

# 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.

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|--|---|--|--------------|
| <b>1. NAME OF DEVELOPMENT AS PROPOSED</b><br>CREEKSIDE AT LORSON RANCH FILING NO.1   |   |  |              |
| <b>2. LAND USE ACTION</b> <span style="float: right;">FINAL PLAT</span>  |   |  |              |
| <b>3. NAME OF EXISTING PARCEL AS RECORDED</b> <span style="float: right;">N/A</span>   |   |  |              |
| <b>SUBDIVISION</b> SEE ABOVE   |   | <b>FILING</b>  | <b>BLOCK</b> |
|  |   | <b>LOT</b>   |              |
| <b>4. TOTAL ACREAGE</b> 83.088   | <b>5. NUMBER OF LOTS PROPOSED</b> 235 <span style="float: right;">PLAT MAP ENCLOSED <input type="checkbox"/> YES</span> |  |              |
| <b>6. PARCEL HISTORY</b> - 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 <input checked="" type="checkbox"/> NO<br>B. Has the parcel ever been part of a division of land action since June 1, 1972? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If yes, describe the previous action _____   |   |  |              |
| <b>7. LOCATION OF PARCEL</b> - Include a map delineating the project area and tie to a section corner.   |   |  |              |
| N1/2 1/4 OF _____ 1/4 SECTION 23 TOWNSHIP 15 <input type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE 65 <input type="checkbox"/> E <input checked="" type="checkbox"/> W  |   |  |              |
| <b>PRINCIPAL MERIDIAN:</b> <input checked="" type="checkbox"/> 6TH <input type="checkbox"/> N.M. <input type="checkbox"/> UTE <input type="checkbox"/> COSTILLA  |   |  |              |
| <b>8. PLAT</b> - Location of all wells on property must be plotted and permit numbers provided.<br>Surveyors plat <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If not, scaled hand drawn sketch <input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |   |  |              |
| <b>9. ESTIMATED WATER REQUIREMENTS</b> - Gallons per Day or Acre Feet per Year   |   | <b>10. WATER SUPPLY SOURCE</b>   |              |
| HOUSEHOLD USE # 235 of units 73,367 GPD 82.25 AF<br>COMMERCIAL USE # _____ of S.F. _____ GPD _____ AF<br>IRRIGATION # 2.0 of acres 1,561 GPD 1.75 AF<br>STOCK WATERING # _____ of head _____ GPD _____ AF<br>OTHER _____ GPD _____ AF<br>TOTAL 74,928 GPD 84.00 AF   |   | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EXISTING WELLS<br/> <input type="checkbox"/> DEVELOPED SPRING<br/>                 WELL PERMIT NUMBERS _____<br/>                 _____<br/>                 _____             </div> <div> <input type="checkbox"/> NEW WELLS -<br/>                 PROPOSED AQUIFERS - (CHECK ONE)<br/> <input type="checkbox"/> ALLUVIAL <input type="checkbox"/> UPPER ARAPAHOE<br/> <input type="checkbox"/> UPPER DAWSON <input type="checkbox"/> LOWER ARAPAHOE<br/> <input type="checkbox"/> LOWER DAWSON <input type="checkbox"/> LARAMIE FOX HILLS<br/> <input type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA<br/> <input type="checkbox"/> OTHER _____             </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> MUNICIPAL<br/> <input type="checkbox"/> ASSOCIATION<br/> <input type="checkbox"/> COMPANY<br/> <input checked="" type="checkbox"/> DISTRICT<br/>                 NAME WIDEFIELD WSD<br/>                 LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO             </div> <div> <b>WATER COURT DECREE CASE NO.'S</b><br/>                 _____<br/>                 _____<br/>                 _____             </div> </div> |              |
| <b>11. ENGINEER'S WATER SUPPLY REPORT</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE FORWARD WITH THIS FORM. (This may be required before our review is completed.)  |   |  |              |
| <b>12. TYPE OF SEWAGE DISPOSAL SYSTEM</b>  |   |  |              |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SEPTIC TANK/LEACH FIELD<br/><br/> <input type="checkbox"/> LAGOON<br/><br/> <input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design)                 </div> <div> <input checked="" type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME WIDEFIELD WSD<br/><br/> <input type="checkbox"/> VAULT - LOCATION SEWAGE HAULED TO _____<br/><br/> <input type="checkbox"/> OTHER _____                 </div> </div> |   |  |              |