Make checks payable to: Central Kansas Water Bank Association 125 S Main St Stafford, KS 67578

Central Kansas Water Bank Association

(The non-refundable filing fee of \$150.00 must accompany this application)

APPLICATION FOR DEPOSIT

For Office Use Only					
Fee					
Form #					
TR #					
Date Recd					
Time Recd					
Initials					

Applicant Name:					Date Recd
Address:					Time Recd
City:		State	e: Z	ip:	_
Home Phone:		Cell:		Email:	
Name of Water Right Ov	wner:				_
1. Water Right Number:		2.	Hydrologic Unit:		
3. Is the water right active	e and not aban	doned? Ye	s No	4. Certified?	Yes No
5. Legal Desc:1/4	1,1/4,	1⁄4, Se	ec Twp	Rng	,County
feet North	ı &	_ feet West o	of the Southeast corne	r of said section.	
6. Has the Water Right be	een over-pump	ed? Yes	No If yes, li	ist year(s):	_,,,
 7. Have there been any confirmation of the confirmation o	conservation process were impler	rograms and the	the 1987-1996 repres	ht participated.	
	il the proper a	pplications ha	ve been filed and suff	ficient documentati	on has been presented.
Year * Water Use	Year	* Water Use	Certified Appropriation (AF):		
1987	1992		1987-1996 Average Water Use (AF):		
1988	1993		Amount withheld from Deposit (AF):		
1989	1994		BANKABLE AMOUNT:		
1990	1995				
1991	1996		* Cannot exceed appropriated Acre-Feet		
Signature:			Date:		

(The applicant states that the information set hereon is true and accurate to the best of his/her knowledge.