

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			
2. LAND USE ACTION			
3. NAME OF EXISTING PARCEL AS RECORDED			
SUBDIVISION	FILING	BLOCK	LOT
4. TOTAL ACREAGE	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 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 _____ 1/4 SECTION _____ TOWNSHIP _____ <input type="checkbox"/> N <input type="checkbox"/> S RANGE _____ <input type="checkbox"/> E <input 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 # _____ of units _____ GPD _____ AF		<input type="checkbox"/> EXISTING WELLS	<input type="checkbox"/> DEVELOPED SPRING
COMMERCIAL USE # _____ of S.F. _____ GPD _____ AF		WELL PERMIT NUMBERS	
IRRIGATION # _____ of acres _____ GPD _____ AF		_____	
STOCK WATERING # _____ of head _____ GPD _____ AF		_____	
OTHER _____ GPD _____ AF		<input type="checkbox"/> MUNICIPAL	
TOTAL _____ GPD _____ AF		<input type="checkbox"/> ASSOCIATION	
		<input type="checkbox"/> COMPANY	
		<input type="checkbox"/> DISTRICT	
		NAME _____	
		LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. ENGINEER'S WATER SUPPLY REPORT <input 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 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 _____	