

**ATTACHMENT C
COMBINED WELL UNIT FORM**

By signing this Combined Well Unit Form, I understand that all of the wells included in this Combined Well Unit must be physically tied together prior to the starting date of the WHCL (January 1, 20__) and that in order to be approved, water right changes may be required by the Kansas Department of Agriculture, Division of Water Resources.

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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

_____ A map is attached showing the locations of the pipeline for this Combined Well Unit.

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.

COMBINED WELL UNIT 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)
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 _____

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 _____

Attach Map showing the Combined Well Unit:

