, Trustee

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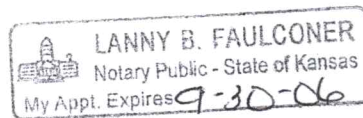
STATE OF KANSAS)
COUNTY OF DOUGLAS) ss:

The foregoing instrument was acknowledged before me this 31 day of DECEMBER
2005, by BETTY JO HALEY, JO LYNN HALEY
& MICHAEL W. HALEY

Trustees of the Eugene W. Haley Trust dated October 25, 2001 which became irrevocable on the death of Eugene W. Haley on August 13, 2004, on behalf of the Trust.

Lanny B. Faulconer
Notary Public

My appointment expires: 9-30-06



Entered in Transfer Record in my office this
30th day of Jan, A.D., 2006
Carla Liles, Deputy
County Clerk

No. 20060114 Book D80 Page 405
Pawnee County, State of Kansas
RECORDED
Jan 30, 2006 10:35 AM Fees \$16.00



Jacque Schulze
Jacque Schulze, Register of Deeds
Deputy

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JAN 19 2017

Stafford Field Office

Ch. _____
Ver. CM
Indexed
Num. _____

ATTACH TO TRUSTEES' DEED:

FROM: Betty Jo Haley, Jo Lynn Haley and Michael W. Haley Trustees of the Eugene W. Haley Trust dated October 25, 2001 which became irrevocable on the death of Eugene W. Haley on August 13, 2004 as GRANTORS

TO: Betty Jo Haley, Jo Lynn Haley and Michael W. Haley Trustees of the Haley Family Trust created under the Eugene W. Haley Trust dated October 25, 2001 as GRANTEEES

An undivided 25% interest in and to:

The Southeast Quarter (SE/4) and Lots Three (3), Four (4), and the East Half of the Southwest Quarter (E/2 SW/4) of Section Seven (7), Township Twenty-two (22) South, Range Nineteen (19) West of the 6th P.M., Pawnee County, Kansas, including all mineral rights; and

The North forty feet (40') of the Southeast Quarter (SE/4) of Section Seven (7), Township Twenty-two (22) South, Range Nineteen (19) West of the 6th P.M., Pawnee County, Kansas.

SUBJECT TO: any covenants, easements, or encumbrances of record

Pursuant to K.S.A. 79-1437e, a real estate validation questionnaire is not required due to Exception No. 4

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KANSAS DEPARTMENT OF AGRICULTURE

Division of Water Resources

Stafford Field Office

MEMORANDUM

TO: File

DATE: 01/19/2017

FROM: Tyler Saryerwinnie

RE: File No. 20,237

This is a memorandum regarding surrounding well owner notification on irrigation field office PU changes and pertains to decisions made during the Water Commissioner meeting which took place on 11/16/2016.

This is applicable to field office changes to increase the place of use by 10 acres or 10% (whichever is less) or a change in place of use to create a complete overlap in which no new acres are being irrigated.

During that meeting it was determined that no surrounding well owner notification will be sent under this type of Place of Use change. All well rates and quantities will remain unchanged and the referenced change will not cause impairment or impact surrounding well owners.

The change in place of use filed on 01/09/2017 for the above referenced file meets this criteria and surrounding well owners will not be notified.

Saryerwinnie, Tyler

From: Saryerwinnie, Tyler
Sent: Friday, January 20, 2017 10:25 AM
To: Orrin Feril (oferil@gmd5.org)
Cc: Conant, Cameron
Subject: GMD Recommendation Request - File No. 20237
Attachments: 20237.Cover Letter+Change App.pdf

Orrin,

I have attached a cover letter and a copy of one (1) place of use change application for GMD recommendation. I have also included a copy of the base acre review. Please provide the GMD recommendation by no later than February 9, 2017.

Please let me know if you are needing anything else, or have any questions.

Thank you,

Tyler

Tyler Saryerwinnie, Environmental Scientist
Kansas Department of Agriculture
Division of Water Resources
Stafford Field Office
Phone: (620)234-5311



Stafford Field Office
300 S. Main Street
Stafford, Kansas 67578-1521
Jackie McClaskey, Secretary
David W. Barfield, Chief Engineer
Jeff Lanterman, Water Commissioner

Phone: (620) 234-5311
Fax: (620) 234-6900
www.agriculture.ks.gov
Sam Brownback, Governor

January 20, 2017

Orrin Feril
Big Bend – GMD No. 5
125 S Main St.
Stafford, KS 67578

RE: Place of Use Change Application, File No. 20,237

Dear Mr. Feril,

We are enclosing a copy of the application, as referenced above, for your review and recommendation. At this time the application appears to be in proper form.

This office will delay any further action on this file for a period of 15 business days from the date of this letter to allow you time to submit your recommendation concerning the application. Please submit your recommendation within the allotted time, or any authorized extension of time thereof.

If you have any questions, please feel free to contact the office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tyler Saryerwinnie".

Tyler Saryerwinnie
Environmental Scientist
Stafford Field Office
tyler.saryerwinnie@ks.gov

Enclosure

Saryerwinnie, Tyler

From: Orrin Feril <oferil@gmd5.org>
Sent: Friday, January 20, 2017 10:41 AM
To: Saryerwinnie, Tyler
Subject: Application for Change, Water Right, File No. 20237
Attachments: 20237 2017-01-20 Rec.pdf

Tyler,
I'm attaching the recommendation requested by your office in a letter dated January 20, 2017. Please let me know if you have any questions.

Thank you for your consideration in this matter,

Orrin

--

Orrin Feril
Manager
Big Bend GMD#5
Email: oferil@gmd5.org
Phone: (620) 234-5352
Mobile: (620) 388-0172
Fax: (620) 234-5718
www.gmd5.org

Darrell Wood - Edwards (Pres.)
Fred Grunder - Pratt (V Pres.)
John Janssen - Kiowa (Treas.)
Curtis Tobias - Rice (Sec.)
Justin Gatz - Reno
Kent Lamb - Stafford
Phil Martin - Barton
Bob Standish - Pawnee
Tom Taylor - At-Large



Orrin Feril, Manager
125 South Main Street
Stafford, Kansas 67578
ph: (620) 234-5352
fx: (620) 234-5718
gmd5@gmd5.org
www.gmd5.org

January 20, 2017

Tyler Saryerwinnie
Division of Water Resources
Kansas Department of Agriculture
300 S. Main Street
Stafford, Kansas 67578-1342

RE: Water Right File No. 20237
Change in the Place of Use

Dear Mr. Saryerwinnie,

Big Bend Groundwater Management District #5 has reviewed the above referenced application to change the place of use. It is the understanding of the District that this change is intended to provide more efficient irrigation of the authorized acres and to meet eligibility requirements for USDA-NRCS programs. Therefore, the application appears to be consistent with 5-25-20(b) and is recommended for approval.

The application to change is subject to the District's well equipment regulation K.A.R. 5-25-5 for a required flow meter.

Please feel free to give me a call if you have any questions.

Sincerely,

Orrin Feril
Manager

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JAN 20 2017

Stafford Field Office
Division of Water Resources