

ATTACHMENT B
5-YEAR ALLOCATION
FLEXIBILITY REQUEST FORM

Pursuant to the Wichita County LEMA Renewal Plan for the period 2026-2030, as authorized by HB 2634 of 2024, I would request the flexibility to pump more than my authorized quantity on the specific points of diversion / water rights listed below.

By signing this Form, and if approved by the Board of GMD1, I understand that my annual water use on an individual points of diversion / water rights may be more than its annual authorized quantity, provided that the 5-year water use for the period 2026-2030 for such individual point of diversion / water right is less than its LEMA allocated quantity. I understand that if this form is not filled out to completion, the application will be dismissed.

Owner Name: _____
 Owner Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Water Right File No(s) (Use Additional Sheets if Needed)	Well PDIV	Section	Township	Range	Annual Authorized Quantity	LEMA Allocated Quantity
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals						

ALL WATER RIGHT OWNERS AND WATER USE CORRESPONDENTS APPLICABLE TO THIS COMBINED WELL UNIT MUST SIGN IN THE PRESENCE OF A NOTARY.

MUST BE ACCOMPANIED BY THE CONSENT FORM.

FLEXIBLE CONSENT FORM

MUST BE SIGNED IN PRESENCE OF A NOTARY by ALL WATER RIGHT OWNERS AND WATER USE CORRESPONDENTS (WUC).

I, _____ and _____, understand and agree with the terms of this
(Printed Name) (Printed Spouse Name)
Flexibility Request Form.

Signature Date Spouse Signature Date
Owner WUC
(Circle one)

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing form was signed in my presence and sworn to before me this _____
day of _____, 20 _____.

Notary Public
My Commission Expires _____

I, _____ and _____, understand and agree with the terms of this
(Printed Name) (Printed Spouse Name)
Combined Well Unit.

Signature Date Spouse Signature Date
Owner WUC
(Circle one)

State of Kansas)
) SS
County of _____)

I hereby certify that the foregoing form was signed in my presence and sworn to before me this _____
day of _____, 20 _____.

Notary Public
My Commission Expires _____