

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

|                               |                        |                             |                              |                     |
|-------------------------------|------------------------|-----------------------------|------------------------------|---------------------|
| 1. File Number:<br><b>416</b> | 2. Status Change Date: | 3. Change Num:<br><b>C1</b> | 4. Field Office:<br><b>4</b> | 5. GMD:<br><b>3</b> |
|-------------------------------|------------------------|-----------------------------|------------------------------|---------------------|

|  |   |
|--|---|
| 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:<br><b>1/24/2020</b> |
|--|---|

|   |  |
|---|--|
| 8a. Applicant(s)<br>New to system <input checked="" type="checkbox"/> Person ID _____<br>Add Seq# _____<br><br><b>TED SMITH<br/>                 12453 E RD 8<br/>                 ULYSSES KS 67880</b> | 8c. Landowner(s)<br>New to system <input type="checkbox"/> Person ID _____<br>Add Seq# _____ |
|---|--|

|  |  |
|--|--|
| 8b. Landowner(s)<br>New to system <input type="checkbox"/> Person ID <b>22828</b><br>Add Seq# _____<br><br><b>JERRELL D &amp; ALFREDA P NIGHTINGALE<br/>                 7600 E ROAD 8<br/>                 ULYSSES, KS 67880-8043</b> | 8d. WUC<br>New to system <input type="checkbox"/> Person ID _____<br>Add Seq# _____<br><br><b>8b</b> |
|--|--|

9. Documents and Enclosure(s):  DWR Meter(s) Date to Comply: **12/31/2020**     N & P Date to Comply: \_\_\_\_\_

Anti-Reverse Meter     Meter Seal     Check Valve     N & P Form     Water Tube     Driller Copy     H & E Letter

Conservation Plan    Date Required: \_\_\_\_\_    Date Approved: \_\_\_\_\_    Date to Comply: \_\_\_\_\_

10. Use Made of Water    From: \_\_\_\_\_    To: \_\_\_\_\_

Date Prepared: **1/27/2020**    By: **AM**  
 Date Entered: \_\_\_\_\_    By: \_\_\_\_\_

|  |                       |                              |          |                 |              |        |                    |                 |                    |                               |                    |                  |       |       |           |               |              |
|--|-----------------------|------------------------------|----------|-----------------|--------------|--------|--------------------|-----------------|--------------------|-------------------------------|--------------------|------------------|-------|-------|-----------|---------------|--------------|
| File No. <b>416</b>  | 11. County: <b>GT</b> | Basin: <b>CIMARRON RIVER</b> | Stream:  | Formation Code: | Special Use: |        |                    |                 |                    |                               |                    |                  |       |       |           |               |              |
| 12. Points of Diversion<br>CHK<br>MOD<br>DEL PDIV<br>ENT   |                       |                              |          |                 |              |        |                    |                 |                    |                               |                    |                  |       |       |           |               |              |
| Qualifier  | S                     | T                            | R        | ID              | 'N           | 'W     | Comment (AKA Line) | Rate<br>gpm/cfs | Quantity<br>af/mgy | Additional<br>Rate<br>gpm/cfs | Quantity<br>af/mgy | Overlap PD Files |       |       |           |               |              |
| <b>CHK</b>   |                       |                              |          |                 |              |        |                    |                 |                    |                               |                    |                  |       |       |           |               |              |
| 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) _____<br>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<br>CHK<br>MOD<br>DEL<br>ENT   |                       |                              |          |                 |              |        |                    |                 |                    |                               |                    |                  |       |       |           |               |              |
| PUSE   | S                     | T                            | R        | ID              | 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          | NE 1/4             | SW 1/4                        | SE 1/4             | NW 1/4           |       |       |           |               |              |
| <b>CHK 30535</b>   | <b>2</b>              | <b>28S36W</b>                | <b>1</b> |                 |              |        |                    |                 | 40                 | 40                            | 40                 | 40               | 40    | 320   | <b>8b</b> | <b>N</b>      | <b>15408</b> |
| <b>ENT 19113</b>   | <b>11</b>             | <b>28S36W</b>                | <b>2</b> |                 | 40           | 40     | 40                 |                 |                    |                               |                    |                  |       | 160   | <b>8b</b> | <b>N</b>      | <b>15408</b> |
| Base Acres: _____ Year: _____ Minimum Reasonable Quantity: _____<br>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 27, 2020

