

Verified Claim of Water Use for Calendar Year 2025

Western Kansas Groundwater Management District No. 1

P.O. Box 604

906 W. 5th

Scott City, KS 67871 (620) 872-5563

K.S.A. 82a-1030 (states in part):

By authority of K.S.A. 82a-1030: the District will be assessing a water user charge on every non-domestic, authorized well within the District. The charge will be assessed on the entire amount of water authorized by the water right covering that well. Unless a verified claim is filed substantiating less water actually pumped during the water use year. Whenever a person shows by the submission to the board of a verified claim and any supportive data which may be required by the board that such person's actual annual groundwater withdrawal is in a lesser amount than that allocated by the water right of such person, the board shall assess such annual charge against such person on the amount of water shown to be withdrawn by the verified claim. **Any such claim shall be submitted by April 1 of the year in which such annual charge is to be assessed.**

Please note that this form is in addition to the annual water use report required by the Division of Water Resources, State Board of Agriculture, Topeka, KS.

Annual Water Use Report must be submitted in conjunction with this form on an annual basis, per state statute K.S.A. 82a-1030. This form must be filled out in its entirety and submitted with a copy of the corresponding Annual Water Use Report to Western Kansas Groundwater Management District No. 1 to be accepted. An incomplete Verified Claim of Water Use form cannot be accepted.

County: _____ Name: _____ Address: _____

City, State, Zip code: _____ Purpose of Use: Irrigation Municipal Industrial Stock

FILE/WATER RIGHT #	CIN #	LOCATION	HOURS	GPM	ACRE FEET
		____ N ____ W ____ 1/4 ____ 1/4 ____ 1/4 SEC ____ TWN ____ RNG ____			
		____ N ____ W ____ 1/4 ____ 1/4 ____ 1/4 SEC ____ TWN ____ RNG ____			
		____ N ____ W ____ 1/4 ____ 1/4 ____ 1/4 SEC ____ TWN ____ RNG ____			
		____ N ____ W ____ 1/4 ____ 1/4 ____ 1/4 SEC ____ TWN ____ RNG ____			

If you have additional File/Water Right numbers that will not fit on this form, please see **Supplemental Form A – Verified Claim of Water Use Form.**

The Undersigned, of lawful age, states that he / she has reviewed the above report and affirms the contents contained herein as factual and accurate.

Signature _____ Date _____

Notary Public:

State of _____ County of _____

I certify that the foregoing claim was signed by
the above in my presence, and sworn to before me this _____ day of _____, 2026.

Notary Public _____ My Commission Expires: _____

**RETURN THIS FORM AS WELL AS A COPY OF THE CORRESPONDING ANNUAL WATER USE REPORT
TO THE WESTERN KS GMD1 OFFICE BEFORE APRIL 1:**

Western KS Groundwater Management District #1
P.O. Box 604, Scott City, KS 67871
(620) 872-5563