

2014
**WATER USE REPORT
 CONTAMINATION REMEDIATION**

IMPORTANT: YOU MUST REPORT ANNUAL USAGE OR THE REASON FOR NON-USAGE, IN ORDER TO PROTECT YOUR RIGHT TO USE WATER

This is the annual Water Use Report required to retain all Vested or Appropriation Rights. Please begin by reading the instructions for Part A on the reverse side of this page. Also present are instructions for name and address changes, which include information needed if you have disposed of your interest in any one or more of the water right file numbers listed below. If you have any questions on how to complete this form, please contact the Water Use Coordinator at (785) 564-6638. Please make a copy of the entire Water Use Report for your records, and return the original report to:

Water Use Coordinator
 Kansas Department of Agriculture
 Division of Water Resources
 1320 Research Park Drive
 Manhattan, KS 66502

IMPORTANT
COMPLETE AND RETURN BY MARCH 1, 2015

PART A: POINTS OF DIVERSION

CERTIFIED MAIL RECOMMENDED

Water Right File Number	Legal Descriptions Point(s) of Diversion	Water Meter Data			U N I T	Hours	Pump Rate (gpm)	Well Data		
		Beginning Water Meter Reading	Ending Water Meter Reading	Metered Quantity Of Water				Well Depth	Depth to Water	Date
** 979078-00 5070N 1140W 36-26S- 1W AKA: BROOKS LANDFILL	4 3 B	1,265,874,000	1,265,874,000	0	Gallons					
20009098-00 4500N 4500W 33-27S- 1E AKA: GEO CTR	M 3 B	4,386,556,000	4,690,063,000	303,507,000						

** The remediation system at Brooks is currently turned off. However, the City retains the Water Rights until the site receives a "No Further Action" determination and letter from KDHE-BER. The machinery is maintained.

900364

WATER RESOURCES
 RECEIVED

JAN 12 2015

KS DEPT OF AGRICULTURE

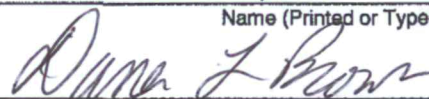
Date: 1/9/15 Telephone: (316) 268-8351

I submit this report as the best information available. I understand that knowingly falsifying the report is a violation of state law.

14 44 33305 2 1 - CON Staff SG
 Office Use FO CO GMD

Darren L. Brown, P.G.

Name (Printed or Typed)



Name (Signature)

CITY OF WICHITA
 DEPT OF ENV HEALTH
 1900 E 9TH ST N
 WICHITA, KS 67214

____ Owner ____ Tenant XX Agent