

IN THE WATER COURT IN AND FOR
WATER DIVISION I, STATE OF COLORADO

CASE NO. W- 3835

IN THE MATTER OF THE APPLICATION FOR
WATER RIGHTS OF

ALVENA NICHOLS

FINDINGS AND RULING
OF THE REFEREE

IN Weld County

THIS CLAIM, having been filed with the Water Clerk, Water Division I, on June 19, 1972 and the Referee being fully advised in the premises, does hereby find:

All notices required by law of the filing of this application have been fulfilled, and the Referee has jurisdiction of this application.

No statement of opposition to said application has been filed, and the time for filing such statement has expired.

All matters contained in the application having been reviewed, and testimony having been taken where such testimony is necessary, and such corrections made as are indicated by the evidence presented herein,

IT IS HEREBY THE RULING OF THE WATER REFEREE:

1. The name and address of the claimant:

Alvena Nichols
% Opdyke Agency, Inc., #203
1000 10th Street
Greeley, Colorado 80631

2. The name of the structure:

Nichols Well No. 1-11845

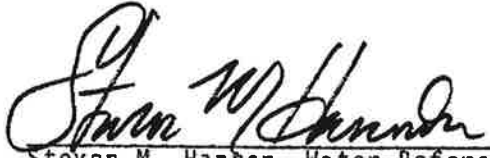
3. The legal description of the structure:

Nichols Well No. 1-11845 is located in the NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of Section 24, Township 5 North, Range 65 West of the 6th P.M., Weld County, Colorado, at a point 590 feet South and 50 feet East of the N $\frac{1}{4}$ Corner of said Section 24.

4. The source of water: South Platte River

5. The date of appropriation: May 31, 1956
6. The amount of water: 1.95 cubic feet per second
7. The use of the water: Irrigation of N $\frac{1}{2}$ NE $\frac{1}{2}$ of Section 24, Township 5 North, Range 65 West of the 6th P.M., Weld County, Colorado.

DATED this 7th day of September, 1973.


Steven M. Hannon, Water Referee
Water Division I, State of Colorado

No protest was filed in this matter.
The foregoing Ruling is confirmed
and approved, and is made the
Judgment and Decree of this Court.

