

**SOUTHEASTERN COLORADO WATER CONSERVANCY
DISTRICT**

AGRICULTURAL APPLICATION
2026 FRYINGPAN-ARKANSAS PROJECT WATER

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

We/I, _____ (irrigation entity), with the following water rights (list below), respectfully request _____ acre-feet of Fryingpan-Arkansas Project Water for the May allocation.

We understand that the District’s Board of Directors allocates Project Water based on availability and the merits of each application, in accordance with the District’s Water Allocation Policy and the District’s notice dated February 24, 2026.

We agree to pay \$21.90 per acre-foot for fully consumed Project Water. Any portion of Project Water returned to the District as Project Water Return Flow will be credited in accordance with District policy. An allocation applies only to the current year and does not create a permanent right to Project Water.

We confirm that we have adequate non-Project Water rights and that Project Water will only be used on eligible lands within the boundaries of the Southeastern Colorado Water Conservancy District.

List your decreed water rights and provide the source(s) of each water right:

Total acres irrigated in 2026: _____ Approximate number of shareholders: _____

Percentage of allocated Project Water requested for well augmentation: _____%

For any request involving well augmentation, an approved Substitute Water Supply Plan must be attached. Project Water used for augmentation is considered fully consumed and does not generate return flows. Project Water Return Flows may be assigned through the Division Engineer’s Office as needed.

Payment for approved Project Water must be made prior to use and no later than July 15, 2026.

If additional information or compliance documentation under the Reclamation Reform Act (RRA) is required, Applicant agrees to provide such information upon request.

Did you provide a list of Members/Shareholders when requested in September 2025?

YES NO

(over)

Additional information or special circumstances for consideration by the Board (attach if needed):

Authorized Agent: _____ Title: _____

Address: _____

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 out, we will default to the above information.

Billing Contact	Address	City	State	Zip
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email	Phone
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APPLICATIONS MUST BE RECEIVED BY 4:00 P.M., TUESDAY, MARCH 31, 2026.

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