

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: Warner Subdivision	
2. LAND USE ACTION: Final Plat	
3. NAME OF EXISTING PARCEL AS RECORDED: SUBDIVISION: _____, FILING (UNIT) _____, BLOCK _____, LOT _____	
4. TOTAL ACREAGE: 40	5. NUMBER OF LOTS PROPOSED 4 PLAT MAP ENCLOSED? <input type="checkbox"/> YES or <input type="checkbox"/> 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? <input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO B. Has the parcel ever been part of a division of land action since June 1, 1972? <input type="checkbox"/> YES or <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. NE 1/4 of the NW 1/4, Section 23, Township 11 <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range 65 <input type="checkbox"/> E or <input checked="" type="checkbox"/> W Principal Meridian (choose only one): <input checked="" type="checkbox"/> Sixth <input type="checkbox"/> New Mexico <input type="checkbox"/> Ute <input type="checkbox"/> 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, <input type="checkbox"/> Zone 12 or <input type="checkbox"/> Zone 13 Easting: _____ Northing: _____	
8. PLAT – Location of all wells on property must be plotted and permit numbers provided. Surveyor's Plat: <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO If not, scaled hand drawn sketch: <input type="checkbox"/> YES or <input type="checkbox"/> NO	
9. ESTIMATED WATER REQUIREMENTS	
USE	WATER REQUIREMENTS
HOUSEHOLD USE # 4 of units	Gallons per Day _____ Acre-Feet per Year 1.04
COMMERCIAL USE # _____ of S. F See (1)	_____
IRRIGATION # _____ of acres	_____
STOCK WATERING # _____ of head	_____
OTHER: see (1)	up to 2.96
TOTAL (1) Irrigation, Domestic animals and Commercial uses may consume up to a combined total of 2.96 AF/Yr per the state approved Replacement Plan 4025RP	4.0 AF/yr
10. WATER SUPPLY SOURCE	
<input checked="" type="checkbox"/> EXISTING WELL <input type="checkbox"/> DEVELOPED SPRING WELL PERMIT NUMBERS 95869	<input checked="" 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 checked="" 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 type="checkbox"/> DISTRICT NAME _____ LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES or <input type="checkbox"/> NO	WATER COURT DECREE CASE NUMBERS: 4025-BD 4025 RP
11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? <input type="checkbox"/> YES or <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"/> LAGOON <input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.)	<input type="checkbox"/> CENTRAL SYSTEM DISTRICT NAME: _____ <input type="checkbox"/> VAULT LOCATION SEWAGE HAULED TO: _____ <input type="checkbox"/> OTHER: