

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

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: **WINDERMERE FILING NO 2** ORIGINAL PRELIM PLAN WAS APPROVED WITH 40 SINGLE-FAMILY LOTS FOR PHASE 2. THIS

2. LAND USE ACTION: **PRELIMINARY PLAN AMENDMENT** AMENDMENT IS TO CONVERT THE SINGLE-FAMILY LOTS INTO 1 LOT WITH 277 APARTMENT UNITS

3. NAME OF EXISTING PARCEL AS RECORDED: **TRACT B**
SUBDIVISION: **WINDERMERE FILING NO. 1**, FILING (UNIT) **N/A**, BLOCK **N/A**, LOT **N/A**

4. TOTAL ACREAGE: **9.3** 5. NUMBER OF LOTS PROPOSED **1** PLAT MAP ENCLOSED? YES or NO

6. PARCEL HISTORY – Please attach copies of deeds, plats, or other evidence or documentation. **TITLE ATTACHED**

- A. Was parcel recorded with county prior to June 1, 1972? YES or NO
 - B. Has the parcel ever been part of a division of land action since June 1, 1972? YES or NO
- If yes, describe the previous action:

7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner.

N/A 1/4 of the EAST 1/4, Section 29, Township 13 N or S, Range 65 E or W
Principal Meridian (choose only one): Sixth New Mexico Ute Costilla

Optional GPS Location: GPS Unit must use the following settings: Format must be **UTM**, Units must be **meters**, Datum must be **NAD83**, Unit must be set to **true N**, Zone 12 or Zone 13
Easting: _____
Northing: _____

8. PLAT – Location of all wells on property must be plotted and permit numbers provided.
Surveyor's Plat: YES or NO If not, scaled hand drawn sketch: YES or NO **N/A**

9. ESTIMATED WATER REQUIREMENTS 10. WATER SUPPLY SOURCE

USE	WATER REQUIREMENTS		<input type="checkbox"/> EXISTING WELL <input type="checkbox"/> DEVELOPED SPRING WELL PERMIT NUMBERS _____ _____ _____	<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: _____
	Gallons per Day	Acre-Feet per Year		
HOUSEHOLD USE # <u>150</u> of units	<u>26,782</u>	<u>30</u>	<input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT NAME <u>Cherokee Metro</u> LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO	WATER COURT DECREE CASE NUMBERS: _____ _____ _____
COMMERCIAL USE # _____ of S. F	_____	_____		
IRRIGATION # <u>4.29</u> of acres	<u>7678</u>	<u>8.6</u>		
STOCK WATERING # _____ of head	_____	_____		
OTHER: _____	_____	_____		
TOTAL	<u>34,460</u>	<u>38.6</u>		

11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? YES or NO IF YES, PLEASE FORWARD WITH THIS FORM.
(This may be required before our review is completed.)

12. TYPE OF SEWAGE DISPOSAL SYSTEM

- SEPTIC TANK/LEACH FIELD
- LAGOON
- ENGINEERED SYSTEM (Attach a copy of engineering design.)
- CENTRAL SYSTEM
DISTRICT NAME: Cherokee Metro
- VAULT
LOCATION SEWAGE HAULED TO: _____
- OTHER: