

WATER SUPPLY INFORMATION SUMMARY

update
to
indicate
phases

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."

Updated to reflect phasing

1. NAME OF DEVELOPMENT AS PROPOSED Solace Apartments - Lot 1(Phase 1) and Lot 2 (Phase 2) Combined			
2. LAND USE ACTION Preliminary Plan			
3. NAME OF EXISTING PARCEL AS RECORDED N/A			
SUBDIVISION N/A		FILING N/A	
BLOCK N/A		LOT 1 & 2	
4. TOTAL ACREAGE 29 ac.		5. NUMBER OF LOTS PROPOSED 2	
PLAT MAP ENCLOSED <input type="checkbox"/> YES No yet submitted			
6. PARCEL HISTORY - Please attach copies of deeds, plats or other evidence or documentation. See Title Policy with Prelim Plan application			
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 delimiting the project area and tie to a section corner.			
_____ 1/4 OF _____ 1/4 SECTION 7 TOWNSHIP 14 <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 checked="" 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 # 348 of units _____ GPD 71.9 AF		<input type="checkbox"/> EXISTING WELLS <input type="checkbox"/> DEVELOPED SPRING WELL PERMIT NUMBERS _____ _____ _____	
COMMERCIAL USE # _____ of S.F. _____ GPD _____ AF			
IRRIGATION # 11.8 of acres _____ GPD 28.7 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 _____	
STOCK WATERING # _____ of head _____ GPD _____ AF			
OTHER _____ GPD _____ AF			
TOTAL _____ GPD 100.6 AF		<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> DISTRICT NAME Cherokee LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PH 1	
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 Cherokee _____	
<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 _____	