



Western Kansas Groundwater Management District #1

Please fill out the following application in addition to the Onboarding Irrigation Technology Initiatives Application (attached) and return to the GMD1 Office to secure your System Evaluation.

Applicant Name: _____

(W9/Payable to)

Mailing Address: _____

Phone Number: _____

Email Address: _____

Section/Township/Range: _____

County: _____

Description of Irrigation System (Wells and Pivots): _____

By signing this document, you agree that you are legally authorized to sign as the Water Right owner, and/or the Water Right Correspondent, and/or the farm tenant or landowner. You authorize the work to be completed on this well & equipment in conformity with the System Evaluation. You acknowledge such work may include, but not limited to, creating access for water level monitoring and use of a water level monitoring devices. You agree to indemnify and hold harmless GMD1 and associated technicians for any damage or injury to person or property resulting from such work.

Signature Line: _____

Date of Onboarding Submittal: _____

Please note that the information on this form will be made available to the Division of Conservation.

Internal Use Only

Application Number: _____

Evaluator: _____

Evaluator Rate: _____

DOC or KWO Billing: _____

**Stipend Qualification
(Y/N):** _____

Evaluation Completion Date: _____

Evaluation Report Completion Date: _____

Date of Billing to DOC: _____

Date of Payment to Evaluator: _____

**Date Stipend Payment to
Producer:** _____