

FORM NO. GWS-76 05/2011		WATER SUPPLY INFORMATION SUMMARY STATE OF COLORADO, OFFICE OF THE STATE ENGINEER 1313 Sherman St., Room 821, Denver, CO 80203 Main (303) 866-3581 dwr.colorado.gov	
Section 30-28-133.(d), C.R.S. requires that the applicant submit to the County, "Adequate evidence that a water supply that is sufficient in terms of quantity, quality, and dependability will be available to ensure an adequate supply of water."			
1. NAME OF DEVELOPMENT AS PROPOSED: Mayberry Communities			
2. LAND USE ACTION: Sketch Plan			
3. NAME OF EXISTING PARCEL AS RECORDED: N/A			
SUBDIVISION: N/A , FILING (UNIT) N/A , BLOCK n/a , LOT n/a			
4. TOTAL ACREAGE: 631.4 acres		5. NUMBER OF LOTS PROPOSED n/a PLAT MAP ENCLOSED? <input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	
6. PARCEL HISTORY – Please attach copies of deeds, plats, or other evidence or documentation.			
A. Was parcel recorded with county prior to June 1, 1972? <input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO			
B. Has the parcel ever been part of a division of land action since June 1, 1972? <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO			
If yes, describe the previous action: Actions are pending and/or completed for Filings 1, 1a, 2, 2A, 3, 4, and 5.			
7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner.			
_____ 1/4 of the _____ 1/4, Section _____, Township <u>14</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>63</u> <input type="checkbox"/> E or <input checked="" type="checkbox"/> W			
Principal Meridian (choose only one): <input checked="" type="checkbox"/> Sixth <input type="checkbox"/> New Mexico <input type="checkbox"/> Ute <input type="checkbox"/> Costilla			
Optional GPS Location: GPS Unit must use the following settings: Format must be UTM , Units must be meters , Datum must be NAD83 , Unit must be set to true N , <input type="checkbox"/> Zone 12 or <input type="checkbox"/> Zone 13			
Easting: _____			
Northing: _____			
8. PLAT – Location of all wells on property must be plotted and permit numbers provided.			
Surveyor's Plat: <input type="checkbox"/> YES or <input type="checkbox"/> NO If not, scaled hand drawn sketch: <input type="checkbox"/> YES or <input type="checkbox"/> NO			
9. ESTIMATED WATER REQUIREMENTS		10. WATER SUPPLY SOURCE	
USE	WATER REQUIREMENTS		<input checked="" type="checkbox"/> NEW WELLS -
	Gallons per Day	Acre-Feet per Year	PROPOSED AQUIFERS – (CHECK ONE)
HOUSEHOLD USE # 148.5 of units	344,800	386.20	<input type="checkbox"/> ALLUVIAL <input type="checkbox"/> UPPER ARAPAHOE
COMMERCIAL USE # _____ of S. F	32,971	36.93	<input type="checkbox"/> UPPER DAWSON <input type="checkbox"/> LOWER ARAPAHOE
IRRIGATION # 154.14 of acres	339,291	380.03	<input type="checkbox"/> LOWER DAWSON <input checked="" type="checkbox"/> LARAMIE FOX HILLS
STOCK WATERING # _____ of head			Ellicott Utilities Company Wells <input type="checkbox"/> DAKOTA
OTHER: Industrial/Civic/Clubhouse	18,811	21.07	As -needed to meet water demands
TOTAL	735,873	824.23	<input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELL SPRING WELL PERMIT NUMBERS Existing well usage will be conducted through Cherokee Metropolitan District with it's existing wells.	WATER COURT DECREE CASE NUMBERS:
		<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> DISTRICT Cherokee Metropolitan District & Ellicott Utilities Company	Basin Determination 598-BD - Ellicott Utilities
		NAME _____	Basin Determination 599-BD - Ellicott Utilities
		LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO	91CW01 - Cherokee Metro District
11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO IF YES, PLEASE FORWARD WITH THIS FORM. (This may be required before our review is completed.)			
12. TYPE OF SEWAGE DISPOSAL SYSTEM			
<input type="checkbox"/> SEPTIC TANK/LEACH FIELD		<input checked="" type="checkbox"/> CENTRAL SYSTEM	
<input type="checkbox"/> LAGOON		DISTRICT NAME: Ellicott Utilities Company WWTP	
<input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.)		<input type="checkbox"/> VAULT	
		LOCATION SEWAGE HAULED TO: _____	
		<input type="checkbox"/> OTHER:	