

WATER SUPPLY INFORMATION SUMMARY

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 FLYING HORSE NORTH FILING NO. 4			
2. LAND USE ACTION FINAL PLAT			
3. NAME OF EXISTING PARCEL AS RECORDED N/A			
SUBDIVISION	<small>FLYING HORSE NORTH</small>	FILING	BLOCK
		NO. 4	N/A
Lot	N/A		
4. TOTAL ACREAGE	177.8	5. NUMBER OF LOTS PROPOSED	48
		PLAT MAPS ENCLOSED	<input checked="" type="checkbox"/> YES
6. PARCEL HISTORY - Please attach copies of deeds, plats, or other evidence or documentation. (In submittal package)			
A. Was parcel recorded with county prior to June 1, 1972?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
B. Has the parcel ever been part of a division of land action since June 1, 1972? If yes, describe the previous action		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
7. LOCATION OF PARCEL - Include a map delineating the project area and tie to a section corner. (In submittal)			
1/4 OF		1/4 SECTION	TOWNSHIP
		31	11S
		RANGE 65 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
PRINCIPAL MERIDIAN: <input checked="" type="checkbox"/> 6TH <input type="checkbox"/> N.M. <input type="checkbox"/> UTE <input type="checkbox"/> COSTILLA			
8. PLAT - Location of all wells on property must be plotted and permit numbers provided.			
Surveyors Plat		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
		If not, scaled hand-drawn sketch <input type="checkbox"/> YES <input type="checkbox"/> NO N/A	
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year		10. WATER SUPPLY SOURCE	
HOUSEHOLD USE # *	48 of units	30,000 GPD	33.60 AF
COMMERCIAL USE #	0 SF	0 GPD	0 AF
IRRIGATION # **	_____ acres	_____ GPD	_____ AF
STOCK WATERING #	_____ of head	_____ GPD	_____ AF
OTHER N/A	_____ Multi-fam	_____ GPD	_____ AF
TOTAL	30,000 GPD		33.60 AF
* See augmentation memo attached. 0.70 ac-ft per SFR lot.		10. WATER SUPPLY SOURCE	
** No proposed irrigation.		<input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELLS SPRING WELL PERMIT NUMBERS TBD	
		<input checked="" type="checkbox"/> NEW WELLS Proposed Aquifers - (Check One) <input type="checkbox"/> Alluvial <input type="checkbox"/> Upper Arapahoe <input checked="" type="checkbox"/> Upper Dawson <input type="checkbox"/> Lower Arapahoe <input checked="" type="checkbox"/> Lower Dawson <input type="checkbox"/> Laramie Fox Hills <input type="checkbox"/> Denver <input type="checkbox"/> Dakota <input type="checkbox"/> Other	
		WATER COURT DECREE CASE NUMBERS Determinations: Augmentation memo attached.	
		<input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT NAME Flying Horse North Homeowners Association	
		LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. ENGINEER'S WATER SUPPLY REPORT <input type="checkbox"/> YES <input checked="" 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 ON-SITE WASTEWATER TREATMENT SYSTEM PER LOT			
<input checked="" type="checkbox"/> SEPTIC TANK/LEACH FIELD		<input type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME:	
<input type="checkbox"/> LAGOON		<input type="checkbox"/> VAULT - LOCATION SEWAGE HAULED TO:	
<input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design)		<input type="checkbox"/> OTHER:	