

2025 Enrollment Form for Entry into the IM Water Service Program (WSP)

The WSP is a program of the Indian Mountain Metropolitan District (IMMD) to supply augmentation water for wells in the Indian Mountain (IM) subdivision. The 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 IM WSP requires a \$50 non-refundable application fee to cover administrative costs. The IM WSP also requires a \$500 water purchase fee. *This one-time fee is for the actual purchase of your augmentation water.* In addition, the IM WSP requires an annual operating fee, as determined by the IMMD board, payable at the beginning of each calendar year. For instance, the 2024 fee is \$75 for current participants. Prior to filing this 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 WSP administrative purposes.

Print name of IM property 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 or to update ownership information online, please go to: <https://dwr.state.co.us/Tools/WellPermits>. On this Main Page, click on "More Options." In this search window, you will find different criteria to define your search. 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. Make sure your name is on the permit. Print off a copy of your permit and submit it with this application.

Decreed Wells: If your well has a prior individual water rights decree associated with it, it will show the case number on the first page of your well permit information on the Division of Water Resources website above. Under Feature Type, it will say “Decreed” and give the case number (*This is a number other than the old IM Augmentation Plan #W-7389*). Most wells are not decreed. However, if you have a decreed well, the decree must be amended or vacated to allow you to move to the WSP. IM WSP is not responsible for this, and this action is between you, the Division of Water Resources and the Water Court. If you have a decreed well, please see the additional documents under the WATER tab at indianmountain.info. There is a Letter from the Division of Water Resources explaining your options, the required form for your completion, and a template on how to complete your form. They have been provided for your convenience only. You need to file the forms yourself.

If Applicable - Decree Case # _____

Please provide the name of a family member/friend/neighbor who would likely know your where-abouts 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 past year (365 days) someone spent 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 IMMD WSP.

_____ 1. I am responsible to install and to have certified a totalizing water meter that will measure my inside (in-house) residential water use with an accuracy equal to or better than +/- 5%. A copy of the meter certification must be on file with the WSP program administrator, if I have an operational well.

_____ 2. I understand that the WSP program 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 report my total water meter reading in gallons between the 1st and 6th of each month.

_____ 3. I understand that my annual 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 operating fee from year to year based upon actual costs the preceding year and the number of participants and the projected administrative costs for the forthcoming year; and that the IMMD Board will annually audit the WSP and publicly disclose the findings.

_____ 4. I understand that the IMMD Board of Directors will rely upon statements in this Application 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 states 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 Application and my participation in the WSP may be rescinded if it is determined that one or more of my Application statements are materially false, that my monthly water reports are not complete 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 WSP Operations Manual.

_____ 6. I understand that my participation in the IM WSP allows me to use up to 7,333 gallons per month for indoor (in-house) residential use only, or 88,000 gallons per year, 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 WSP program administrator within 30 days of the change.

_____ 8. I understand that the benefits of the WSP only accrue to me (i.e., property owner) while I am in good standing and in compliance with the 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 WSP without recovery of any fees, costs, or expenses. My dismissal from the WSP will be filed with HASP, the Park County Clerk and Recorder's Office, and the Colorado Division of Water Resources.

____ 9. I understand that acceptance into WSP will effectively change the augmentation plan that covers my well from the IM Water Augmentation Plan (W-7389) administered by the Bar Star Water Company to the HASP Water Augmentation Plans (02CW389 & 12CW50) supporting this IM WSP.

____ 10. I understand that the Colorado Division of Water Resources will require me to file a new Well Permit Application at an approximate cost of \$100 before it will consider my well to be augmented through the IM WSP.

____ 11. I acknowledge that prior to signing and submitting this Application, I have read and understand the IM WSP Operations Manual; and that, on occasion, given new information or circumstances, the IMMD Board may vote to amend the WSP Operations Manual and will provide notice of such changes to WSP participants.

____ 12. I understand that additional requirements may be required by the DWR during the enrollment period. This is dependent on future rulings from DWR, the Attorney General's Office, or Water Court.

____ 13. 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 WSP certificates and I will provide the buyer with a WSP Transfer Form. I will also notify the WSP Administrator of the pending transfer.

Print Your Name: _____

Your Signature: _____ **Date:** _____

Notary Public (Note: IMMD District Manager Jackie Middelhoek is a notary public):

State of _____ County of _____
The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ (name(s) of individual (s)).

Notary's official signature

Title of office

My commission expires: _____

Please return:

- (1) Completed and notarized Application,
- (2) A \$550 check or money order (no cash) made out to IM WSP (\$50 non-refundable application fee, plus \$500 water purchase).
- (3) A copy of your well permit or summary page from the Division of Water Resources website, only if you have an existing well.

TO: IM WSP Administrator
31 Keneu Ct.
P.O. Box 25, Como, CO 80432 *(or bring it by the office or the drop box at the Community Center)*

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