

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](http://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:

2. LAND USE ACTION:

3. NAME OF EXISTING PARCEL AS RECORDED:

SUBDIVISION: \_\_\_\_\_, FILING (UNIT) \_\_\_\_\_, BLOCK \_\_\_\_\_, LOT \_\_\_\_\_

4. TOTAL ACREAGE: \_\_\_\_\_ 5. NUMBER OF LOTS PROPOSED \_\_\_\_\_ PLAT MAP ENCLOSED?  YES or  NO

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

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.

\_\_\_\_\_/4 of the \_\_\_\_/4, Section \_\_\_\_\_, Township \_\_\_\_\_  N or  S, Range \_\_\_\_\_  E or  W See attached Legal Description.  
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

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 # _____ of units	_____	_____	<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: _____ _____ _____
COMMERCIAL USE # _____ of S. F	_____	_____		
IRRIGATION # _____ of acres	_____	_____		
STOCK WATERING # _____ of head	_____	_____		
OTHER: _____	_____	_____		
TOTAL	_____	_____		

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.) See Water Resources Report by Respec.

12. TYPE OF SEWAGE DISPOSAL SYSTEM

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