

Upper Arkansas Water Conservancy District

PO Box 1090 Salida, CO 81201

Phone (719) 539-5425 Fax (719) 539-7579

STANDARD AUGMENTATION APPLICATION

Date: _____

Augmentation # _____
(To Be Completed By Office)

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

LOCATION OF WATER TO BE AUGMENTED

Structure:

Choose One: Existing Proposed

Choose One: Well On-stream reservoir/pond Off-stream reservoir/pond Surface diversion

Structure Location and Permit:

Physical Address: _____

City: _____ State: _____ Zip: _____

Legal Description: _____ ¼ of the, _____ ¼, Section _____ Township _____ N or S

Range _____ E or W Meridian NMPM or 6th

Acres in Tract: _____

Distance from Section lines: _____ ft from the N or S and _____ ft from the E or W

OR

GPS Location (Must be in UTM format. Datum must be NAD83)

Easting: _____ Northing: _____

Lot # _____ Tract # _____ Block # _____ Filing # _____

Subdivision: _____

Permit Number (if it is an existing well): _____ Case Number if adjudicated water right: _____

Use: Type of water for which augmentation is requested. Check all that apply.
Complete this section for existing or proposed wells.

- In-house domestic uses

- Lawn/garden irrigation (identify square footage) _____

- Domestic livestock water (how many animals?) _____

- RV park (how many hookups?) _____

- Bath house

- In-building office use

- Motel (identify # of motel units, restaurant, etc.) _____

- Other (commercial or industrial) _____

Use: Type of water for which augmentation is requested. Check all that apply.
Complete this section only for on-stream ponds, off-stream ponds, or surface diversions.

- On-stream pond (identify surface area in square-feet) _____

- Off-stream pond (identify surface area in square-feet) _____

- Surface diversion (please fill out information below)

Name of point of diversion: _____

Location of diversion: _____

Choose One: Decreed Un-decreed Case Number, if Decreed: _____

Choose one and fill in required information:

- Off-stream pond filled by surface diversion

Surface Area (acres or square-feet): _____ Capacity (acre-feet): _____

- Surface diversion for irrigation Acres to be irrigated (acres or square-feet): _____

* If you checked Surface Diversion you must also provide and Engineering Report.

Right:

* Has applicant applied to Water Court or State Engineer’s office for supplemental supply plan or other plan using or identifying the water structure to be augmented? Yes No

* Does the applicant have or has the applicant applied for trans-basin water associated with the structure to be augmented? Yes No

Wastewater Treatment System:

Choose One: Public Private

Choose One: Central wastewater treatment system (not septic/leach)

Septic tank/ leach field

Location of treatment system (choose one): Onsite Offsite

If offsite, please provide legal description:

Physical Address: _____

City: _____ State: _____ Zip: _____

Legal Description: _____ ¼ of the, _____ ¼, Section _____ Township _____ N or S

Range _____ E or W Meridian NMPM or 6th

Distance from Section lines: _____ ft from the N or S and _____ ft from the E or W

OR

GPS Location (Must be in UTM format. Datum must be NAD83)

Easting: _____ Northing: _____

Choose One: Vault Other

If other, please describe: _____

Name of Stream & Stream Segment to which wastewater returns: _____

The Applicant hereby agrees to the following terms and conditions and verifies the accuracy of the information contained herein above:

1. Applicant shall pay to UAWAE the Augmentation Water Fee of \$3,850.00 per augmentation unit (each unit equals 0.1 acre-feet per year), if not already purchased.
2. The Applicant shall install and maintain a totalizing flow meter to measure the quantity of water flowing from Applicant's water structure (well) or to measure water flowing into Applicant's water structure (pond) and any other measurement device as may be required by the State pursuant to the applicable judgments and decrees. A written confirmation of such water flow shall be furnished to the Upper Arkansas Water Activity Enterprise (UAWAE) upon demand and not less frequently than annually at UAWAE office, 339 E. Hwy 50, Salida, Colorado. The right of the Applicant to use water pursuant to this agreement shall be subject to permanent forfeiture for over pumping their allocation based upon the amount of augmentation purchased for the uses described herein. If Applicant exceeds the annual allowable quantity of water for uses described herein UAWAE shall assess an "Over-Pumping Fee" at the rate of \$0.005 per gallon of excess. At the discretion of UAWAE, the rate of such fee may change without notice to the Applicant.
3. Applicant shall pay to UAWAE at its office in Salida, Colorado, annually, an amount of \$165.00 per augmentation unit as the annual storage and maintenance fee. Such fee is due and shall be paid on or before **March 15th of each year**. UAWAE has the right and authority to increase or decrease such annual storage and maintenance fee upon ninety (90) days prior written notice to Applicant at Applicant's address herein, **or such other address as Applicant may advise UAWAE in writing.**
4. UAWAE may withhold the delivery of water for Applicant for any defaults or delinquencies of payment of any fees, charges, and assessments, failure to provide meter readings, or for exceeding the annual allowable quantity of water for uses described herein. The right of the Applicant to use water pursuant to this agreement shall be subject to permanent forfeiture for failure to pay fees, charges, installments, or assessments that from time to time may become due or upon default or failure to comply with this agreement. UAWCD's Board may declare such forfeiture to UAWAE and may resell, lease, or otherwise dispose of the water or right to use water upon which forfeiture has been declared, after making demand for the amount due either in person or by written or printed notice duly mailed to the last known address of Applicant at least thirty days prior to the time the forfeiture is to take effect. Notice will be given to the County, the State Engineer, and the Division of Water Resources, that such right to use water pursuant to this agreement has been forfeited and/or that the delivery of water has been withheld. All remedies herein or elsewhere provided for the collection of delinquencies shall be cumulative, and the exercise of one or more of such remedies shall not prevent UAWAE from invoking other remedies provided by law.
5. Applicant, upon transfer of the real property to which the augmentation units apply, shall pay all fees and charges owed to UAWAE within 60 days of such transfer, **and notify UAWAE in writing of the ownership transfer**. Upon payment of said fees and charges, Applicant may assign the right to use the augmentation water only to a successive owner of real property and water structure described above. Applicant must notify UAWAE of any such assignment and provide UAWAE with a copy of an assignment and assumption of rights and obligations within 60 days of such assignment. If full assignment and assumption of Applicant's rights and obligations related to the use of such water is not made upon the transfer of such real property and water structure, all rights and obligations of all parties related to the provision of such augmentation water shall immediately terminate without further notice.

6. UAWAE shall provide the augmentation water so applied for only upon approval of this application by UAWAE.
7. The location of delivery of the augmentation water shall be pursuant to applicable judgments and decrees.
8. Provision of the augmentation water and inclusion in UAWAE's augmentation plan(s) is subject to application and approval procedures described in UAWAE's augmentation decrees and the terms and conditions of applicable judgments and decrees and laws including approval of the Office of the Colorado State Engineer. UAWAE shall not be responsible for failure to deliver or provide the augmentation water due to conditions beyond UAWAE's control, including natural conditions resulting in physical or legal unavailability.
9. Upon approval by the Office of the Colorado State Engineer of any augmented structure(s) for which augmentation application is made herein or one year from the date of this Augmentation Application, whichever occurs first, the augmentation water fee shall no longer be refundable. All application, storage and maintenance charges are non-refundable. The augmentation water fee may become non-refundable prior to approval of the State Engineer and inclusion in the UAWAE's augmentation plan.
10. UAWAE does not warrant the quality of the augmentation water for any type of human, animal, or plant consumption.
11. UAWAE retains the sole right to any successive use of such water and to any return flows from such water.

These provisions shall be binding upon the heirs, legal representatives and assigns of the Applicant.

Applicant: _____

Date: _____

Applicant: _____

Date: _____