

NOTICE

This scan only represents the application as filed. The information contained herein meets the requirements of K.A.R. 5-3-1 or K.A.R. 5-5-1, and has been found acceptable for filing in the office of the Chief Engineer. The application should not be considered to be a complete application as per K.A.R. 5-3-1b or K.A.R. 5-5-2a.

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. 9410

RECEIVED
 1:00 pm
 AUG 21 2023

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

Place of Use Point of Diversion

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

The source of supply is: Groundwater Surface water

**Garden City Field Office
 Division of Water Resources**

2. Name and address of Applicant: Sarah Ellen Collingwood Feiertag Trust, PO Box 1, Wichita, KS 67201

Phone Number: (316) 383-1861 Email address: Ashlyn.Lindsey@IntrustWealth.com

Name and address of Water Use Correspondent: Daniel & Jamie J Eakes
PO Box 487, Plains, KS 67869-0487

Phone Number: () Email address:

3. The presently authorized place of use is:

Owner of Land ---- NAME:

ADDRESS:

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES	
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼		

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:

ADDRESS:

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES	
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼		

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 8-21-23 Check # 8210652

5. **Presently authorized point of diversion:**
 One in the SE Quarter of the NW Quarter of the NW Quarter of Section 25, Township 32 South, Range 30 West, in Meade County, Kansas, 4287 feet North 4297 feet West of Southeast corner of section.
 Authorized Rate _____ Authorized Quantity _____ 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: 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 NW Quarter of the NE Quarter of the SW Quarter of Section 25, Township 32 South, Range 30 West, in Meade County, Kansas, 2597 feet North 3523 feet West of Southeast corner of section.
 Proposed Rate no change Proposed Quantity no change Proposed well depth (feet) 456
 This point is: Additional Well Geo Center List other water rights that will use this point N/A

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

7. The changes herein are desired for the following reasons?
 (please be specific) _____

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

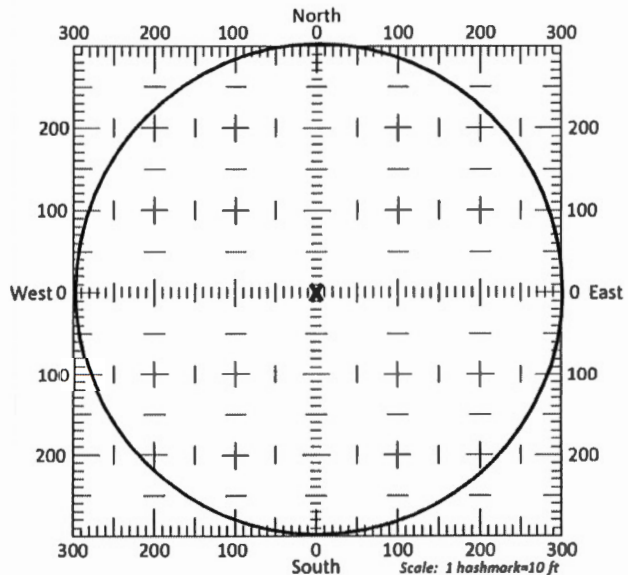
9. The change(s) (was)(will be) completed by?
As soon as possible

10. If the point of diversion is a well:
 (a) What are you going to do with the old well?
plug
 (b) When will this be done? As soon as possible

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by CI, GCFO

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within a 300 foot radius of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. The proposed point of diversion must be located within the circle shown above. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:
- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
 - (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
 - (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

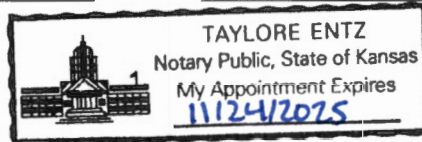
If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized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

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Wichita, Kansas, this 18th day of August, 2023.

