

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: The Reserve @ Corral Bluffs Filina 3																											
2. LAND USE ACTION: Final Plat																											
3. NAME OF EXISTING PARCEL AS RECORDED: SUBDIVISION: _____, FILING (UNIT) _____, BLOCK _____, LOT _____																											
4. TOTAL ACREAGE: 59.95	5. NUMBER OF LOTS PROPOSED 6 PLAT MAP ENCLOSED? <input type="checkbox"/> YES or <input checked="" 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 type="checkbox"/> YES or <input checked="" type="checkbox"/> NO If yes, describe the previous action: _____																											
7. LOCATION OF PARCEL – Include a map delineating the project area and tie to a section corner. <u>NW</u> 1/4 of the <u>SE</u> 1/4, Section <u>31</u> , Township <u>13</u> <input type="checkbox"/> N or <input checked="" type="checkbox"/> S, Range <u>64</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. Surveyor's Plat: <input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO If not, scaled hand drawn sketch: <input type="checkbox"/> YES or <input type="checkbox"/> NO																											
9. ESTIMATED WATER REQUIREMENTS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">USE</th> <th colspan="2">WATER REQUIREMENTS</th> </tr> <tr> <th></th> <th>Gallons per Day</th> <th>Acre-Feet per Year</th> </tr> </thead> <tbody> <tr> <td>HOUSEHOLD USE # <u>6</u> of units</td> <td style="text-align: center;"><u>1,607</u></td> <td style="text-align: center;"><u>1.80</u></td> </tr> <tr> <td>COMMERCIAL USE # _____ of S. F</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>IRRIGATION # <u>0.37</u> of acres</td> <td style="text-align: center;"><u>828</u></td> <td style="text-align: center;"><u>0.93</u></td> </tr> <tr> <td>STOCK WATERING # <u>24</u> of head</td> <td style="text-align: center;"><u>240</u></td> <td style="text-align: center;"><u>0.27</u></td> </tr> <tr> <td>OTHER: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;"><u>2,675</u></td> <td style="text-align: center;"><u>3.00</u></td> </tr> </tbody> </table>	USE	WATER REQUIREMENTS			Gallons per Day	Acre-Feet per Year	HOUSEHOLD USE # <u>6</u> of units	<u>1,607</u>	<u>1.80</u>	COMMERCIAL USE # _____ of S. F	_____	_____	IRRIGATION # <u>0.37</u> of acres	<u>828</u>	<u>0.93</u>	STOCK WATERING # <u>24</u> of head	<u>240</u>	<u>0.27</u>	OTHER: _____	_____	_____	TOTAL	<u>2,675</u>	<u>3.00</u>	10. WATER SUPPLY SOURCE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <input type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELL SPRING WELL PERMIT NUMBERS _____ _____ _____ _____ <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 </td> <td style="width: 40%;"> <input checked="" type="checkbox"/> NEW WELLS - PROPOSED AQUIFERS – (CHECK ONE) <input type="checkbox"/> ALLUVIAL <input checked="" 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 checked="" type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA <input type="checkbox"/> OTHER: _____ WATER COURT DECREE CASE NUMBERS: <u>CGWC 516-B</u> <u>CGWC 517B</u> _____ _____ </td> </tr> </table>	<input type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELL SPRING WELL PERMIT NUMBERS _____ _____ _____ _____ <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	<input checked="" type="checkbox"/> NEW WELLS - PROPOSED AQUIFERS – (CHECK ONE) <input type="checkbox"/> ALLUVIAL <input checked="" 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 checked="" type="checkbox"/> DENVER <input type="checkbox"/> DAKOTA <input type="checkbox"/> OTHER: _____ WATER COURT DECREE CASE NUMBERS: <u>CGWC 516-B</u> <u>CGWC 517B</u> _____ _____
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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 <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> SEPTIC TANK/LEACH FIELD <input type="checkbox"/> LAGOON <input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> CENTRAL SYSTEM DISTRICT NAME: _____ <input type="checkbox"/> VAULT LOCATION SEWAGE HAULED TO: _____ <input type="checkbox"/> OTHER: _____ </td> </tr> </table>		<input checked="" type="checkbox"/> SEPTIC TANK/LEACH FIELD <input type="checkbox"/> LAGOON <input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design.)	<input type="checkbox"/> CENTRAL SYSTEM DISTRICT NAME: _____ <input type="checkbox"/> VAULT LOCATION SEWAGE HAULED TO: _____ <input type="checkbox"/> OTHER: _____																								
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