

FORM NO.  
GWS-76  
05/2011

**WATER SUPPLY INFORMATION SUMMARY**  
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER  
1313 Sherman St., Room 821, Denver, CO 80203  
Main (303) 866-3581 [water.state.co.us](http://water.state.co.us)

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: <u>Abert Ranch</u>			
2. LAND USE ACTION: <u>subdivision</u>			
3. NAME OF EXISTING PARCEL AS RECORDED: <u>N/A</u>			
SUBDIVISION:		FILING (UNIT)	BLOCK LOT
4. TOTAL ACREAGE: <u>40.4</u>	5. NUMBER OF LOTS PROPOSED <u>10</u>	PLAT MAP ENCLOSED? <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO	
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 or <input checked="" type="checkbox"/> NO B. Has the parcel ever been part of a division of land action since June 1, 1972? <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO <u>In 2002, Pearl Swanton</u> If yes, describe the previous action: <u>conveyed this parcel and others in 35+ acre parcels to family members</u>			
7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner. <u>1/4 of the NE 1/4, Section 23, Township 11</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>66</u> <input type="checkbox"/> E or <input checked="" type="checkbox"/> W <u>also NW 1/4 Sec. 24</u> Principal Meridian (choose only one): <input checked="" type="checkbox"/> Sixth <input type="checkbox"/> New Mexico <input type="checkbox"/> Ute <input type="checkbox"/> Costilla <b>Optional GPS Location:</b> GPS Unit must use the following settings: Format must be <b>UTM</b> , Units must be <b>meters</b> , Datum must be <b>NAD83</b> , Unit must be set to <b>true N</b> , <input type="checkbox"/> Zone 12 or <input type="checkbox"/> Zone 13 Easting: _____ Northing: _____			
8. PLAT – Location of all wells on property must be plotted and permit numbers provided. Surveyor's Plat: <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO If not, scaled hand drawn sketch: <input type="checkbox"/> YES or <input type="checkbox"/> NO			
9. ESTIMATED WATER REQUIREMENTS		10. WATER SUPPLY SOURCE	
USE	WATER REQUIREMENTS	<input checked="" type="checkbox"/> NEW WELLS -	
HOUSEHOLD USE # <u>10</u> of units	Gallons per Day <u>2,320</u> Acre-Feet per Year <u>2.6</u>	<input type="checkbox"/> EXISTING WELL	PROPOSED AQUIFERS – (CHECK ONE)
COMMERCIAL USE # <u>0</u> of S. F.	<u>0</u> <u>0</u>	<input type="checkbox"/> DEVELOPED SPRING	<input type="checkbox"/> ALLUVIAL <input type="checkbox"/> UPPER ARAPAHOE
IRRIGATION # <u>1</u> of acres	<u>NA</u> <u>2.25</u>	WELL PERMIT NUMBERS <u>NA</u>	<input checked="" type="checkbox"/> UPPER DAWSON <input type="checkbox"/> LOWER ARAPAHOE
STOCK WATERING # <u>20</u> of head	<u>220</u> <u>0.25</u>		<input type="checkbox"/> LOWER DAWSON <input type="checkbox"/> LARAMIE FOX HILLS
OTHER: <u>misc.</u>	<u>2.90</u>		<input type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA
TOTAL	<u>8.0</u>		<input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> MUNICIPAL	WATER COURT DECREE CASE
		<input type="checkbox"/> ASSOCIATION	NUMBERS: <u>Consolidated Gose Nos. 15CW3153 and 15CW3062</u>
		<input type="checkbox"/> COMPANY	
		<input type="checkbox"/> DISTRICT	
		NAME _____	
		LETTER OF COMMITMENT FOR	
		SERVICE <input type="checkbox"/> YES or <input type="checkbox"/> NO	
11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? <input checked="" type="checkbox"/> YES or <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	
<input type="checkbox"/> LAGOON		DISTRICT NAME: _____	
<input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.)		<input type="checkbox"/> VAULT	
		LOCATION SEWAGE HAULED TO: _____	
		<input type="checkbox"/> OTHER: _____	