Dated: October 4, 1973

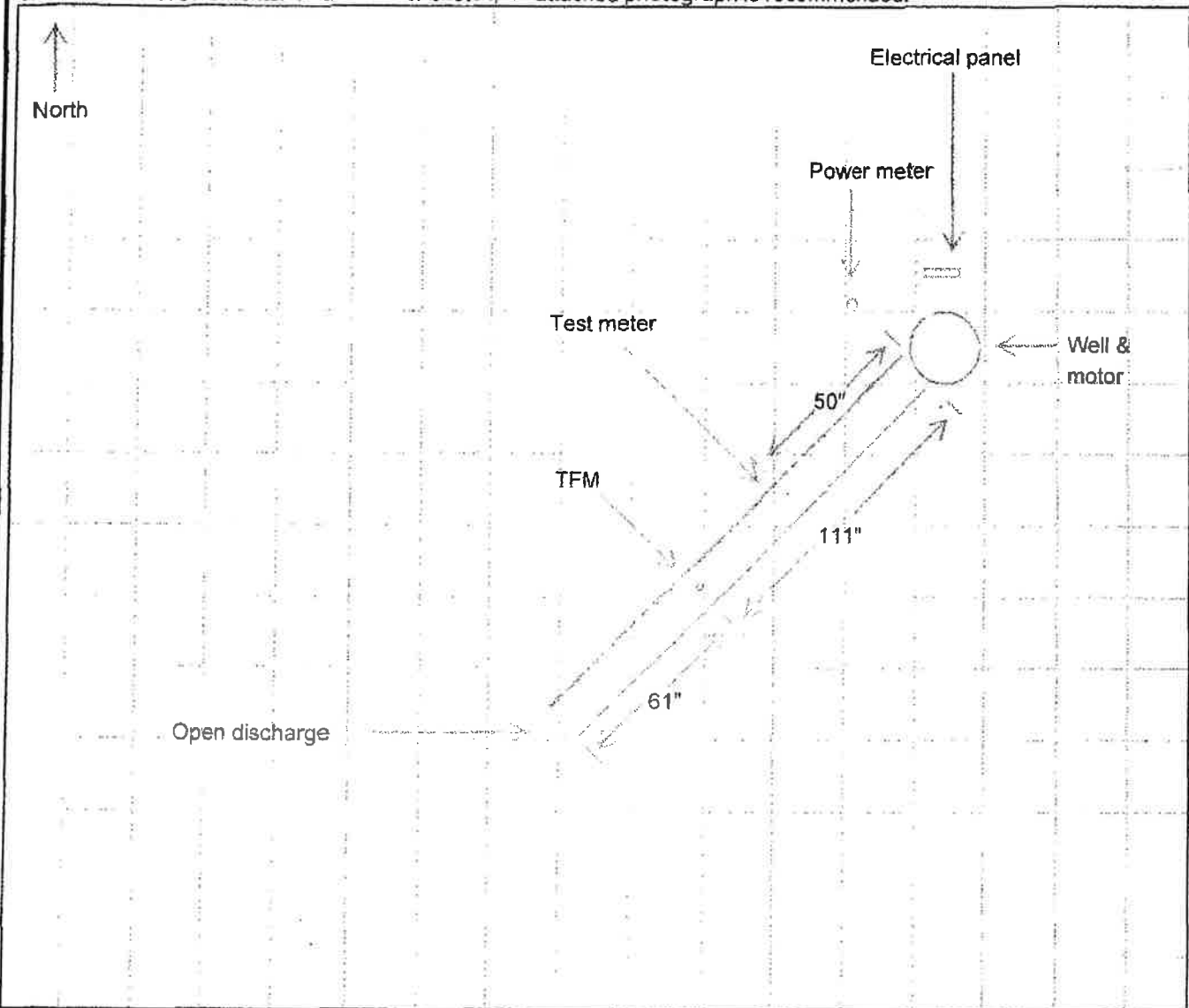

Donald A. Casper
Water Judge

Installed TFM Information				
Manufacturer McCrometer		Model No. MO308-1200OV	Meter GPS Coordinates (NAD83 UTM Zone 13N)	
Sensor/Meter	Serial No.	Reading on Test Date	Northing: 4,471,127	
	GP10-0351	071874	Easting: 532,974	
Register				
Provide sensor serial number ONLY if meter has a remote readout. Provide BOTH sensor and meter serial number only if different.				
Beginning Remote Reading: _____ Time: _____		Ending Remote Reading: _____ Time: _____		
Do these readings match the installed TFM readings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A No If no, explain: _____				
Meter Type mechanical TFM	Meter Size 8	Multiplier .001	No. of recording digits 6	
Meter Units				
<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Acre Feet <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Other, describe: _____				
Meter Orientation		Diameters of Straight Pipe		Diameter of Discharge Pipe
<input checked="" type="checkbox"/> Horizontal		Upstream	Downstream	ID OD
<input type="checkbox"/> Vertical		13.875	7.625	8.356 8.65
Is the meter installed to manufacturer's specifications? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
Test Meter Information				
Test Meter Manufacturer: Fuji		Test Meter Serial Number: N4A0857T	Date of Last Calibration: 5/20/2014	
Meter Orientation	Pipe Wall Thickness	Diameters of Straight Pipe		Diameter of Discharge Pipe
<input checked="" type="checkbox"/> Horizontal		Upstream	Downstream	ID OD
<input type="checkbox"/> Vertical	.121	6.25	15.25	8.318 8.66
Verification of Installed Meter (if more than one meter tested for same discharge, show all tests. Use second sheet if necessary):				
Date of Test: 9/6/14	Time of Test (Begin): 7:00 A.M.	Length of time pump has been running prior to Tester's arrival: _____	00 : 00 (HH:MM)	
Test Meter Calculations (Show All Work)		Installed Meter Calculations (Show All Work)		
Collins Meter GPM Factor: _____ Stop Clamp Settings: _____ SENSOR SPACING 5.928 " 15,762.01 GALS / 15 MINS = 1,050.8006 GPM		START 071928 STOP 071979 328,851 GALS X 51 AF X .001 = 16,618.401 GALS 15 MINS 6 SECS 59/100 6/60 = .1 59/60 = .00983 15.10983 MINS 16,618.401 GALS / 15.10983 = 1,099.8403 GPM Existing K-factor _____ Adjusted K-factor _____ Flow rate with Collins tube removed: _____		
(Show Q to the nearest 0.00 GPM) Avg QT: <u>1.050 . 8 0</u>		(Show Q to the nearest 0.00 GPM) Avg QI: <u>1.099 . 8 4</u>		
Correction Factor = $\frac{\text{AVG QT } 1.050 . 8 0}{\text{AVG QI } 1.099 . 8 4} =$		Calibration Coefficient must be shown to the nearest 0.000 <u>. 9 5 5</u>		

