

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

1. File Number: 25355	2. Status Change Date:	3. Change Num: C1	4. Field Office: 04	5. GMD: 01
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: 11/5/21
8a. Applicant(s) New to system <input type="checkbox"/> FAIRLEIGH CORPORATION 207 E BELLEVUE SCOTT CITY, KS 67871		Person ID 5067 Add Seq# _____	8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____	
8b. Landowner(s) New to system <input type="checkbox"/> 8a		Person ID _____ Add Seq# _____	8d. WUC New to system <input type="checkbox"/> 8A	
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: 12/31/22 <input checked="" type="checkbox"/> N & P Date to Comply: 3/1/23				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input type="checkbox"/> Driller Copy <input type="checkbox"/> H & E Letter <input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
Date Prepared: 11/23/21 By: AM Date Entered: _____ By: _____				

File No. **25355** 11. County: **SC** Basin: **ARKANSAS RIVER** Stream: Formation Code: **211** Special Use:

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

CHK 49097

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

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use CHK MOD DEL ENT	PUSE	S	T	R	ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files
						NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
CHK 12821	19	20S	32W	2					40	L-1 39.42	L-2 39.48	40	40	L-3 39.52	L-4 39.58	40					318	8a	N	MULTIPLE	
ENT 31443	25	20S	33W	3	40	34	22	40													136	8a	N	MULTIPLE	
ENT 29962	30	20S	32W	3					40	L-1 39.61	L-2 39.63	40	40	L-3 39.65	L-4 39.67	40					318.56	8a	Y	MULTIPLE	

Base Acres: Year: Minimum Reasonable Quantity:
 Comments: **OVERLAPPING PU FILES: 546; 7748; 25355; 23956-D1; 26261 & 27048 NOTE: COMBINE PU IDS 29962 (KEEP) & 32093 (DELETE)**

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

November 24, 2021

FAIRLEIGH CORPORATION
207 E BELLEVUE
SCOTT CITY, KS 67871

RE: Filed Office Application for Change
Water Right, File Nos. 546; 7748; 23956-D1; 25355; 26261 & 27048

Dear Sir or Madam:

Enclosed is the order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application 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 this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number 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 order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

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

Sincerely,

A handwritten signature in blue ink that reads "Austin J. McColloch".

Austin J. McColloch
Assistant Water Commissioner

AM:
enclosures

pc: GROUNDWATER MANAGEMENT DISTRICT NO. 1

CERTIFICATE OF SERVICE

On this 24th day of November, 2021, I hereby certify that the foregoing Approval of Application for Change in Place of Use, Water Right, File Nos. 546; 7,748; 23,956-D1; 25,355; 26,261 & 27,048 dated 24th day of November, 2021 was mailed postage prepaid, first class, US mail to the following:

FAIRLEIGH CORPORATION
207 E BELLEVUE
SCOTT CITY, KS 67871

Pc:

GROUNDWATER MANAGEMENT DISTRICT NO. 1



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.

RECEIVED
 6:47 am
 NOV 05 2021

 File No. 25,355

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

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

Garden City Field Office
 Division of Water Resources

2. Name and address of Applicant: Fairleigh Corporation

PO Box 560, Scott City, KS 67871

Phone Number: (620) 872-1111 Email address: gglunz@fairleigh.com

Name and address of Water Use Correspondent: Fairleigh Corporation

PO Box 560, Scott City, KS 67871

Phone Number: (620) 872-1111 Email address: gglunz@fairleigh.com

3. The presently authorized place of use is:

Owner of Land ---- NAME: Fairleigh Corporation

ADDRESS: PO Box 560, Scott City, KS 67871

(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	
19	20S	32W					40.00	39.42	39.48	40.00	40.00	39.50	39.60	40.00					318.00

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: Fairleigh Corporation

ADDRESS: PO Box 560, Scott City, KS 67871

(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	
19	20S	32W					40.00	39.42	39.48	40.00	40.00	39.52	39.58	40.00					318.00
30	20S	32W					40.00	39.61	39.63	40.00	40.00	39.65	39.67	40.00					318.56
25	20S	33W	40.00	34.00	22.00	40.00													136.00

For Office Use Only: Code _____ Fee \$ 200 TR # _____ Receipt Date 11-5-21 Check # 20192

5. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

6. **Presently authorized point of diversion:**
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ Depth of well _____ (feet)
(DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____
 This point is: Additional Well Geo Center List other water rights that will use this point _____

7. The changes herein are desired for the following reasons?
 (please be specific) Completely overlap the places of use relating to File Nos. 546, 7748, 25355, 23956-D1, 26261 and 27048.

