

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:		Midtown Collection at Hannah Ridge Filing No. 1	
2. LAND USE ACTION: Final Plat			
3. NAME OF EXISTING PARCEL AS RECORDED: Tract BB, Hannah Ridge at Feathergrass Filing No. 1			
SUBDIVISION: Hannah Ridge at Feathergrass		FILING (UNIT) No. 1, BLOCK , LOT	
4. TOTAL ACREAGE: 9.123	5. NUMBER OF LOTS PROPOSED 61	PLAT MAP ENCLOSED? <input checked="" 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 checked="" type="checkbox"/> YES or <input type="checkbox"/> NO			
If yes, describe the previous action: Hannah Ridge at Feathergrass Filing No. 1			
7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner.			
_____ 1/4 of the _____ 1/4, Section <u>32</u> , Township <u>13</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>65</u> <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. No wells.			
Surveyor's Plat: <input 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		10. WATER SUPPLY SOURCE	
USE	WATER REQUIREMENTS		
	Gallons per Day	Acre-Foot per Year	
HOUSEHOLD USE # <u>61</u> of units	<u>13,615</u>	<u>15.25</u>	<input type="checkbox"/> EXISTING WELL <input type="checkbox"/> DEVELOPED SPRING WELL PERMIT NUMBERS <u>No wells</u>
COMMERCIAL USE # _____ of S. F	_____	_____	<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: _____
IRRIGATION # <u>3.71</u> of acres	<u>8,169</u>	<u>9.15</u>	
STOCK WATERING # _____ of head	_____	_____	
OTHER: _____	_____	_____	
TOTAL	<u>21,784</u>	<u>24.40</u>	<input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> DISTRICT NAME <u>Cherokee Metro</u> LETTER OF COMMITMENT FOR SERVICE <input type="checkbox"/> YES or <input type="checkbox"/> NO
11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? <input checked="" 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 type="checkbox"/> SEPTIC TANK/LEACH FIELD <input type="checkbox"/> LAGOON <input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.)		<input checked="" type="checkbox"/> CENTRAL SYSTEM DISTRICT NAME: <u>Cherokee Metropolitan District</u> <input type="checkbox"/> VAULT LOCATION SEWAGE HAULED TO: _____ <input type="checkbox"/> OTHER:	