

**SOUTHEASTERN COLORADO WATER CONSERVANCY
DISTRICT**

MUNICIPAL/DOMESTIC APPLICATION
2026 FRYINGPAN-ARKANSAS PROJECT WATER

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

We, the _____ (entity), hereby request _____ acre-feet of Fryingpan-Arkansas Project Water in the May allocation.

We understand that the District’s Board of Directors allocates available water equitably, based on the merits of each application. We accept all terms and conditions of the District’s Water Allocation Policy and the District’s notice dated February 25, 2026.

We acknowledge that:

- The cost is \$21.90 per acre-foot for fully consumed Project Water.
- Any portion of allocated water returned to the District for Return Flow allocation will receive credit at the time of allocation or as otherwise adjusted by the Board.
- Delivery of water does not create any ongoing right, title, entitlement, or interest in Project Water beyond the right to delivery of the current year’s allocation.

We expect to use _____% of our allocation for well augmentation.

Project Water used for municipal well augmentation will be charged \$21.90 per acre-foot, is considered fully consumed, and generates no Return Flows.

First Right of Refusal for Return Flows

As a municipal entity, do you wish to exercise your First Right of Refusal for Return Flows generated from your use of Fryingpan-Arkansas Project Water delivered between May 1, 2026, and April 30, 2027?

(Entities performing well augmentation must select Yes.)

YES NO

To comply with the District’s requirements under its Contract with the United States and the Operating Principles, we agree to provide any additional information the District may require.

Water will be paid for before use, and no later than June 15, 2026.

In 2026, we will serve a population of _____.

We confirm that we possess sufficient non-Project Water resources and will not deliver Fryingspan-Arkansas Project Water to ineligible lands or any lands outside the District boundaries.

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

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

Contact Information

Authorized Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____

Email: _____

Phone: _____

Billing Information 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: _____

APPLICATIONS MUST BE RECEIVED BY 4:00 P.M., TUESDAY, MARCH 31, 2026