

WATER RIGHT TRANSITION ASSISTANCE PROGRAM

PERMANENT WATER RIGHT DISMISSAL REQUEST (NO FEE REQUIRED)

WAIVER OF HEARING AND WATER RIGHT OWNER(S) STATEMENT AND REQUEST TO VOLUNTARILY DISMISS A WATER RIGHT TO BE RETIRED UNDER THE WATER RIGHT TRANSITION ASSISTANCE PROGRAM

This request form is only valid to accompany an application being submitted for approval of a water right to be permanently dismissed and retired under the Kansas Department of Agriculture, Division of Conservation Water Right Transition Assistance Program.

To: Kansas Department of Agriculture
Division of Water Resources (DWR)
1320 Research Park Drive
Manhattan, Kansas 66502-5000

Re: ___ Vested Right
___ Water Right

File No. _____

The signature(s) below represent all present owners (or an authorized agent) for the file number shown above (attach duplicate copies of this document as necessary).

The undersigned owner(s) and/or authorized agent(s) of the above referenced water right hereby freely and voluntarily request, that the permit for the water right file be terminated and its priority forfeited, conditional on the final approval of the water right to be retired into the Water Right Transition Assistance Program. By signing this waiver, I am indicating my understanding and agreement that the dismissal of the water right is permanent and that I am permanently relinquishing all right, title and interest in said water right.

The signature(s) below also indicate(s) a waiver of any right to a hearing or an appeal that I / we may have had regarding the dismissal and termination of the above referenced file. I / we recognize that if this water right is approved for retirement under the Water Right Transition Assistance Program, the Division of Water Resources will dismiss and terminate this water right and I / we voluntarily forfeit any priority associated with it forever.

I hereby affirm that I have read and understand the above statement and the information that I have provided is true and correct.

Signed and dated this _____ day of _____, 20_____.

(Signature of Owner / Authorized Agent & Legal Capacity – i.e. Trustee, President)

(Print Name and Legal Entity Represented – i.e. Trust, Corporation, Partnership)

(Mailing Address)

(City, State, and Zip Code)

(Telephone Number)

ACKNOWLEDGEMENT

State of Kansas

County of _____

This instrument was acknowledged before me on this _____ day of _____, _____
by (owners / agent) _____

(Seal)

Notary Public

My appointment expires:

NOTE: This form is to be completed for submittal to the Kansas Department of Agriculture, Division of Water Resources (DWR) by the owner(s) as part of the WTAP application and bid process. It will not be executed by DWR until receipt of a copy of the WTAP application indicating the contract will be approved by the Division of Conservation. The effective date will be the same as the WTAP contract effective date. The termination may be conditioned to temporarily allow limited irrigation to continue for establishing a suitable cover crop. This request is void if the WTAP application is not approved. If the WTAP application is not approved, this request form and the WTAP application with attachments will be promptly returned to the applicant. If the WTAP application is approved, the water right owner is responsible for filing a copy of the DWR order dismissing a water right with the appropriate county's official Register of Deeds.

ATTENTION: Kansas law requires that a well authorized by a water right approved for permanent retirement under WTAP must be properly capped, plugged, or reconstructed to domestic use according to the rules and regulations of the Kansas Department of Health and Environment.

For Division of Conservation Use Only

I, _____, as the program administrator, acknowledge that the subject water right is eligible for acceptance into the Water Right Transition Assistance Program and will be forwarded to the Chief Engineer for dismissal upon final approval of the grant application.

Signed and dated this _____ day of _____, 20_____.

Signature of Program Administrator: _____

*** WTAP PERMANENT WATER RIGHT DISMISSAL REQUEST ADDITIONAL SIGNATURE PAGE**

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(Print Name and Legal Entity Represented – i.e. Trust, Corporation, Partnership)

(Mailing Address)

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(Telephone Number)

ACKNOWLEDGEMENT

State of Kansas
County of _____

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by (owners / agent)

(Seal)

Notary Public

My appointment expires: _____