

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.

1. NAME OF DEVELOPMENT AS PROPOSED

Hadden Heights No. 2

2. LAND USE ACTION

Vacation and Replat

3. NAME OF EXISTING PARCEL AS RECORDED

A portion of Lot 18, Hadden Heights

SUBDIVISION Hadden Heights

FILING

BLOCK

LOT 18

4. TOTAL ACREAGE 5.105

5. NUMBER OF LOTS PROPOSED

1

PLAT MAP ENCLOSED ☒ YES

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 ☒ 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 Lot 18 was deeded into 2 parcels

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

1/4 OF SE 1/4 SECTION 13 TOWNSHIP 13 ☐ N ☒ S RANGE 65 ☐ E ☒ W

PRINCIPAL MERIDIAN:

☒ 6TH ☐ N.M. ☐ UTE ☐ COSTILLA

8. PLAT - Location of all wells on property must be plotted and permit numbers provided.

Surveyors plat ☒ Yes ☐ No

If not, scaled hand drawn sketch ☐ Yes ☐ No

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

HOUSEHOLD USE # 1 of units _____ GPD 1 AF

COMMERCIAL USE # _____ of S.F. _____ GPD _____ AF

IRRIGATION # _____ of acres _____ GPD _____ AF

STOCK WATERING # _____ of head _____ GPD _____ AF

OTHER _____ GPD _____ AF

TOTAL _____ GPD 1 AF

10. WATER SUPPLY SOURCE

☒ EXISTING WELLS ☐ DEVELOPED SPRING

WELL PERMIT NUMBERS

191102

☐ NEW WELLS -

PROPOSED AQUIFERS - (CHECK ONE)

☐ ALLUVIAL ☐ UPPER ARAPAHOE
☐ UPPER DAWSON ☐ LOWER ARAPAHOE
☐ LOWER DAWSON ☐ LARAMIE FOX HILLS
☐ DENVER ☐ DAKOTA
☐ OTHER _____

☐ MUNICIPAL
☐ ASSOCIATION
☐ COMPANY
☐ DISTRICT

NAME _____
LETTER OF COMMITMENT FOR
SERVICE ☐ YES ☐ NO

WATER COURT DECREE CASE NO.'S

11. ENGINEER'S WATER SUPPLY REPORT ☒ YES ☐ 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 - DISTRICT NAME _____

☐ LAGOON

☐ VAULT - LOCATION SEWAGE HAULED TO _____

☐ ENGINEERED SYSTEM (Attach a copy of engineering design)

☐ OTHER _____