Section 30-28-133,(d), C.R.S. requires that the applicant submit to the County, "Adequate evidence that a water supply sufficient in terms of quantity, quality, and dependability will be available to ensure an adequate supply of water." 1. NAME OF DEVELOPMENT AS PROPOSED: The Trails at Latigo, Filing No. 10 2. LAND USE ACTION: Final Plat 3. NAME OF EXISTING PARCEL AS RECORDED: SUBDIVISION: N/A . TOTAL ACREAGE: 125.6 5. NUMBER OF LOTS PROPOSED 43 PLAT MAP ENCLOSED? YES or 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 XO B. Has the parcel ever been part of a division of land action since June 1, 1972? YES or XO If yes, describe the previous action: 7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner. Final Plat attach 1/4 of the SW_1/4, Section 17, Township 12 N or X S, Range_64 E or X W Principal Meridian (choose only one): XSixth New Mexico Ute Costilla	DT NO
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1/4 of the <u>SW</u> 1/4, Section <u>17</u> , Township <u>12</u> \Box N or \Box S, Range <u>64</u> \Box E or \Box W	nea
Optional GPS Location: GPS Unit must use the following settings: Format must be UTM, Units Easting:	
must be meters, Datum pust be NAD83, Unit pust be set to true N, E Zope 12 or Zope 13 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 DEVELOPED	
Gallons per Day Acre-Feet per Year WELL SPRING PROPOSED AQUIFERS – (CHECK OF	NE)
HOUSEHOLD USE # OI UNITS Well PERMIT NOWBERS	ARAPAHOE
COMMERCIAL USE # of S. F	ARAPAHOE
	E FOX HILLS
IRRIGATION # of acres	κ.
STOCK WATERING # of head	
WATER COURT DECREE CA	ASE
OTHER: OTHER: OTHER: OTHER: NUMBERS:	
Fill out totals	t
11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? X YES or NO IF YES, PLEASE FORWARD WITH THIS F (This may be required before our review is completed.)	·ORM.
12. TYPE OF SEWAGE DISPOSAL SYSTEM	
12. TYPE OF SEWAGE DISPOSAL SYSTEM ☑ SEPTIC TANK/LEACH FIELD □ CENTRAL SYSTEM	
12. TYPE OF SEWAGE DISPOSAL SYSTEM ☑ SEPTIC TANK/LEACH FIELD □ CENTRAL SYSTEM □ DISTRICT NAME: □	
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