

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