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

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

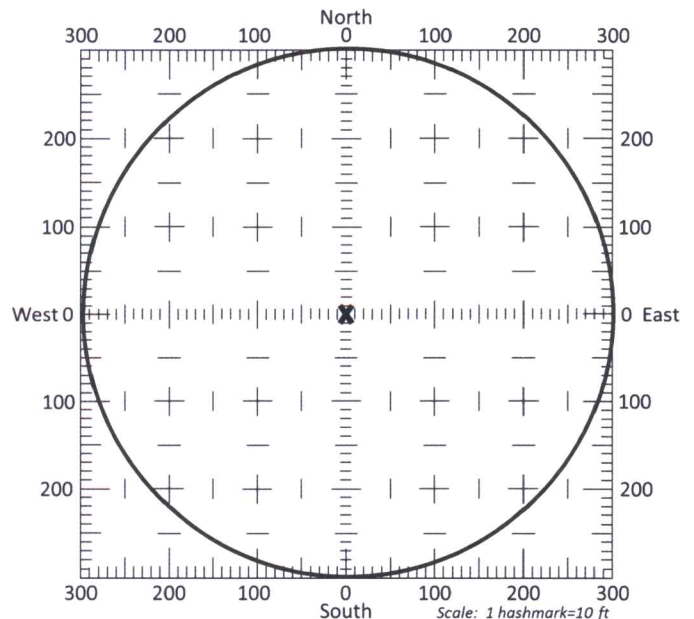
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by _____

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 Scott City, Kansas, this 2nd day of November, 2021.



 (Owner)

 (Spouse)

Greg Glunz, CEO, Fairleigh Corporation

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

 (Owner)

 (Spouse)

 (Please Print)

 (Please Print)

State of Kansas }
 County of Scott } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 2nd day of November, 2021.



 Notary Public

My Commission Expires 3/5/2023.

