



**FREMONT COUNTY'S  
COLORADO DIVISION OF WATER RESOURCES  
INFORMATION FORM FOR  
MEDICAL MARIJUANA OPTIONAL PREMISES CULTIVATION  
AND/OR MARIJUANA INFUSED PRODUCTS**

The Fremont County Department of Planning & Zoning is required to submit proposed Medical Marijuana Optional Premises Cultivation (OPC) and/or Marijuana Infused Products (MIP) actions to the Colorado State Engineer's Office (CSEO) at the Colorado Division of Water Resources (CDWR). The CSEO is responsible for providing an opinion regarding verification of a legal water source for an OPC and/or MIP.

This CDWR Information Form must be filled out completely and accurately to ensure that the submittal to the CDWR regarding the proposed OPC and/or MIP includes the necessary information required by that agency. The CDWR has 21 days to respond to County submittals. Incomplete submittals will be returned to the Department for additional information provided by the applicant and then must be resubmitted to the Department.

Please note that the CDWR timeframe for review may not coincide with the County deadlines or meetings, and if the CDWR requires additional information, further delays may occur.

Attachments can be made to this application to provide expanded narrative for any application item including supportive documentation or evidence for provided application item answers. Please indicate at the application item that there is an attachment and label it as an exhibit with the application item number, a period and the number of the attachment for that item (*as an example, the first attached document providing evidence in support of the answer given at application item number 8 would be marked - Exhibit CDWR-8.1, the fifth attached document supporting the narrative provided for application item 8 would be marked - Exhibit CDWR-8.5*). Exhibit numbers should be placed in the lower right hand area of the exhibit page.

Please check the appropriate box below regarding which business type you are applying for:

OPC     MIP     OPC & MIP

1. Name of Medical Marijuana business: \_\_\_\_\_

2. Provide a map of the proposed OPC and/or MIP location that includes a quarter-quarter, section, township, range and principle meridian (PLSS).

3. Legal description of subject property: \_\_\_\_\_

What is the source of water on this parcel?

- 1) Well water
  - a) Existing Permit

- i) Type of use
    - (1) Does it cover irrigation uses?  Yes  No
    - (2) Does it cover municipal/commercial uses?  Yes  No
  - ii) Place of use: Please provide a map and address or location.
  - iii) What is the permit number? \_\_\_\_\_
  - iv) What is the court decree case number \_\_\_\_\_ (if applicable)?
  - v) Please provide written approval from co-owners (if applicable).
  - vi) Does the well require an augmentation plan?
    - (a) Written approval from the augmentation water supplier (if applicable).
- b) Proposed Permit
- i) New uses generally require a substitute water supply plan and or court approved plan for augmentation. (Please see the links below for more information. If you intend to pursue this avenue, please provide the following information.
    - (1) Name of water attorney \_\_\_\_\_
      - a. Written agreement to represent the industry.
    - (2) Name of water engineer \_\_\_\_\_
      - a. Written agreement to represent the industry.
- 2) Surface Water
- a) Name of ditch right
    - i) Type of use
      - (1) Does it cover irrigation uses?
      - (2) Does it cover municipal/comer commercial uses?
    - ii) What is the place of use? Provide a map and address or location.
    - iii) What is the priority?
      - (1) Does it require an augmentation plan?
        - a. Written approval from the augmentation supplier (if applicable)
    - iv) Is it part of a ditch company?
      - (1) Written approval from the ditch company.
- 3) Hauled Water
- a) Applicant must identify a water supplier with a legal source of water
    - i) Written approval from the supplier to provide water to the applicant must be obtained and on file with the county.
      - (1) The supplier must provide accounting to CDWR for the deliveries made to the applicant.
    - ii) Applicant must install a cistern
      - (1) Report cistern capacity to CDWR
      - (2) Install measurement device from cistern to facility that meets the criteria outlined in *The Amended Use and Measurement Rules for the Arkansas Basin*
      - (3) Report monthly diversions to CDWR with receipts from the water provider.

- 4) Municipal Supply
  - a) Written approval from municipal supplier.

If there are any questions regarding water the following websites are good resources:

[www.water.state.co.us](http://www.water.state.co.us)

<http://water.state.co.us/DWRIPub/Documents/Amendment%2064-Flyer2014-Final.pdf>

<http://water.state.co.us/DWRIPub/Documents/wellpermitguide.pdf>

For further assistance you may contact the local CDWR office at 719-542-3368

**By signing this form, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the form and any attachments to the form, is true and correct to the best of Applicant's knowledge and belief.**

**Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Department regarding the Application to be null and void.**

**Signing this form is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this form, provided that the same is in conformance with the Fremont County Medical Marijuana Business Licensing Regulations.**

Applicant Printed Name	Signature	Date
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Property Owner Printed Name (If different from applicant)	Signature	Date
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