



PDF - Application Form for CWCB Measurement Device Installation Program

To submit this application, you can either:

- 1. Scan a copy and email it to: DNR_diversionmeasurement@state.co.us
- 2. Mail to:

SGM

Attn: Angie Fowler 118 W 6th St #200

Glenwood Springs, CO 81601

PLEASE READ, IMPORTANT:

- Please fill out a new form for <u>each</u> measurement structure application.
- Please review the FAQs and eligibility requirements on the <u>Diversion Measurement Website</u> before you begin.

We recommend you gather the following materials beforehand to reduce the amount of time it will take you to fill out this form:

- 1. **Coordinates** Provide the latitude and longitude of your proposed measurement structure.
- 2. **Proof of Land Ownership** If you do not own the land where the measurement structure will be installed you will need to provide the landowner's contact information and gain permission ahead of time for the installation.
- 3. Ditch or Pump Information -
 - Name of ditch or pump and what creek/river it diverts from
 - WDID of your ditch (see instructions below on how to obtain this information) (optional)
 - Ditch dimensions (top width, bottom width, depth) (optional)
- 4. **Photos -** Four (4) or more photos of your ditch or pump and its access road:
 - Overview photo of the headgate.
 - Photo of the headgate looking down ditch.
 - Photo of the measurement structure or proposed location looking upditch towards the headgate.
 - Photo of an existing staff gauge and/or a side photo capturing the full width of the structure.
 - Photo(s) of access road if available.
- 5. Information about when your ditch or pump typically diverts and when would be a good time of year to install a measurement structure.

To continue, please review and acknowledge all items. (required)*

\square Applicant owns or uses an active water right with a point of diversion in Colorado west of the Continental Divide in Water Divisions 6 (Yampa/White) or 7 (San Juan/Dolores).
\square Applicant is willing to maintain the new diversion measurement structure.
\Box Applicant has a legal right to access the location where the structure will be installed (typically near the point of diversion).
\Box Applicant understands that the information submitted with this application is not confidential, and that the submitted information will be shared between CWCB and its contractor SGM.
\Box Applicant is willing to submit records for its diversions using the new diversion measurement structure.
\square Applicant understands that installation would be conducted by an approved vendor selected by the CWCB or SGM.

Applicant Information

Organization (required)*		
If the Applicant will be an organization this may be the name of the ranch or the same of the ranch or the same of the ranch or the same of the same o	or district, provide the name of that organization or district. If Applicant will be an individual he name of the individual.	
Are you the applicant or are y	ou filling out this form on behalf of the applicant? (required)*	
\square I am the applicant		
\square Filling out on behalf of th	ne applicant	
If you are filling out this form your role:	on behalf of the applicant, please select an option that best describes	
☐ Engineer		
☐ Attorney		
☐ Other		
If other, please describe your rol		
Primary Contact Inf	ormation	
Name (required)* First Name	Last Name	
Email (required)*		
example@example.com		
Phone Number (required)*		
Please enter a valid phone number		

Secondary Contact Information (Optional)

Name		
First Name	Last Name	
Email		
example@example.com		
Phone Number		
Please enter a valid phone number.		
Physical & Mailing Address		
Physical Address for Applicant (required)		
Street Address		
Street Address Line 2		
		1
City	State/ Province	
Postal / Zip Code		
Mailing address same as physical address	? (required)*	
☐ Yes		
☐ No, I have a different mailing address		

Mailing Address for Applicant (required if different than physical address)* **Street Address** Street Address Line 2 City State/ Province Postal / Zip Code Measurement Structure Location Yampa/White Colorado Gunnison San Juan/Dolores Where are the Applicant's property and diversions located? (required)* ☐ Division 4: Gunnison River Basin (ineligible - apply in 2027) ☐ Division 5: Colorado River Basin (ineligible - apply in 2027) ☐ Division 6: Yampa, White, and Green River Basins ☐ Division 7: San Juan and Dolores River Basin Enter the location of your proposed measurement structure: Latitude and Longitude in decimal degrees or UTM. (required)* If you do not already have the location of your structure, you can use Google Maps, Google Earth, or the DWR's Location Converter Tool (https://dwr.state.co.us/Tools/LocationConverter) to find your latitude and longitude.

