

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		<u>Forest Lakes Phase Two</u>	
2. LAND USE ACTION		<u>Preliminary Plan</u>	
3. NAME OF EXISTING PARCEL AS RECORDED		<u>N/A</u>	
SUBDIVISION <u>See Above</u>		FILING <u>Phase Two</u>	BLOCK <u>N/A</u> Lot <u>N/A</u>
4. TOTAL ACERAGE <u>287</u>	5. NUMBER OF LOTS PROPOSED <u>180</u>	PLAT MAPS ENCLOSED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>Plan in submittal</u>
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?		<input type="checkbox"/> YES <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. (In submittal)			
_____ 1/4 OF _____ 1/4 SECTION <u>28</u> 28 and 29		<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S	RANGE <u>67</u> <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 walls on property must be plotted and permit numbers provided. None			
Surveyors plat <input type="checkbox"/> YES <input type="checkbox"/> NO		If not, scaled hand-drawn sketch <input type="checkbox"/> YES <input type="checkbox"/> NO <u>N/A</u>	
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year		10. WATER SUPPLY SOURCE	
<u>180 Single Family Units</u>		<input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED <input type="checkbox"/> NEW WELLS	
HOUSEHOLD USE # <u>180</u> of units <u>56,716</u> GPD <u>63.54</u> AF		WELLS SPRING WELL PERMIT NUMBERS	Proposed Aquifers - (Check One)
COMMERCIAL USE # <u>0</u> SFE ** <u>-</u> GPD <u>0</u> AF		<u>Arapahoe 17483-FR</u>	<input type="checkbox"/> Alluvial <input checked="" type="checkbox"/> Upper Arapahoe
IRRIGATION # *** _____ acres _____ GPD _____ AF		<u>Surface Water</u>	<input type="checkbox"/> Upper Dawson <input checked="" type="checkbox"/> Lower Arapahoe
*** 0.353 AF/Unit represents both residential indoor and outdoor use			<input type="checkbox"/> Lower Dawson <input type="checkbox"/> Laramie Fox Hills
STOCK WATERING # _____ of head _____ GPD _____ AF			<input type="checkbox"/> Denver <input type="checkbox"/> Dakota
OTHER _____ GPD _____ AF			<input type="checkbox"/> Other
TOTAL <u>56,716</u> GPD * <u>63.54</u> AF *		<input type="checkbox"/> MUNICIPAL	WATER COURT DECREE CASE NUMBERS
		<input type="checkbox"/> ASSOCIATION	<u>83CW142; 83 CW 213</u>
		<input type="checkbox"/> COMPANY	<u>83-CW-139; 83-CW-138</u>
		<input checked="" type="checkbox"/> DISTRICT	<u>84-CW-19, 8Return Flow Agree</u>
		NAME <u>Forest Lakes Metro</u>	
		LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. ENGINEER'S WATER SUPPLY REPORT <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)	
12. TYPE OF SEWAGE DISPOSAL SYSTEM <u>Forest Lakes Metropolitan District</u>			
<input type="checkbox"/> SEPTIC TANK/LEACH FIELD		<input checked="" type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME: <u>Forest Lakes Metropolitan District</u>	
<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: _____	