If Correction Factor is: 0.950 to 1.050	Div. 1, Div. 2 and Republican River Correction Factor Policies	Div. 3 Correction Factor Policies
	The installed TFM is in accurate working condition. <i>No Request for Variance is required. No Correction Factor is Applied.</i>	
0.920 to 0.949 OR 1.051 to 1.080	<p>Test will be valid for a maximum of four years.</p> <p>The Variance Request to Use Correction Factor portion of this Form must be completed and signed by the Owner/User.</p> <p><i>*Note: A Correction Factor will be applied to determine diversions.</i></p>	<p>May grant a request for a variance to allow the use of a Correction Factor.</p> <p>Test will be valid for one year from the date of the test. A variance will be allowed for a maximum of three years, after which the TFM must be repaired or replaced AND a new Test conducted. That Test must confirm an accuracy within $\pm 5.0\%$.</p> <p>The Variance Request to Use Correction Factor for TFM portion of this Form must be completed and signed by the Owner/User.</p> <p><i>*Note: A Correction Factor will be applied to determine diversions.</i></p>
0.900 to 0.919 OR 1.081 to 1.100	<p>Test will be valid for one year only. No later than one year from the date of this Test the installed TFM must be repaired or replaced AND a new test conducted that confirms an accuracy of within $\pm 5.0\%$.</p> <p>The Variance Request to Use Correction Factor portion of this Form must be completed and signed by the Owner/User.</p> <p><i>*Note: A Correction Factor will be applied to determine diversions.</i></p>	<p>Test will be rejected and the installed TFM must be repaired or replaced AND a new Test conducted. The second Test must confirm an accuracy of within $\pm 5.0\%$.</p> <p>If TFM fails test and is re-calibrated (k-factor modified), show failed Test, indicate below k-factor before and after, AND show new test on additional duplicate page (include failed and passed test page 3).</p>
<0.900 OR >1.100	Test will be rejected and the installed TFM must be repaired or replaced AND a new Test conducted.	
Uses through this totalizing flow meter:		
Does well have multiple discharges measured through TFM? If yes, check all that apply:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Open <input type="checkbox"/> Pressure <input type="checkbox"/> Artesian <input type="checkbox"/> Other		
I Use this space to describe all discharges <u>Open discharge.</u>		
Meter Testing:		
How was the well/meter tested with test equipment (open discharge, pressure, or more than one way)?		
Show information in detailed sketch on next page or as an attachment <u>Open discharge.</u>		

Detailed Sketch:

Show total system from pump to discharge, other pumps in the same well, and electrical system including other devices on the same meter. Show where test meter and pressure gauge were placed and how system was modified to perform test. Show measurements. In addition to sketch, an attached photograph is recommended.



