

**SOUTHEASTERN COLORADO WATER CONSERVANCY DISTRICT
APPLICATION FOR 2025 AGRICULTURAL FRYINGPAN-ARKANSAS PROJECT
WATER RETURN FLOWS**

TO: Southeastern Colorado Water Conservancy District Board of Directors, acting by and through its Water Activity Enterprise (“District”):

We/I, the _____, hereby request _____ acre-feet of Fryingpan-Arkansas Project Water return flows (Return Flows) in the May allocation. We/I understand the Board of Directors of the District will allocate and sell available Return Flows as equitably as possible, based upon the merits of each application. Return Flows will be delivered in accordance with, and we accept the terms and conditions of the District “Policy Concerning Sale of Return Flows from Project Water,” and the letter from the District dated February 28, 2025, which accompanied this application.

In support of our request, and to comply with the need for information by the Board to meet the terms and conditions of their contract with the BOR (including the Reclamation Reform Act), Operating Principles, the District “Policy Concerning Sale of Return Flows from Project Water,” and we/I acknowledge that Return Flows are required to be supplemental only to adjudicated waters and used only within the confines of the District boundaries. We submit the following information (attach additional information if necessary):

For Return Flows allocated, we/I agree to pay \$21.90 or any adjustment the Board of Directors adopts. We/I will pay in accordance with the terms of the District’s letter dated March 12, 2024, which accompanied this application, and before use. This request to purchase Return Flows may be in addition to our 2025 request for Project Water, as provided in Paragraph (11) ALLOCATION PRINCIPLES-FINDINGS, DETERMINATIONS, AND RESOLUTIONS.

If supplementary information, including compliance forms for the Reclamation Reform Act (RRA), is required regarding our request, we agree to supply any additional information as requested by the District. We acknowledge that not delivering Project Water in accordance with the entity’s Commingling Plan may result in a requirement by the Bureau of Reclamation that the entity pay an Administrative Fee Bill and/or the Full Cost Rate for Fryingpan-Arkansas Project Water delivered to ineligible lands.

By signing this application, we acknowledge the District, owns the Return Flows from Fryingpan-Arkansas Project Water, and that the District has maintained dominion and control over these Return Flows and has the right to sell these Return Flows. We acknowledge the District has not abandoned its rights to use and sell return flows from Fryingpan-Arkansas Project Water. We agree not to assert the District has lost dominion or control over, or has abandoned or surrendered, the return flows from Fryingpan-Arkansas Project Water.

APPLICATIONS MUST BE RECEIVED BY 4:0 P.M. MONDAY, MARCH 31, 2025

The District Board will estimate the amount of Return Flows available for sale in a given year. The District Board may request a purchaser to provide accurate information from which to estimate the amount, timing, and location of Return Flows of the request.

Please do *not* send payment until notified of the amount of water approved by the District.

PLEASE ANSWER ALL APPROPRIATE BLANKS

Did you provide a list of your Members/Shareholders to the District when requested in 2024?

YES _____ NO _____

The following is information we feel should be considered by the Board of Directors in their evaluation of our request, and to set out our unusual circumstances involving our entity (attach additional pages, if necessary).

This information will be used to send Project Water applications and other correspondence to you.

_____	_____	_____	_____	_____
Authorized Agent	Address	City	State	Zip

_____	_____	_____
Authorized Agent, Title	email	Phone

Billing Address: This information will be used to invoice you for Project Water and all other SECWCD billings. If you do not fill this portion out, we will default to the above information.

_____	_____	_____	_____	_____
Billing Contact	Address	City	State	Zip

_____	_____
email	Phone

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