

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"

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| 1. NAME OF DEVELOPMENT AS PROPOSED FLYING HORSE NORTH FILING NO. 5 | | | |
| 2. LAND USE ACTION FINAL PLAT | | | |
| 3. NAME OF EXISTING PARCEL AS RECORDED N/A | | | |
| SUBDIVISION | FILING | BLOCK | Lot |
| <small>FLYING HORSE NORTH</small> | NO. 5 | N/A | N/A |
| 4. TOTAL ACREAGE 115.42 | 5. NUMBER OF LOTS PROPOSED 21 | PLAT MAPS ENCLOSED | <input checked="" type="checkbox"/> YES |
| 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 checked="" type="checkbox"/> NO |
| B. Has the parcel ever been part of a division of land action since June 1, 1972? If yes, describe the previous action | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7. LOCATION OF PARCEL - Include a map delineating the project area and tie to a section corner. (In submittal) | | | |
| 1/4 OF 1/4 SECTION 31 | | TOWNSHIP 11S | RANGE 65 <input type="checkbox"/> N <input type="checkbox"/> S <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 N/A | |
| 9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year | | 10. WATER SUPPLY SOURCE | |
| HOUSEHOLD USE # [*] 21 of units 13,125 GPD 14.7 AF | COMMERCIAL USE # 0 SF 0 GPD 0 AF | <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELLS SPRING WELL PERMIT NUMBERS TBD | <input checked="" type="checkbox"/> NEW WELLS Proposed Aquifers - (Check One) <input type="checkbox"/> Alluvial <input type="checkbox"/> Upper Arapahoe <input checked="" type="checkbox"/> Upper Dawson <input type="checkbox"/> Lower Arapahoe <input checked="" type="checkbox"/> Lower Dawson <input type="checkbox"/> Laramie Fox Hills <input type="checkbox"/> Denver <input type="checkbox"/> Dakota <input type="checkbox"/> Other |
| IRRIGATION # ^{**} _____ acres _____ GPD _____ AF | STOCK WATERING # _____ of head _____ GPD _____ AF | <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT | WATER COURT DECREE CASE NUMBERS Determinations: Augmentation memo attached. |
| OTHER N/A _____ Multi-fam _____ GPD _____ AF | TOTAL 13,125 GPD 14.7 AF | NAME Flying Horse North Homeowners Association | |
| [*] See augmentation memo attached. 0.70 ac-ft per SFR lot. ^{**} No proposed irrigation. | | LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 11. ENGINEER'S WATER SUPPLY REPORT <input type="checkbox"/> YES <input checked="" 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 ON-SITE WASTEWATER TREATMENT SYSTEM PER LOT | | | |
| <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: _____ | |