

# 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 <span style="float: right;">FALCON MARKETPLACE</span>			
2. LAND USE ACTION			
3. NAME OF EXISTING PARCEL AS RECORDED			
SUBDIVISION	FILING	BLOCK	LOT
4. TOTAL ACREAGE <u>36.4</u>	5. NUMBER OF LOTS PROPOSED <u>11</u>	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 deliniating the project area and tie to a section corner.			
<u>SE</u> 1/4 OF <u>SE</u> 1/4 SECTION <u>1</u> TOWNSHIP <u>13</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE <u>65</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 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 # <u>29 SFE</u> _____ GPD <u>10.59</u> AF		WELL PERMIT NUMBERS _____	
IRRIGATION # _____ of acres _____ GPD _____ AF		_____	
STOCK WATERING # _____ of head _____ GPD _____ AF		_____	
OTHER _____ GPD _____ AF		<input checked="" type="checkbox"/> MUNICIPAL	
TOTAL _____ GPD _____ AF		<input type="checkbox"/> ASSOCIATION	
		<input type="checkbox"/> COMPANY	
		<input type="checkbox"/> DISTRICT	
		NAME <u>WOODMEN HILLS METRO</u>	
		LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 _____			
WATER COURT DECREE CASE NO.'S _____			
_____			
_____			
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>WOODMEN HILLS METRO</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 _____	