JERRELL D & ALFREDA P NIGHTINGALE  
7600 E ROAD 8  
ULYSSES, KS 67880-8043

RE: Water Right, File Nos. 416 & 15408

Dear Sir or Madam:

Enclosed are the 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. A condition of these approvals is 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/or installation of the required meter as soon as these actions are completed.

Since the orders modify 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 "Austin J. McColloch".

Austin J. McColloch  
Assistant Water Commissioner

AM:  
enclosures

pc:  
Ted Smith  
GROUNDWATER MANAGEMENT DISTRICT NO. 3

**CERTIFICATE OF SERVICE**

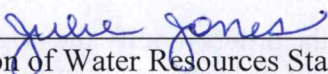
On this 27<sup>th</sup> day of January, 2020, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 416 & 15,408 dated 27<sup>th</sup> day of January, 2020 was mailed postage prepaid, first class, US mail to the following:

JERRELL D & ALFREDA P NIGHTINGALE  
7600 E ROAD 8  
ULYSSES, KS 67880-8043

Pc:

TED SMITH  
12453 E RD 8  
ULYSSES, KS 67880

GROUNDWATER MANAGEMENT DISTRICT NO. 3

  
\_\_\_\_\_  
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. 416

RECEIVED  
 3:00 pm  
 JAN 24 2020  
 Garden City 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: Ted Smith

12453 E Rd 8 Ulysses, KS 67880

Phone Number: (    )                      Email address: \_\_\_\_\_

Name and address of Water Use Correspondent: Jerrell D & Alfreda Nightingale

7600 E Rd 8 Ulysses, KS 67880

Phone Number: (    )                      Email address: \_\_\_\_\_

3. The presently authorized place of use is:

Owner of Land ---- NAME: Jerrell D & Alfreda Nightingale

ADDRESS: 7600 E Rd 8 Ulysses, KS 67880

(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 |             |
| 2    | 28   | 36    |     |     |     |     |     |     |     |     | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 320         |
|      |      |       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |             |

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: Jerrell D & Alfreda Nightingale

ADDRESS: 7600 E Rd 8 Ulysses, KS 67880

(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 |             |
| 11   | 28   | 36    | 40  | 40  | 40  | 40  |     |     |     |     |     |     |     |     |     |     |     |     | 160         |
| 2    | 28   | 36    |     |     |     |     |     |     |     |     | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 40  | 320         |

For Office Use Only: Code \_\_\_\_\_ Fee \$ 200.00 TR # \_\_\_\_\_ Receipt Date 1-24-20 Check # 1583



5. **Presently authorized point of diversion:**  
 One in the SW Quarter of the SW Quarter of the SE Quarter of Section 2, Township 28 South, Range 36 W, in Grant County, Kansas, 150 feet North 2500 feet West of Southeast corner of section.  
 Authorized Rate 1000 Authorized Quantity 640 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) 100% place-of-use overlap

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

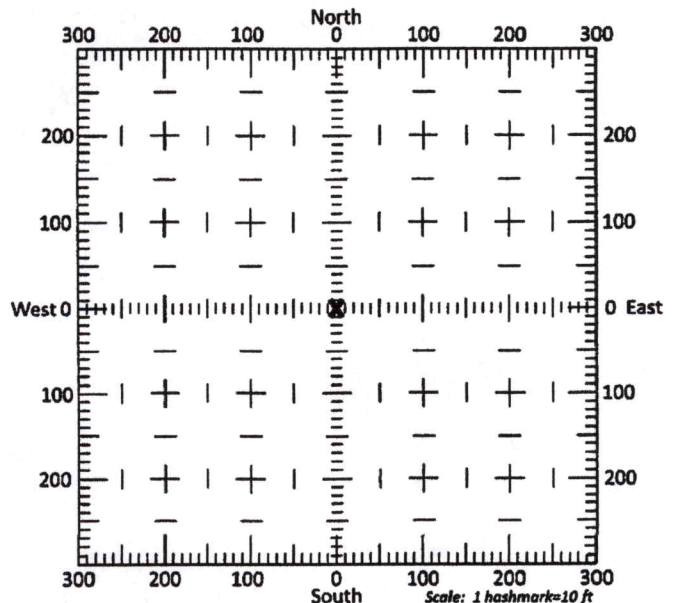
9. The change(s) (was)(will be) completed by?  
SG Construction

