

UPPER GUNNISON RIVER WATER ACTIVITY ENTERPRISE

APPLICATION

FOR PURCHASE OF CLASS D AUGMENTATION CERTIFICATE
PROVIDING FOR WATER SERVICE FROM MERIDIAN LAKE RESERVOIR
FOR USE WHEN PERMITTING WELL - FUTURE

Applicant Information. [Please print.]

Name: _____

Address: _____

Telephone: _____ Email: _____

Structure Information.

Name of Structure or Subdivision: _____

Structure Location
Drainage basin: _____
Township _____ Range _____ Meridian _____ P. M.
Section _____ 1/4 Section _____ 1/4 1/4 Section _____
GPS Reading (NAD 83 datum) _____ Easting, _____ Northing, OR
_____ feet from North/South Section Line, _____ feet from East/West Section Line
Elevation (from USGS map or GPS, in feet) _____

Structure type (well or pond): _____

Well

Number of dwelling units served by well _____

Well distance from live stream _____ (feet)

Wastewater disposal system (choose one):

[] Individual non-evaporative sewage disposal system

[] Central wastewater treatment system

Name of wastewater treatment provider:

Lawn Size (square feet) _____

Pond
Water source: <input type="checkbox"/> Stream <input type="checkbox"/> Ditch <input type="checkbox"/> Well
Name of water source: _____
Pond surface area (acres or square feet): _____

Number of Base Units _____

[One Base Unit is quantified as 0.05 acre-feet of water stored in Meridian Lake Reservoir]

By signing this Application, I certify that the information provided above is true to the best of my knowledge.

Applicant

Applicant

Date Received by UGRWAE _____

TO THE APPLICANT:

When you obtain a well permit from the Division of Water Resources, or a decree from the Water Court, authorizing the structure for which you have purchased Base Units, please complete the following information (as applicable), detach, and mail it to the Upper Gunnison River Water Activity Enterprise in the postage paid envelope provided. Under the terms of the Plan for Augmentation, the Enterprise is required to maintain records of this information and report annually to the Division of Water Resources. ***Failure to provide this information may invalidate your Augmentation Certificate.***

Contract No. _____
Well Permit Number _____ . <i>Please attach a copy of the well permit.</i>
Water Court Case Number _____ CW _____. <i>Please attach a copy of the decree</i>
A totalizing flow meter is required to be installed on all wells under the terms of the Plan for Augmentation.
Meter:
Make and Model _____ Type _____
Serial Number _____