<p style="text-align: center;">INTRUST Bank N.A., Trustee</p> <p><u>Ashlyn A. Lindsey</u> <small>(Owner)</small> Trust Advisor</p> <p><u>Sarah E. Collingwood Feentag Twst</u> <small>(Please Print)</small></p> <p>_____ <small>(Owner)</small></p> <p>_____ <small>(Please Print)</small></p> <p>_____ <small>(Owner)</small></p> <p>_____ <small>(Please Print)</small></p>	<p>_____ <small>(Spouse)</small></p> <p>_____ <small>(Please Print)</small></p> <p>_____ <small>(Spouse)</small></p> <p>_____ <small>(Please Print)</small></p> <p>_____ <small>(Spouse)</small></p> <p>_____ <small>(Please Print)</small></p>
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State of Kansas }
 County of Sedgwick } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 18th day of August, 2023.

Taylore Entz
 Notary Public

My Commission Expires 11/24/2025.

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

3795 W. Jones Ave.
 Garden City, KS 67846
 PH: 620-277-2389



PO Box 639
 Garden City, KS 67846
 Fax: 620-277-0224

FARMER DAN FAKES 620 655-4195

Customer Name: Sarah Feiertag WO#: 25414 Date: 5-3-23
 Street Address: 8601 SHANNON WAY Test #: 1 E LOG: _____
 City, State: WICHITA KS 67206 Driller: Dale Guinn
 County: Moore Quarter: SW Section: 25 Township: 32 Range: 30
 Location: _____ GPS: N 37.23497 W 100.53824
 Rig #: 10002 Elevation: 2731' Static WL: 260 FT Estimated? Yes
 Proposed Well Depth 456

REPLACEMENT WELL LOCATION 20' SAMPLE

%	Footage			Description of Strata	9410
	From	Pay	To		
	0		2	Top Soil	
	2		9	Brown Sandy Clay	
	9		17	Brown Sandy Clay w/ some Caliche	
	17		31	Caliche + Fine Sand Mixed	
	31		39	Brown Sandy Clay + Fine Sand Mixed	
	39		35	Sand Fine Med Course Small Few Med Gravel	
	55		71	Brown Clay + Caliche	
	71		75	Brown Sandy Clay, Caliche & Sand Fine Med Course Mixed	
	75		120	Sand Fine Med Course Small Few Med Gravel	
	120		156	Sand Fine Med Course w/ Few Clay Layers	
	156		254	Sand Fine Med Course	
	254		257	Brown Sandy Clay	
25	257	18	278	Sand Fine Med Course	
5	278	18	296	Sand Fine Med w/ Many Clay Layers	
15	296	23	319	Sand Fine Med Some Course w/ Few Clay Layers	
25	319	21	340	Sand Fine Med Course "Loose"	
30	340	42	382	Sand Fine Med Course w/ Some Tan Rock "Loose"	
5	382	18	400	Brown Sandy Clay w/ some Fine Few Med Sand Mixed	
25	400	24	424	Sand Fine Med Course w/ Few Clay Layers	
10	424	15	436	Sand Fine Med Course w/ some clay layers	
	436		457	Brown Sandy Clay w/ Few Caliche Strips	
	457		480	Red Bed	
				Super Gel X	-3
				Grout	-5
				Hole Plug	-3
				Perma Plug	-1