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 CL - GMD3

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.)

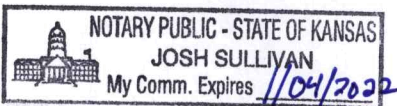
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized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

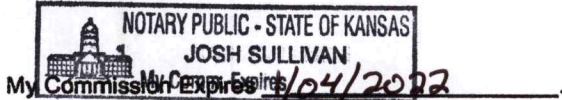
Dated at Grant County, Kansas, this 24 day of January, 2020.

|                                |                |
|--------------------------------|----------------|
| <u>Todd Nichols</u> <u>POA</u> |                |
| (Owner)                        | (Spouse)       |
| <u>Todd Nichols</u>            |                |
| (Please Print)                 | (Please Print) |
|                                |                |
| (Owner)                        | (Spouse)       |
|                                |                |
| (Please Print)                 | (Please Print) |
|                                |                |
| (Owner)                        | (Spouse)       |
|                                |                |
| (Please Print)                 | (Please Print) |

State of Kansas Kansas }  
 County of Grant }      SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 24 day of January, 2020.



[Signature]  
 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



**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. 5-5-1, *et seq.* and other applicable provisions of the *Kansas Water Appropriation Law, K.S.A. 82a-701 et seq.*, and rules and regulations promulgated thereunder, With the exception of those conditions expressly contained herein, this Summary Order does not change the terms, conditions and limitations of File No. 416.

1. A change application was received on January 24, 2020 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 described herein is administratively corrected to be more accurately described using the Global Positioning System (GPS), as described in the application.  Applicable  Not Applicable
5. 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
6. 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
7. The owner of the authorized place(s) of use shall properly install an acceptable water flow meter on or before December 31, 2020, 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
8. 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
9. The completed well log shall be submitted with the required notice.  Applicable  Not Applicable
10. 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
11. Additional Conditions are attached.  Yes  No
12. 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**

If you are aggrieved by this order, pursuant to K.S.A. 82a-1901, you may request an evidentiary hearing before the Chief Engineer or request administrative review by the Secretary of Agriculture. A request for hearing by the Chief Engineer must be filed within 15 days of service of this Order and a request for administrative review by the Secretary must be filed within 30 days pursuant to K.S.A. 77-531. Any request for administrative review must state a basis for review pursuant to K.S.A. 77-527. File any request with Kansas Department of Agriculture, Legal Division, 1320 Research Park Drive, Manhattan, KS 66502. Failure to timely request a hearing or review may preclude review under the Kansas Judicial Review Act.

*For Use by Register of Deeds*

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

By: Austin McColloch  
Duly Authorized Designee of the Chief Engineer

(Print Name): Austin McColloch  
Division of Water Resources - Kansas Department of Agriculture

Date of Issuance: January 27, 2020

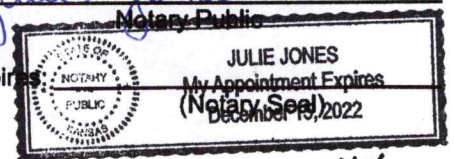
State of Kansas )