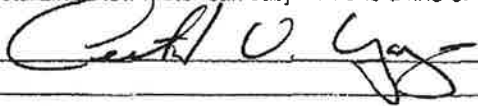
Detailed description of system under normal operating conditions. (Example: One well pumps to two sprinklers. Each sprinkler has an end gun that operates when the sprinkler is operating.) Include number of irrigated acres.

Open discharge into dividing box.

Tester Verification

I, the undersigned, state that I am currently a person approved by the State Engineer to conduct well tests pursuant to the Rules Governing the Measurement of Ground Water Diversions as indicated on page 1 of this form. I have determined the installed Totalizing Flow Meter to either be in accurate working condition as defined by the Rules indicated on page 1 of this form **OR** have advised the Owner/User to complete the Variance Request below of this form.

I understand that "accurate working condition" is determined when the indicated flow through the Installed METER is within plus or minus 5% of an independent field measurement made using Calibrated Test Equipment. I understand that falsifying the accuracy and/or condition of a Totalizing Flow Meter can subject me to a fine of up to \$500.00.

Signature of Tester:  Date 9/6/14

Tester Name, Company, Phone, Email

Name: Keith Yago	Company Name: Lower Latham Reservoir Co.
Phone: 970.396.9651	Email: keith.yago@gmail.com

Variance Request to Allow a Correction Factor to be used when calculating use with the installed TFM:

I request a Variance to allow the use of the Correction Factor. I understand that a Variance WILL NOT be issued to allow a Correction Factor for a Totalizing Flow Meter (TFM) if the inaccuracy is due to the TFM or appurtenances being intentionally damaged or modified by the owner and/or user of the well/meter.

I understand that the Correction Factor as computed by the above Qualified Well Tester will be verified by or revised by the Division of Water Resources and that final Correction Factor will be applied to ALL use records until the TFM is repaired/replaced and/or a new test conducted for this Well.

I understand and agree to the required conditions of the variance as indicated below:

Division 1, Division 2 or Republican River Basin (Check only one)

If Correction Factor is between 0.920 to 0.949 or is between 1.051 to 1.080, the Test will be valid for no more than **four years**. The Correction Factor will be applied to determine diversions from the well.

If Correction Factor is between 0.900 to 0.919 or is between 1.081 to 1.100, the Test will be valid **one year**. No later than one year from the date of this Test, a new Measurement Test must be conducted and the accuracy of the new Test must be within $\pm 5.0\%$. The Correction Factor will be applied to determine diversions from the well.
Further, I acknowledge that repair and/or replacement of this Meter and/or portions of the Discharge System is required within that one year AND I agree to make the necessary changes within that time.

Division 3

If Correction Factor is between 0.920 to 0.949 or 1.051 to 1.080, **and** Division 3 approves this Variance Request, the Test will be valid for no more than **one year**. A new variance including new correction factor computed by a Qualified Well Tester shall be required each year thereafter. A variance will only be allowed for TFM for a maximum of three years. After three years the TFM must be repaired or replaced and working within the required $\pm 5\%$. The Correction Factor will be applied to determine diversions from the well.

For Electrically Powered Wells/Pumps, I agree to the release of information pertaining to my Electric Service and Use, including Current Transformer Factor, Voltage/Potential Transformer Factor and Electric Meter Readings, to the Colorado Division of Water Resources by my electric supplier for the purposes of determining or verifying Water Use from the Well/Pump.

The above information is true to the best of my knowledge. I understand that falsifying the accuracy and/or condition of a Totalizing Flow Meter can subject me to a fine of up to \$500.00. If any Variance is requested on my behalf to apply a Calibration Coefficient to my TFM, I agree to such Variance.