Sarah Feiertag

Test Hole # 1 of 5-3-23

SW 25-32-30 ME

Replaces existing well in NW 25-32-30 ME
FILE #9410

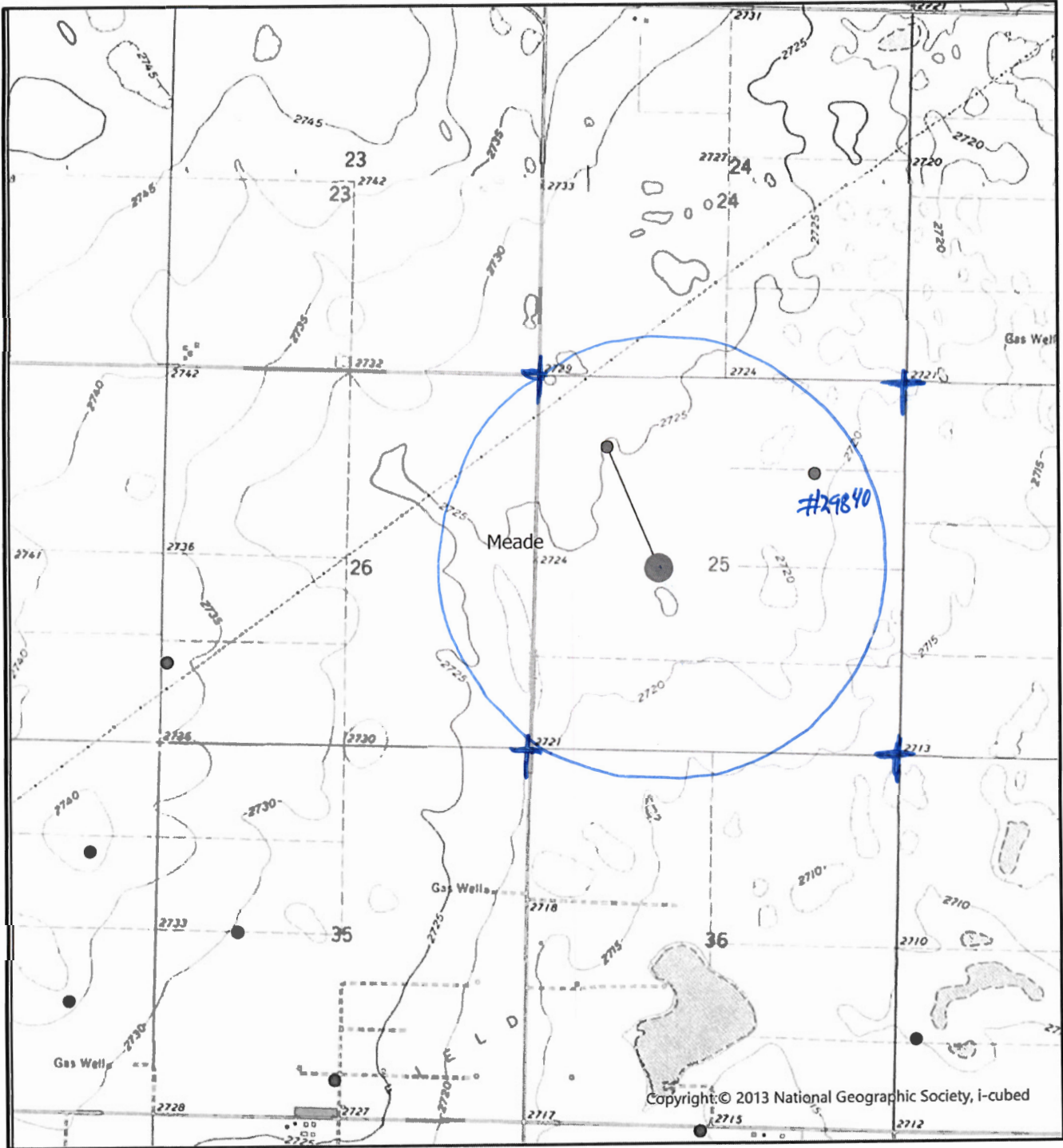
Legend

 37.23497 N 100.53824 W

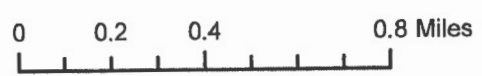
 37.23497 N 100.53824 W





WR 9410 Change in Point of Diversion



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-  Existing Well
-  Proposed Well

All wells within 1/2 mile are shown.

X _____



Created By: CI/GCFO

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

August 22, 2023

DAN PACE
22002 S PARTRIDGE RD
PRETTY PRAIRIE, KS 67570

Re: Field Office Application for Change
Water Right, File No. 9410

Dear Sir:

This is to advise you that Sarah Ellen Collingwood Feiertag Trust has filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, for change the point of diversion under the above referenced application.

You can find the complete application posted by water right file number as referenced above at www.agriculture.ks.gov/divisions-programs/dwr/water-appropriation/notices

You are notified of this proposal so that you may furnish this office with any comments or other information you may want to submit. Such comments or other information must be received in this office within 15 days from the date of this letter.

Should you have any questions, please feel free to call this office. If you would prefer, an appointment could be arranged for additional assistance. Please refer to the file number when you contact us if you wish to discuss a specific file.

Sincerely,

Sincerely,

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

Michael A. Meyer
Water Commissioner

MAM