

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 D & K Akers Subdivision, A Replat of Lot 3, Akers Acres Subdivision 1			
2. LAND USE ACTION			
3. NAME OF EXISTING PARCEL AS RECORDED Lot 3, Akers Acres Subdivision 1			
SUBDIVISION see above	FILING N/A	BLOCK N/A	Lot 3
4. TOTAL ACERAGE 9.26	5. NUMBER OF LOTS PROPOSED 2	PLAT MAPS ENCLOSED <input checked="" type="checkbox"/> YES See submittal	
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 checked="" 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 checked="" 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. (In submittal)			
NE OF		1/4 SECTION 32	TOWNSHIP 13
		<input type="checkbox"/> N <input checked="" type="checkbox"/> S	RANGE 65 <input checked="" type="checkbox"/> E <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		If not, scaled hand -drawn sketch <input type="checkbox"/> YES <input type="checkbox"/> NO N/A	
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year			
HOUSEHOLD USE # _____ of units _____ GPD _____ AF			
COMMERCIAL USE # 9.26 Acres _____ - GPD 1.01 AF			
IRRIGATION # _____ acres _____ - GPD 0.67 AF			
STOCK WATERING # _____ of head _____ GPD _____ AF			
OTHER Existing Use _____ GPD 0.50 AF			
TOTAL _____ GPD* 2.20 AF*			
		10. WATER SUPPLY SOURCE	
		<input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED <input checked="" type="checkbox"/> NEW WELLS	
		WELLS <input type="checkbox"/> SPRING WELL PERMIT NUMBERS Multiple, see Water Providers Supplementary Report	
		Proposed Aquifers - (Check One) <input checked="" type="checkbox"/> Alluvial <input type="checkbox"/> Upper Arapahoe <input checked="" 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	
		<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> DISTRICT NAME Cherokee Metropolitan	
		WATER COURT DECREE CASE NUMBERS	
		LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input 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: _____	