

Indian Mountain Water Service Program (IM WSP) Transfer Form

The IM WSP is a program of the Indian Mountain Metropolitan District (IMMD) to supply augmentation water for wells in the Indian Mountain (IM) subdivision. The IM WSP is a voluntary opt-in program that will provide augmentation of your well for the water you use for residential in-home purposes, as long as your participation in the program is in good standing. The prior owners of your property elected to sign with the IM WSP. Prior to filing this Transfer Form, it is important that you read and understand the IM WSP Operations Manual, which is located at www.indianmountain.info. Information on this application will **remain confidential** and will only be used for IM WSP administrative purposes. There is no cost for this transfer.

Print name(s) of new IM property owner(s):

Name(s) of prior owner(s): _____

Mailing address for legal notices:

City: _____

State: _____ ZIP: _____

Landline Phone #: _____ Cell Phone #: _____

Email Address (please print clearly): _____

IM Street Address: _____

IM Filing #: _____ IM Lot #: _____ IM Well Permit #: _____

IMPORTANT: To check the status of your well permit, please go to: <https://dwr.state.co.us/Tools/WellPermits>. On this search page, you will find different criteria for your search. Under “More Options,” you can select which way you would like to search (name, address, permit number, etc.). This should take you to your well permit where you can check for accuracy. Check this periodically to make sure your well gets transferred into your name. If you need to update ownership information online, go to <https://dwr.colorado.gov/services/well-permitting>, and scroll down to “Fact Sheet for Home Buyers and Real Estate Professionals.”

Please provide the name of a family member/friend/neighbor who would likely know your whereabouts if we need to contact you:

Name of contact person: _____

Landline phone #: _____ Cell phone #: _____

Email address (please print clearly): _____

Property description to help estimate water usage:

Approximate square footage of IM residence: # _____ Number of bathrooms: #: _____

Do you have a laundry machine: YES NO Do you have a dishwasher: YES NO

Do you have reverse osmosis system: YES NO Do you have a hot tub: YES NO

Do you have a water softening system: YES NO

Circle your IM residency: Full-Time or Part-Time:

If part-time, please estimate what percent (%) of the time do you anticipate spending at your IM residence? _____ %

What is the typical number of people who stay at your residence? _____

Please **initial each phrase** below indicating that you have read and understand these key aspects of the IM WSP.

_____ 1. If I have an operational well, I am responsible to make sure that a totalizing water meter has been installed and certified that will measure my inside (in-house) residential water use with an accuracy equal to or better than +/- 5%, and I must make sure that the water meter stays in good working order. I am responsible to make sure that a copy of the meter certification is on file with the IM WSP program administrator.

_____ 2. I understand that the IM WSP Administrator will send at least one email alert in the latter part of each month, reminding me that the monthly water report is due by the 6th day of the new month, and that I, or my designee, must go to **www.indianmountain.info** to electronically report my total water meter reading in gallons between the 1st and 6th of each month. All accounts will have an account # assigned to them for reporting and identification purposes.

_____ 3. I understand my annual IM WSP operating fee is to be received within 30 days of invoicing at the beginning of each year; that the IMMD Board of Directors may change the annual operating fee from year to year based upon actual costs during the preceding year and upon the number of participants and the projected administrative costs for the forthcoming year; and that the IMMD Board will annually audit the IM WSP and publicly disclose the findings.

_____ 4. I understand that the IMMD Board of Directors will rely upon statements in this Transfer Form and subsequent monthly water reports made by me, or my designee, and that such statements are subject to the provisions of C.R.S. 18-8-503 which state that a person commits second degree perjury if he/she makes a materially false statement (i.e., one that he/she does not believe to be true) while under oath with the intent to mislead a public servant in the performance of the servant's duty.

_____ 5. I understand that approval by the IMMD Board of Directors of this Transfer Form and my participation in the IM WSP may be rescinded if it is determined that one or more of my Transfer Form statements are materially false, that my monthly water reports are not complete, accurate and submitted between the 1st and 6th day of each month, or that I fail to follow the policies and procedures set forth in the IM WSP Operations Manual.

_____ 6. I understand that my participation in the IM WSP allows me to use up to 7,333 gallons per month, or 88,000 gallons per year, for residential (indoor) use only, and that any water above this amount may incur additional costs, fines, liens, or other punitive actions deemed appropriate by the IMMD Board.

_____ 7. I understand that if my contact information changes (mailing address, phone, email), I am to notify the IM WSP program administrator within 30 days of the change.

_____ 8. I understand that the benefits of the IM WSP only accrue to me (i.e., property owner) while I am in good standing and in compliance with the IM WSP Operations Manual. I understand that failure to meet all specified fee/fine/penalty payments, reporting requirements, or usage limits could result in being dismissed from the IM WSP, and I will be required to seek alternate water well augmentation from other providers. Failure to maintain a water augmentation plan will result in non-compliance with Colorado Division of Water Resources (DWR) requirements and could subject me to Colorado State legal action. I will be notified (i.e., given a warning) by certified mail of any breaches or violations. If I fail to correct the breaches or violations, I understand that I may be dismissed from the IM WSP without recovery of any fees, costs, or expenses. My dismissal from the IM WSP will be filed with the Headwater Authority of the South Platte, the Park County Clerk and Recorder's Office and the Colorado Division of Water Resources.

_____ 9. I acknowledge that prior to signing and submitting this Transfer Form, I have read and understand the IM WSP Operations Manual; and that, on occasion, given new information or circumstances, the IMMD Board of Directors may amend the IM WSP Operations Manual and provide notice of such changes to IM WSP participants.

_____ 10. I understand that having perpetual water augmentation is a significant asset to my property. If I sell my property, I will make sure the buyer knows the value of the IM WSP certificates and I will provide the buyer with a IM WSP Transfer Form. I will also notify the IM WSP Administrator of the pending transfer.

Print Your Name: _____

Your Signature: _____ **Date:** _____

Please return:

- (1) Completed Transfer Form
- (2) A copy of the well ownership name change
(*Provided to you at your title company closing or from the well permit website above*)

By mail to:

IM WSP
31 Keneu Court,
P.O. Box 25, Como, CO 80432

By email to:

indianmountainmetrodist@gmail.com

If you have questions, please review the IM WSP material posted at www.indianmountain.info or email the IM WSP Administrator at indianmountainmetrodist@gmail.com.