

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 water.state.co.us	
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: Romens Subdivision			
2. LAND USE ACTION: Final Plat			
3. NAME OF EXISTING PARCEL AS RECORDED: SUBDIVISION: _____, FILING (UNIT) _____, BLOCK _____, LOT _____			
4. TOTAL ACREAGE: 40		5. NUMBER OF LOTS PROPOSED 7 PLAT MAP ENCLOSED? <input checked="" type="checkbox"/> YES or <input 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 type="checkbox"/> YES or <input checked="" type="checkbox"/> NO			
If yes, describe the previous action:			
7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner.			
<u>NE</u> 1/4 of the <u>NE</u> 1/4, Section <u>24</u> , Township <u>11</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>64</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 checked="" 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 -
Per 4278 BD	Gallons per Day Acre-Foot per Year		PROPOSED AQUIFERS – (CHECK ONE)
HOUSEHOLD USE # <u>7</u> of units 0.2 AF/Home	<u> </u> <u>1.4</u>		<input type="checkbox"/> ALLUVIAL <input type="checkbox"/> UPPER ARAPAHOE
COMMERCIAL USE # _____ of S. F	<u> </u> <u> </u>		<input type="checkbox"/> UPPER DAWSON <input type="checkbox"/> LOWER ARAPAHOE
IRRIGATION # _____ of acres	<u> </u> <u> </u>		<input checked="" type="checkbox"/> LOWER DAWSON <input type="checkbox"/> LARAMIE FOX HILLS
STOCK WATERING # _____ of head	<u> </u> <u> </u>		<input type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA
OTHER: <input type="checkbox"/> commercial; fire protection; <input type="checkbox"/> recreational; and the watering of TOTAL stock animals, either directly or after storage	<u>up to 1.45</u> <u>2.85</u>		<input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELL SPRING WELL PERMIT NUMBERS <u>195628</u> _____ _____ _____ <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT NAME _____ LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES or <input type="checkbox"/> NO	
11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? <input 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 checked="" type="checkbox"/> SEPTIC TANK/LEACH FIELD <input type="checkbox"/> LAGOON <input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.)		<input type="checkbox"/> CENTRAL SYSTEM DISTRICT NAME: _____ <input type="checkbox"/> VAULT LOCATION SEWAGE HAULED TO: _____ <input type="checkbox"/> OTHER: _____	