FORM NO. GWS-76 02/2005

WATER SUPPLY INFORMATION SUMMARY

STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

1313 Sherman St., Room 818, Denver, CO 80203 Phone - Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 http://www.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: AGLE RISING FILL 2. LAND USE ACTION: FIRAL PLANT 3. NAME OF EXISTING PARCEL AS RECORDED: SUBDIVISION: , FILING (UNIT) , BLOCK 4. TOTAL ACREAGE: 5. NUMBER OF LOTS PROPOSED 6. PARCEL HISTORY - Please attach copies of deeds, plats, or other evidence or documentation. PLAT MAP ENCLOSED?

✓ YES or

NO 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 W NO If yes, describe the previous action: 7. LOCATION OF PARCEL - Include a map delineating the project area and tie to a section corner. 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: 8. PLAT – Location of all wells on property must be plotted and permit numbers provided. Northing: 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 □NEW WELLS -☐ EXISTING ☐ DEVELOPED Gallons per Day Acre-Feet per Year WELL PROPOSED AQUIFERS - (CHECK ONE) HOUSEHOLD USE # 7 of units SPRING 2,10 WELL PERMIT NUMBERS ☐ ALLUVIAL ☐ UPPER ARAPAHOE COMMERCIAL USE # ____ of S. F UPPER DAWSON ☐ LOWER ARAPAHOE ☐ LOWER DAWSON ☐ LARAMIE FOX HILLS 0.42 IRRIGATION # _____ of acres 0.70 ☐ DENVER □ DAKOTA OTHER: STOCK WATERING # O of head ☐ MUNICPAL ☐ ASSOCIATION OTHER:_ WATER COURT DECREE CASE ☐ COMPANY TOTAL NUMBERS: DISTRICT NAME PARK FOREST LETTER OF COMMITMENT FOR 11. WAS AN ENGINEER'S WATER SUPPLY REPORTDEVELOPED? ☐ YES or NO IF YES, PLEASE FORWARD WITH THIS FORM. SERVICE YES or NO (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: