

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."

Please review and revise.

1. NAME OF DEVELOPMENT AS PROPOSED
Kristen Estates

2. LAND USE ACTION Subdivision

3. NAME OF EXISTING PARCEL AS RECORDED N/A

SUBDIVISION N/A FILING N/A BLOCK N/A LOT N/A

4. TOTAL ACREAGE 60 5. NUMBER OF LOTS PROPOSED 11 PLAT MAP ENCLOSED ☒ YES

6. PARCEL HISTORY - Please attach copies of deeds, plats or other evidence or documentation. See attached.

A. Was parcel recorded with county prior to June 1, 1972? ☐ YES ☒ NO

B. Has the parcel ever been part of a division of land action since June 1, 1972? ☐ YES ☒ NO

If yes, describe the previous action _____

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

E1/2 NW1/4 of SW1/4 and the
NE 1/4 OF SW 1/4 SECTION 12 TOWNSHIP 14 ☐ N ☒ S RANGE 63 ☐ E ☒ W

PRINCIPAL MERIDIAN: ☒ 6TH ☐ N.M. ☐ UTE ☐ COSTILLA

8. PLAT - Location of all wells on property must be plotted and permit numbers provided. See attached map
Surveyors plat ☐ Yes ☒ No If not, scaled hand drawn sketch ☐ Yes ☒ No

9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Feet per Year

10. WATER SUPPLY SOURCE

HOUSEHOLD USE # 11 of units GPD 2.86 AF
COMMERCIAL USE # _____ of S.F. GPD AF
IRRIGATION # 0.98 of acres GPD 2.428 AF
STOCK WATERING # 22 of head GPD 0.242 AF
OTHER _____ GPD AF
TOTAL _____ GPD 5.53 AF

☒ EXISTING WELLS ☐ DEVELOPED SPRING
WELL PERMIT NUMBERS
235712

☒ NEW WELLS -

PROPOSED AQUIFERS - (CHECK ONE)
☐ ALLUVIAL ☐ UPPER ARAPAHOE
☐ UPPER DAWSON ☐ LOWER ARAPAHOE
☐ LOWER DAWSON ☒ LARAMIE FOX HILLS
☐ DENVER ☐ DAKOTA
☐ OTHER _____

☐ MUNICIPAL N/A
☐ ASSOCIATION
☐ COMPANY
☐ DISTRICT
NAME _____

LETTER OF COMMITMENT FOR
SERVICE ☐ YES ☐ NO

WATER COURT DECREE CASE NO.'S
22CW3020, Div. 2

Please review and revise.

11. ENGINEER'S WATER SUPPLY REPORT ☒ YES ☐ NO IF YES, PLEASE FORWARD WITH THIS FORM. (This may be required before our review is completed.)
See Water Resources Report submitted with this form.

12. TYPE OF SEWAGE DISPOSAL SYSTEM individual non-evaporative septic systems

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