County of Atterbury ) SS

Acknowledged before me on January 27, 2020  
by Austin McColloch

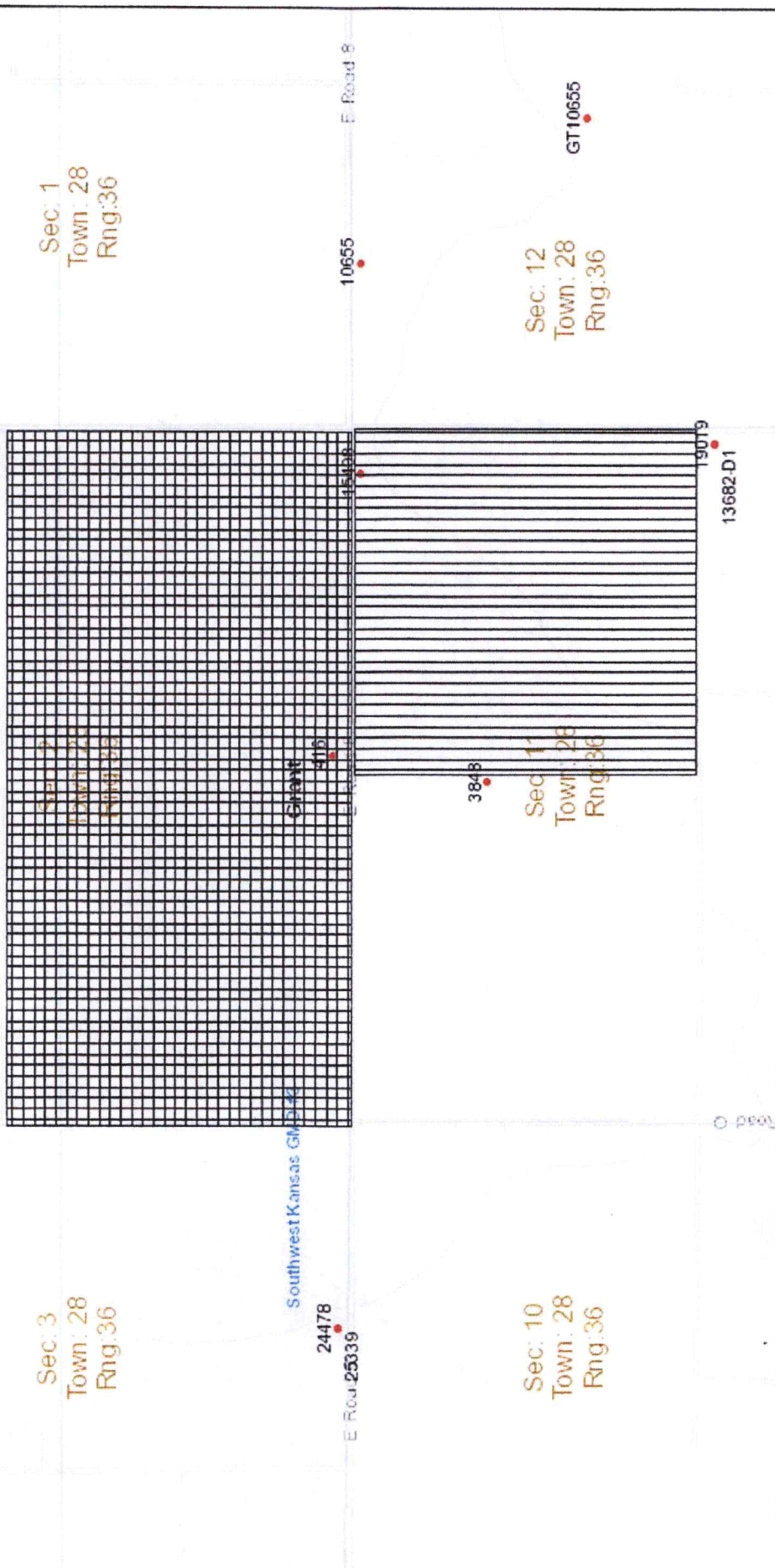
Signature: Julie Jones  
Notary Public

My commission expires \_\_\_\_\_  
JULIE JONES  
My Appointment Expires  
(Notary Seal) December 18, 2022





AUTHORIZED  
 PROPOSED



January 13, 2020 15:32 PM  
 DISCLAIMER: This map is not intended for conveyances, nor is it a legal survey. The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments.