I am the Well Owner OR Well User

Signature of Well Owner/User:  Date 9-10-14

Print Name of Well Owner/User: Ted & Dan Buderus

0207451

Form 3.1 05/01/2014	S. Platte River – Division 1 970-352-8712 Fax 970-392-1816 810 9 th Street, 2 nd Floor, Greeley, CO 80631 Republican River – Division 1 970-352-8712 Fax 970-392-1816 810 9 th Street, 2 nd Floor, Greeley, CO 80631 Arkansas River – Division 2 719-542-3368 Fax 719-544-0800 310 E. Abriendo, Suite B, Pueblo, CO 81004 Rio Grande River – Division 2 719-589-6683 Fax 719-589-6685 P.O. Box 269, 301 Murphy Drive, Alamosa, CO 81101 Designated Basins – Division 8 303-866-3581 Fax 303-866-2223 1313 Sherman St. Rm. 818, Denver, CO 80237	For Office Use Only RECEIVED SEP 12 2014 WATER RESOURCES DIVISION GREELEY, COLORADO <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Variance Approved
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NOTICE OF TOTALIZING FLOW METER RE-VERIFICATION, INSTALLATION OR REPLACEMENT

Check appropriate box

To be filed in Compliance with Rule 16.5 of the Rules Governing the Measurement of Tributary Ground Water Diversions in the **Republican River Basin (Complete pages 1-6)**

To be filed in Compliance with Rules 3.1 of the Amended Rules Governing the Measurement of Tributary Ground Water Diversions in the **Arkansas River Basin (Complete pages 1-5)**

To be filed in Compliance with Rule 3.1 of the Rules Governing the Measurement of Tributary Ground Water Diversions in the **Rio Grande River Basin (Complete pages 1-5)**

To be filed in Compliance with the Ground Water Commission Rules Governing **Designated Basins (Complete pages 1-5)**

To be filed in Compliance with Rule 3.1 of the Rules Governing the Measurement of Tributary Ground Water Diversions in the **South Platte River Basin (Complete pages 1-5)**

Reason for meter verification (Check all that apply):

<input checked="" type="checkbox"/>	Re-Verify Previously Verified TFM	The following MUST be provided for new & replaced meters			
<input type="checkbox"/>	New TFM (No previous meter)	Date New TFM installed:			
<input type="checkbox"/>	Replacing Previous TFM (also complete area at right)	Date Previous TFM removed:			
	Previous TFM Serial No.:	Previous TFM Reading (Estimate required if not readable):			
<input type="checkbox"/>	Change in Measurement Method from:	Hour Meter <input type="checkbox"/>	Slave Meter <input type="checkbox"/>	Power Co Meter <input type="checkbox"/>	Previous Meter SN
<input type="checkbox"/>	Register seal replaced due to:	New Seal No.	Old Seal No.	TFM Reading	K-Factor (Test req'd. if changed)
<input type="checkbox"/>	(Sensor) (meter) seal replaced due to:	New Seal No.	Old Seal No.	TFM Reading	

Contact Information:

Well Owner Name Clarence & Juanita McCauley	User (if not same as well owner) Name Ted & Dan Buderus
Mailing Address 3065 Aspen Dr.	Mailing Address 3126 Ashton Ave.
City Loveland State CO Zip	City Greeley State CO Zip 806
Phone Email	Phone 970.381.2044 Email

Well Information and Location (Provide Permit No. and/or Case or Decree No. if no W DID exists or is not known)

W DID	Permit No.	Case or Decree No.	Location (1/4, 1/4, Sec., T., R., PM)	GPS Coord. (UTM, meters, NAD 83)		
				Northing	Easting	Zone (12/13)
207451	11845	W-3835	NWNE24 T5N R65W KENW	4,471,127	532,974	13

Power Supply

Electric Artesian Solar Windmill Fossil Fuel Other (describe):

Provide the following for all wells with electric power:

Power Company Name Excel	Power Company Service No. 94896S	Meter Manufacturer ABB	Manufacturer's Serial No. 02 950 285
Power Company Meter Reading on Date of Test (including all rotating and leading zeroes): 78551	Multiplier 1	Number of Rotating Digits: 5	

Uses on power company meter:

Does the same Power Company Meter serve other devices, including other wells/pumps? If yes, describe system.
 Yes No

