

Submit original plus three copies

<input type="checkbox"/> District Court Water Division _____, Colorado Court Address: _____ <hr/> CONCERNING THE APPLICATION FOR WATER RIGHTS OF: Applicant: IN _____ COUNTY.	▲ COURT USE ONLY ▲
If Represented by an Attorney, Attorney's Name and Address: Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
APPLICATION FOR APPROVAL OF PLAN FOR AUGMENTATION	

1. Name, address, telephone number(s) (residence and business) of applicant(s):

2. Name(s) of structure(s) to be augmented:

Are there other water rights diverted from this structure(s)? Yes No

3. Previous decree(s) for water right(s) to be used for augmentation:

- A. Date entered: _____
- B. Case No.: _____
- C. Court: _____
- D. Type of water right (surface, underground storage): _____
- E. Legal description of point(s) of diversion or place of storage: include distance and bearing from established government section corner or quarter corner; or distances from section lines, and indicate ¼ ¼, section number, township, range and meridian; include map). The location may include UTM coordinates based on Zone 13 and NAD27(CONUS) datum. In urban areas, include street address, lot, block, and subdivision:

Required Description: County	_____ 1/4 of the	_____ 1/4	Section	Township N or S <input type="checkbox"/> <input type="checkbox"/>	Range E or W <input type="checkbox"/> <input type="checkbox"/>	Principal Meridian
Distance from section lines (section lines are typically not property lines) _____ Feet from <input type="checkbox"/> N <input type="checkbox"/> S and _____ Feet from <input type="checkbox"/> E <input type="checkbox"/> W						
Street Address: _____						
Subdivision:	Lot	Block				

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Optional Additional Description: GPS location information in UTM format

Required settings for GPS units are as follows: Format must be UTM; Zone must be 13; Units must be Meters Datum must be NAD27 (CONUS) and; Units must be set to true north.

Were averaged? <input type="checkbox"/> YES <input type="checkbox"/> NO	points Northing _____ Easting _____
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F. Source: _____

G. Amount: _____

H. Appropriation: _____

I. Decreed use (if irrigation, include total acreage):

4. Historic use: (Include a description of all water rights to be used for augmentation, a map showing the approximate location of historic use of the rights and records or summaries of records of actual diversions of each right the applicant intends to rely on to the extent such records exist.)

5. Statement of plan for augmentation, covering all applicable matters under CRS 37-92-103(9), 302(1)(2) and 305(8). Give full details of plan, including a description of all water rights to be established or changed by the plan.

6. Name(s) and address(es) of owner(s) of the land on which structures is or will be located, upon which water is or will be stored, or upon which water is or will be placed to beneficial use.

Signature of Applicant (or Attorney)

Address of Applicant

Telephone No.: _____

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I, _____, state under oath that I have read this application and verify its content.

Applicant

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My commission expires: _____

Notary Public