

numbers could change based on WRR being updated

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 dwr.colorado.gov
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: **Skye Vista**

2. LAND USE ACTION: **Subdivision / Final Plat**

3. NAME OF EXISTING PARCEL AS RECORDED:
 SUBDIVISION: _____, FILING (UNIT) _____, BLOCK _____, LOT _____

4. TOTAL ACREAGE: **36** 5. NUMBER OF LOTS PROPOSED **13** PLAT MAP ENCLOSED? YES or 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? 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.

NE 1/4 of the SE 1/4, Section 23, Township 11 N or S, Range 66 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

fill out

9. ESTIMATED WATER REQUIREMENTS		10. WATER SUPPLY SOURCE	
USE	WATER REQUIREMENTS		
	Gallons per Day Acre-Feet per Year	<input checked="" type="checkbox"/> EXISTING WELL <input type="checkbox"/> DEVELOPED SPRING	<input type="checkbox"/> NEW WELLS -
HOUSEHOLD USE # <u>13</u> of units	<u>8120</u> <u>9.1</u>	WELL PERMIT NUMBERS	PROPOSED AQUIFERS – (CHECK ONE)
COMMERCIAL USE # <u>0</u> of S. F.	<u>0</u> <u>0</u>	<u>88718-F</u>	<input type="checkbox"/> ALLUVIAL <input type="checkbox"/> UPPER ARAPAHOE
IRRIGATION # <u>0</u> of acres	<u>0</u> <u>0</u>	_____	<input type="checkbox"/> UPPER DAWSON <input type="checkbox"/> LOWER ARAPAHOE
STOCK WATERING # <u>0</u> of head	<u>0</u> <u>0</u>	_____	<input type="checkbox"/> LOWER DAWSON <input type="checkbox"/> LARAMIE FOX HILLS
OTHER: _____	_____	_____	<input checked="" type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA
TOTAL HOUSEHOLDS FOR INTERIOR USE AND LANDSCAPE IRRIGATION	<u>8120</u> <u>9.1</u>	<input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER: _____
		NAME _____	WATER COURT DECREE CASE NUMBERS:
		LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES or <input type="checkbox"/> NO	<u>2022CW3175</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 CENTRAL SYSTEM

LAGOON VAULT

ENGINEERED SYSTEM (Attach a copy of engineering design.) OTHER: _____

DISTRICT NAME: _____

LOCATION SEWAGE HAULED TO: _____