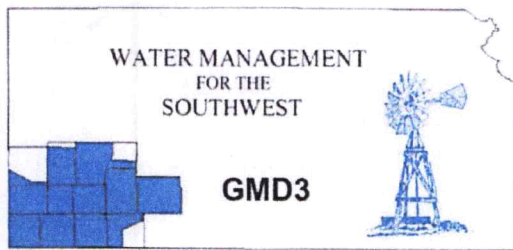
**Wells**  
 ? Other  
 + CON  
 \* DEW  
 \* IRR  
 \* FPR  
 \* HYD  
 \* IND  
 \* DOM  
 \* THX  
 \* REC  
 \* STK

? Empty  
 ? ?  
 ? ?  
 ? ?

Counties  
 GMD 3

Sections

Scale: 1:18,056  
 0 800 1,600 3,200 ft  
 0 250 500 1,000 m



**Southwest Kansas**  
**Groundwater Management District**  
2009 E. Spruce Street  
Garden City, Kansas 67846-6158  
(620) 275-7147 phone (620) 275-1431 fax  
[www.gmd3.org](http://www.gmd3.org)

---

January 16, 2020

Mike Meyer  
Kansas Department of Agriculture  
Division of Water Resources  
4532 W. Jones Avenue, Suite B  
Garden City, KS 67846

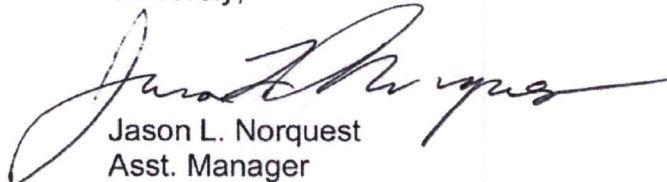
RE: Application for Change in Place of Use  
Water Right Files: 416 & 15408

Dear Mike,

We have completed a review of the applications for the above referenced water rights. The proposals are not in conflict with the Management Program of the Southwest Kansas Groundwater Management District. The changes in place of use are to create a complete overlap of irrigated acres in accordance with K.A.R. 5-5-11(b)(1). It is therefore recommended that the applications 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  
Asst. Manager



RECEIVED

JAN 27 2020

Garden City Field Office  
Division of Water Resources

**KANSAS GENERAL DURABLE POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW ARE EFFECTIVE  
EVEN IF YOU BECOME DISABLED OR INCOMPENT**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

Pursuant to K.S.A. 58-652(2), this is a durable power of attorney and the authority of my attorney-in-fact, when effective, shall not terminate or be void or voidable if I am or become disabled or in the event of later uncertainty as to whether I am dead or alive.

I, Jerrill & Alyssa Nightingale  
(your name)  
7600 E Rd 8 Ulysses Ks 67880  
(address)

appoint Todd Nichols  
(name of the person appointed)

(address)

as my Agent (attorney in fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INTIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INTIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

**Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.**

**INITIAL**

       (A) **Real property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under



JAN 27 2020

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Division of Water Resources

such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Kansas, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interest, or deeds to secure debt.

\_\_\_\_ (B) **Tangible personal property transactions.** To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey subject to liens or mortgages, or to take any other security interest in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of Kansas or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

\_\_\_\_ (C) **Stock and bond transactions.** To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

\_\_\_\_ (D) **Commodity and option transactions.** To buy, sell, exchange, assign, convey, settle and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receipt for all proceeds of any such transactions; establish or continue option accounts for the principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options which the principal could if present and under no disability.

\_\_\_\_ (E) **Banking and other financial institution transactions.** To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bill of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

\_\_\_\_ (F) **Business operating transactions.** To conduct, engage in, and otherwise transact the affairs of any and all lawful business ventures of whatever nature or kind that I may now or hereafter be involved in. To organize or continue and conduct any business which term includes, without limitation, any farming, manufacturing, service, mining, retailing or other type of business operation in any form,



JAN 27 2020

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Division of Water Resources

whether as a proprietorship, joint venture, partnership, corporation, trust or other legal entity: operate, buy, sell, expand, contract, terminate or liquidate any business; direct, control, supervise, manage or participate in the operation of any business and engage, compensate and discharge business managers, employees agents, attorneys, accountants and consultants; and, in general, exercise all powers with respect to business interests and operations which the principal could if present and under no disability.

\_\_\_\_\_**(G) Insurance and annuity transactions.** To exercise or perform any act, power, duty, right or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

\_\_\_\_\_**(H) Estate, trust, and other beneficiary transactions.** To accept, receipt for, exercise, release, reject, renounce, assign disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principle: assert any interest in and exercise any power over any trust, estate, or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

\_\_\_\_\_**(I) Claims and litigation.** To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.

\_\_\_\_\_**(J) Personal and family maintenance.** To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

\_\_\_\_\_**(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service.** To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local, or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

\_\_\_\_\_**(L) Retirement plan transactions.** To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for



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Division of Water Resources

the principal under any retirement plan; make rollover contributions from any retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under disability.

       (M) **Tax matters.** To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

*JH* (N) **ALL OF THE POWERS LISTED ABOVE.** YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

**SPECIAL INSTRUCTIONS:**

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

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THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL BE CONSTRUED AS A GENERAL DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHER, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRICKEN.)



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**Authority to Delegate.** My agent shall have the right by written instrument to delegate any or all or the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POSER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

**Right to Compensation.** My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

**Successor Agent.** If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:

\_\_\_\_\_

**Choice of Law.** THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF KANSAS WITHOUT REGARD FOR CONFLICTS OF LAWS OR PRINCIPLES. IT WAS EXECUTED IN THE STATE OF KANSAS AND IS INTENDED TO BE VALID IN ALL JURISDICTIONS OF THE UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS.

I am fully informed as to all the contents of this form and understand the full import of the grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 5th day of February, 2018

*Jerrell Nightingale*  
(Your Signature)



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This document must be: (1) Witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood, marriage or adoption, not entitled to any portion of the principal's estate, OR (2) Acknowledged by a notary public.

**STATEMENT OF WITNESS**

On the date written above, the principal declared to me in my presence that this instrument is his general durable power of attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

\_\_\_\_\_  
[Signature of Witness #1]  
\_\_\_\_\_  
[Printed or typed name of Witness #1]  
\_\_\_\_\_  
[Address of Witness #1, Line 1]  
\_\_\_\_\_  
[Address of Witness #1, Line 2]

\_\_\_\_\_  
[Signature of Witness #2]  
\_\_\_\_\_  
[Printed or typed name of Witness #2]  
\_\_\_\_\_  
[Address of Witness #2, line 1]  
\_\_\_\_\_  
[Address of Witness #2, line 2]

**\*\*A Note About Selecting Witnesses:** Each witness must be present at the time that principal signs the Power of Attorney. Each witness must be a mentally competent adult. Witnesses should ideally reside close by, so that they will be easily accessible in the event they are one day needed to affirm this document's validity.\*\*

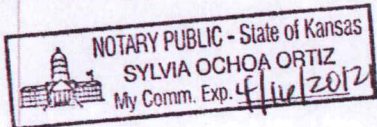
**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF KANSAS

COUNTY OF Grant

This document was acknowledged before me on this 5th day of February, 2018  
by Jerrell Nightingale  
(Name of Principal)

[Notary Seal, if any]



Sylvia Ochoa Ortiz  
(Signature of Notary)  
Notary Public for the State of Kansas

My commission expires: 4/16/2021



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**ACKNOWLEDGMENT OF AGENT**

BY ACCEPTING OR ACTING UNDER THE AAPPPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Todd Nichols  
(Typed or Printed Name of Agent)

Todd Nichols  
(Signature of Agent)

**PREPARATION OF STATEMENT**

This document was prepared by the following individual:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Signature)