

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 Autumn Hills		complete this use max res, multi family, commercial
2. LAND USE ACTION Sketch Plan Approval		
3. NAME OF EXISTING PARCEL AS RECORDED NE4 SEC 36-12-65		
SUBDIVISION	FILING	BLOCK
		LOT
4. TOTAL ACREAGE 160	5. NUMBER OF LOTS PROPOSED PLAT MAP ENCLOSED <input type="checkbox"/> YES	
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 <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.		
_____ 1/4 OF _____ 1/4 SECTION _____ TOWNSHIP 12 <input type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE 65 <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 type="checkbox"/> No If not, scaled hand drawn sketch <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Feet per Year		10. WATER SUPPLY SOURCE
HOUSEHOLD USE # 470 of units _____ GPD 169.2 AF	fill in this complete this	<input type="checkbox"/> EXISTING WELLS <input type="checkbox"/> DEVELOPED SPRING WELL PERMIT NUMBERS _____ _____ _____ <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> DISTRICT NAME <u>Paint Brush</u> LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMERCIAL USE # _____ of S.F. _____ GPD _____ AF		
IRRIGATION # _____ of acres _____ GPD _____ AF		
STOCK WATERING # _____ of head _____ GPD _____ AF		
OTHER _____ GPD _____ AF		
TOTAL _____ GPD 169.2 AF		<input type="checkbox"/> NEW WELLS - PROPOSED AQUIFERS - (CHECK ONE) <input type="checkbox"/> ALLUVIAL <input type="checkbox"/> UPPER ARAPAHOE <input type="checkbox"/> UPPER DAWSON <input type="checkbox"/> LOWER ARAPAHOE <input type="checkbox"/> LOWER DAWSON <input type="checkbox"/> LARAMIE FOX HILLS <input type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA <input type="checkbox"/> OTHER _____
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		
Paint Brush Hills		
<input type="checkbox"/> SEPTIC TANK/LEACH FIELD	<input checked="" type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME <u>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 _____	

V1_Water Supply Information Summary.pdf Markup Summary 2-22-2023

Callout (3)

WATER SUPPLY INFORMATION SUMMARY
The applicant should be the Owner, Engineer, Architect, etc. A copy shall be
submitted to the Authority to review the project prior to start.

INDIVIDUAL USE #	_____	of units	_____	EPD	_____
COMMERCIAL USE #	_____	of S.F.	_____	EPD	_____
IRRIGATION #	_____	of acres	_____	EPD	_____
STOCK WATERING #	_____	of head	_____	EPD	_____
OTHER	_____	_____	_____	EPD	_____
TOTAL	_____	_____	_____	EPD	_____

11. ENGINEER'S WATER SUPPLY REPORT YES NO F

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complete this use max res, multi family,
commercial

INDIVIDUAL USE # _____ of units _____ EPD _____
COMMERCIAL USE # _____ of S.F. _____ EPD _____
IRRIGATION # _____ of acres _____ EPD _____
STOCK WATERING # _____ of head _____ EPD _____
OTHER _____ _____ EPD _____
TOTAL _____ _____ EPD _____

11. ENGINEER'S WATER SUPPLY REPORT YES NO F

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fill in this

INDIVIDUAL USE # _____ of units _____ EPD _____
COMMERCIAL USE # _____ of S.F. _____ EPD _____
IRRIGATION # _____ of acres _____ EPD _____
STOCK WATERING # _____ of head _____ EPD _____
OTHER _____ _____ EPD _____
TOTAL _____ _____ EPD _____

11. ENGINEER'S WATER SUPPLY REPORT YES NO F

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complete this