

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 MARY JANE RANCH			
2. LAND USE ACTION REZONE/MINOR PLAT			
3. NAME OF EXISTING PARCEL AS RECORDED 6425 J D JOHNSON ROAD			
SUBDIVISION	FILING	BLOCK	Lot
4. TOTAL ACERAGE 40+/-	5. NUMBER OF LOTS PROPOSED 4	PLAT MAPS ENCLOSED YES <input type="checkbox"/>	
6. PARCEL HISTORY - Please attach copies of deeds, plats, or other evidence or documentation. (In submittal package)			
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.			
NW 1/4 SECTION 15 and TOWNSHIP 13		<input type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE 63 <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. - no wells have been drilled at this time, and no existing wells are located on the property.			
Surveyors plat <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		If not, scaled hand-drawn sketch Y <input type="checkbox"/> NO	
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year		10. WATER SUPPLY SOURCE	
HOUSEHOLD USE #* 4 of units _____ AF/SFE/YR 1.04 AF	COMMERCIAL USE # _____ SF _____ GPD _____ AF	<input type="checkbox"/> EXISTING <input checked="" type="checkbox"/> DEVELOPED <input type="checkbox"/> NEW WELLS	Proposed Aquifers - (Check One) <input type="checkbox"/> Alluvial <input checked="" 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
IRRIGATION #** .5 AF/lot/year _____ GPD 2.0 AF	ANIMAL WATERING #*** _____ 244 _____ AF/Horse/Year _____ AF	WELLS SPRING WELL PERMIT NUMBERS _____ _____	
TOTAL _____ 2,714 GPD 3.04 AF*	MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT <input type="checkbox"/>		WATER COURT DECREE CASE NUMBERS Rec. No. 223097650
* Per Part 10 of the Findings from Rep. Plan No. 2 and Part 11 of Rep. Plan No. 3 ** Assuming 0.25 AF/year/res. lot and 2.46 AF/acre/year for commercial irrigation *** Per Part 2.c. Rep. Plan No. 2, Appendix C of Report (assuming 4 horses/SFE)		LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES <input checked="" 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 checked="" 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: _____	