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

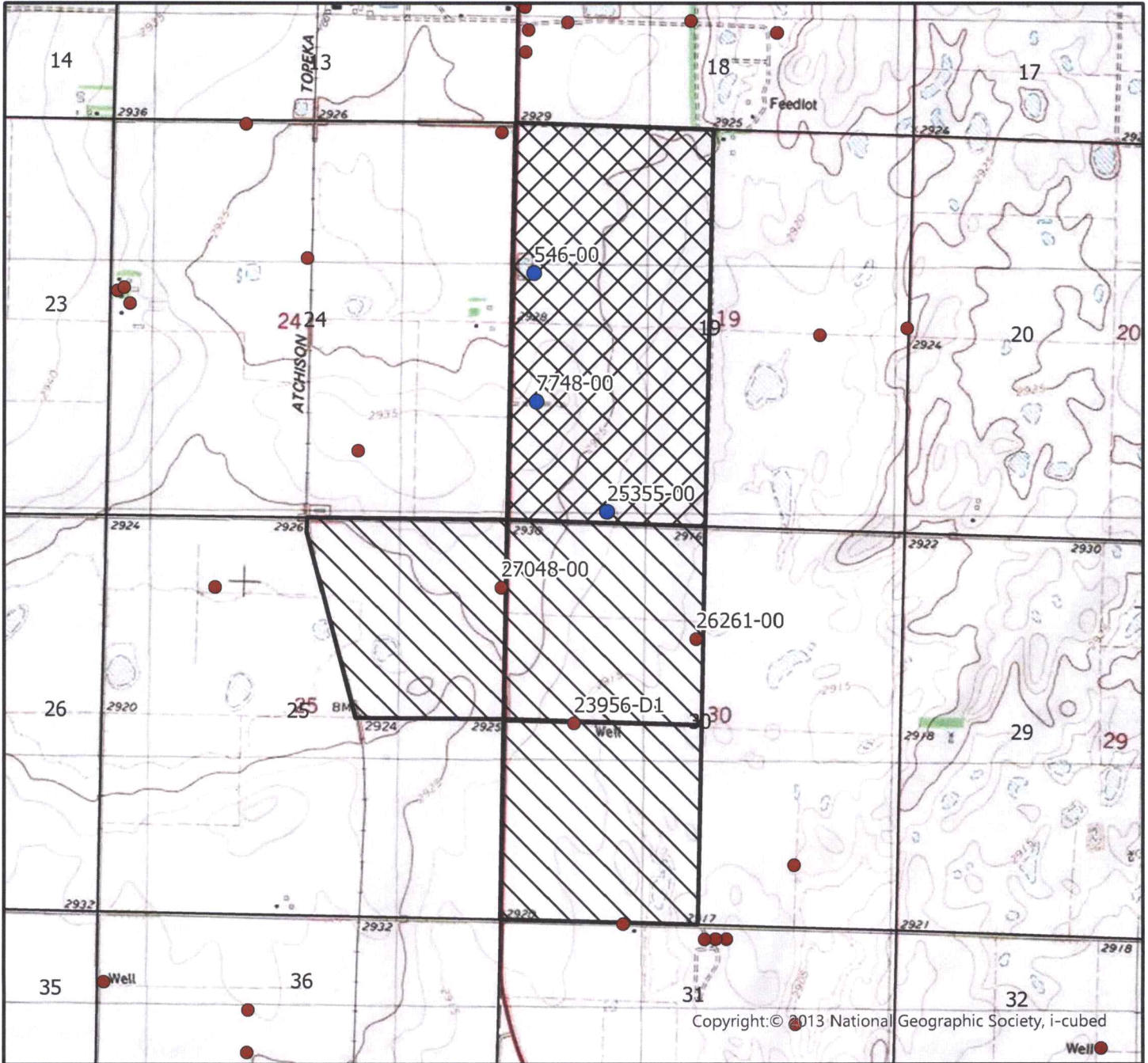
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: **Kansas Department of Agriculture**

- (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. 546; 7748 & 25355

Township 20 South Range 32 West Scott County



-  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)

11/02/2021
Date

Date AM/GCFO
1:24,000 Scale

Copyright:© 2013 National Geographic Society, i-cubed



WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO.1

November 12, 2021

Austin McColloch
Assistant Water Commissioner
Kansas Dept. of Agriculture – DWR
Garden City Field Office
4532 W. Jones Ave., Suite B
Garden City, KS. 67846

RE: File Nos. 546; 7748; 25355; 23956-D1; 26261 & 27048

Dear Mr. McColloch,

After reviewing the above referenced applications, the Western Kansas Groundwater Management District No. 1 recommends approval.

Sincerely,

Kyle Spencer
District Manager

RECEIVED

NOV 12 2021

Garden City Field Office
Division of Water Resources

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

November 8, 2021

GROUNDWATER MANAGEMENT DISTRICT #3
2009 E SPRUCE ST
GARDEN CITY KS 67846

Re: Request for Recommendation,
File Nos. 546; 7748; 25355; 23956-D1; 26261 & 27048

Dear Sir or Madam:

We are enclosing a copy of the referenced application, which was submitted by Fairleigh Corporation and appears to be in proper form, for your review.

We are delaying any further action for a period of 15 days from the date of this letter to allow you time to submit your recommendation concerning this application. Please submit your recommendation within the allotted time, or any authorized extension of time thereof.

If you have any questions, please contact me at (620) 276-2901. If you wish to discuss a specific file, please have the file number ready to that I may help you more efficiently.

Sincerely,

A handwritten signature in blue ink that reads "Austin McColloch".

Austin McColloch
Assistant Water Commissioner

Enclosure
pc: