

# 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 Mayberry Filing No. 5			
2. LAND USE ACTION PUD/SP			
3. NAME OF EXISTING PARCEL AS RECORDED Tract K			
SUBDIVISION Mayberry Communities	FILING	BLOCK	LOT
4. TOTAL ACREAGE 8.31	5. NUMBER OF LOTS PROPOSED 11	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 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 <u>NW</u> 1/4 SECTION <u>14</u> TOWNSHIP <u>14</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE <u>63</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W			
PRINCIPAL MERIDIAN: <input 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 # <u>148</u> of units	<u>12,855.49</u> GPD <u>14.40</u> AF	<input type="checkbox"/> EXISTING WELLS	<input type="checkbox"/> DEVELOPED SPRING <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 _____
COMMERCIAL USE # _____ of S.F.	_____ GPD _____ AF	WELL PERMIT NUMBERS _____ _____	
IRRIGATION # <u>6.47</u> of acres	<u>14,239.24</u> GPD <u>15.95</u> AF	_____	
STOCK WATERING # _____ of head	_____ GPD _____ AF	<input type="checkbox"/> MUNICIPAL	WATER COURT DECREE CASE NO.'S _____ _____ _____
OTHER _____	_____ GPD _____ AF	<input type="checkbox"/> ASSOCIATION	
TOTAL	<u>27,094.73</u> GPD <u>30.35</u> AF	<input checked="" type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT NAME _____ 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			
<input type="checkbox"/> SEPTIC TANK/LEACH FIELD	<input checked="" type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME <u>Ellicott Utilities Company</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 _____		