Longitude (Decimal Degrees, EX: -107.3306119) or

UTM Northing (EX: 4380471.99)

Latitude (Decimal Decrees, EX: 39.5505792) or

UTM Easting (EX: 299751.04)

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UTM Zone

(if applicable)

Installation Access and Planning

	an existing measurement structure or are you applying to install a new structure on asured ditch or pump? (required)*
☐ Existing	
□ New	
Diagram describes as	
Please describe yo	our reason for replacement/upgrade: (required)*
	ss to the ditch headgate or pump? <i>(required)</i> *
□Yes	
□No	
What are the road?	d conditions like to access the ditch headgate or pump? Could a concrete truck make (required)*
e.g. 4X4 required, two-t	rack, inaccessible when wet, etc.
Do you own the la	nd where the ditch headgate or pump is located? (required)*
□Yes	
□No	

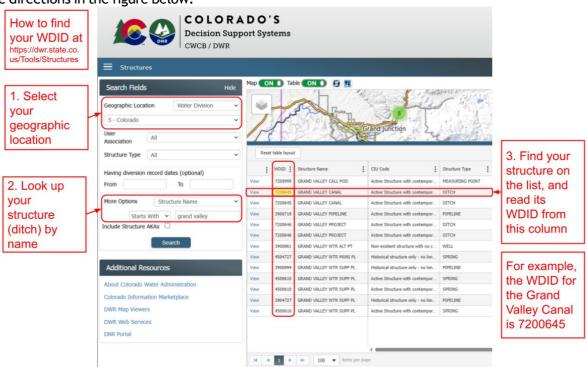
	de contact information for the landowner (by providing this VCB and SGM to contact the landowner).
miormation, you give permission to ev	ves and som to contact the landowner).
First Name	Last Name
Landowner Phone Number:	
Please enter a valid phone number.	
Please explain if there is an easement or	r other access agreement. (required)*
Please attach any ap	plicable documentation of access permissions
	that you would recommend for this project? Please provide their nere is no guarantee of the preferred contractor performing
First Name	Last Name
Preferred Contractor Phone Number	
Please enter a valid phone number.	
Preferred Contractor Address	
Street Address	
Street Address Line 2	
City	State/ Province
Postal / Zip Code	

Ditch or Pump Details

Source: What stream or river does the ditch or pump divert from?

Name: You must provide the name of the ditch or pump.

WDID: Water District Identifier, WDID is a 7-digit unique identification number assigned by Division of Water Resources to each diversion structure. If you have your WDID, please enter it. The WDID of your diversion structure can be found on the CDSS Structures Tool: https://dwr.state.co.us/Tools/Structures, using the directions in the figure below.



Source Stream/Creek/River (required)*		
Name of Ditch or Pump (required) (required)*		
WDID		
Please provide the year the ditch or pump was constructed.		
If you do not know, please provide your best estimate or range of years, and indicate that the date is "estimated."		
How do you currently estimate how much water is diverted? (i.e. stage height, estimate, etc.)		

How frequently is the existing diversion visited, measured, and maintained?
□Daily
□Weekly
□Monthly
□Annually
□Almost never
Is water from the pump, ditch and/or canal used primarily for agricultural purposes? (required)*
□Yes
\square No
Describe other uses of the ditch or pump:
a grand filling shall water demonting the
e.g. pond filling, stock water, domestic, etc.
How often does the ditch or pump divert water?
□ Every year
\square 1 in 2 years
\square 1 in 3 years
☐ 1 in 4 years or fewer
Have you ever had to stop or reduce diverting water from the ditch or pump because the Water Commissioner or the Division of Water Resources required you to stop diverting (i.e., the ditch was curtailed)? <i>(required)*</i>
□ Yes
□ No
☐ I don't know
Please fill in the ditch dimensions to the best of your knowledge.
Top Width (ft)
Pottom Width (ft)
Bottom Width (ft)
Depth Width (ft)

Irrigation Schedule

Describe a typical irrigation season. This will help the CWCB evaluate when it will be best to install the measurement structure.		
measurement structure.		
Please indicate the month(s) when	n diversion is not active (ditch or pump is off) and when	
3.7	on would be best (consider access and weather): (required)*	
□January	□July	
□February	□August	
□March	□September	
□April	□October	
□May	□November	
□June	□December	
Is there any other information you'd li	ke us to know about your ditch/structure or pump?	

Photos

Please attach 4 or more photos of your ditch or pump which needs a measurement structure. Please include:

- \square Photo of the headgate.
- \square Photo of the headgate looking down ditch.
- ☐ Photo of the measurement structure or proposed location looking upditch towards the headgate
- ☐ Photo of an existing staff gauge and/or a side photo capturing the full width of the structure.
- ☐ Picture(s) of access road if available.

Example Photos Below - Please attach any other photos you may have which may be helpful.











The information provided in this form may be public information that is subject to disclosure, except to the extent otherwise provided by applicable law.