

**VERIFIED CLAIM OF WATER USE 20\_\_\_\_\_**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County (Well(s) located in) \_\_\_\_\_

This report applies to: ( ) Vested Right ( ) Approp. Right

Purpose of Use: ( ) Irr. ( ) Mun. ( ) Ind. ( ) Rec. ( ) Stk.

FILE #	LOCATION									Hrs	GPM	Ac/Ft	
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					
	N	W	1/4	1/4	1/4	Sec	T	R					

I \_\_\_\_\_, BEING OF LAWFUL AGE AND DULY SWORN, STATE THAT I HAVE READ THE ABOVE CLAIM, KNOW THE CONTENTS FULLY, AND VERIFY THAT THE SAME ARE TRUE AND CORRECT.

\_\_\_\_\_  
Signature

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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE WESTERN KS  
GMD OFFICE BEFORE APRIL 1:  
WESTERN KS GROUNDWATER MANAGEMENT DISTRICT #1  
P.O. BOX 604  
SCOTT CITY, KS 67871  
(620) 872-5563