

# 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 <b>FLYING HORSE NORTH FILING NO. 3</b>			
2. LAND USE ACTION <b>FINAL PLAT</b>			
3. NAME OF EXISTING PARCEL AS RECORDED <b>N/A</b>			
SUBDIVISION	FILING	BLOCK	Lot
<small>FLYING HORSE NORTH</small>	<b>NO. 3</b>	<b>N/A</b>	<b>N/A</b>
4. TOTAL ACREAGE <b>166.4</b>	5. NUMBER OF LOTS PROPOSED <b>50</b>	PLAT MAPS ENCLOSED	<input checked="" type="checkbox"/> YES
6. PARCEL HISTORY - Please attach copies of deeds, plats, or other evidence or documentation. (In submittal package)			
A. Was parcel recorded with county prior to June 1, 1972?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
B. Has the parcel ever been part of a division of land action since June 1, 1972? If yes, describe the previous action		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
7. LOCATION OF PARCEL - Include a map delineating the project area and tie to a section corner. (In submittal)			
_____ 1/4 OF _____ 1/4 SECTION <b>36</b>		TOWNSHIP <b>11S</b>	RANGE <b>66</b> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W
PRINCIPAL MERIDIAN: <input checked="" type="checkbox"/> 6TH <input type="checkbox"/> N.M. <input type="checkbox"/> UTE <input type="checkbox"/> COSTILLA			
8. PLAT - Location of all wells on property must be plotted and permit numbers provided.			
Surveyors Plat <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If not, scaled hand-drawn sketch <input type="checkbox"/> YES <input type="checkbox"/> NO <b>N/A</b>	
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year		10. WATER SUPPLY SOURCE	
HOUSEHOLD USE # * <u>50</u> of units <u>31,250</u> GPD <u>35.00</u> AF	COMMERCIAL USE # <u>0</u> SF <u>0</u> GPD <u>0</u> AF	<input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED	<input checked="" type="checkbox"/> NEW WELLS
IRRIGATION # **    _____ acres    _____ GPD    _____ AF	STOCK WATERING #    _____ of head    _____ GPD    _____ AF	WELLS    SPRING	Proposed Aquifers - (Check One)
OTHER <b>N/A</b> _____ Multi-fam    _____ GPD    _____ AF	TOTAL <b>31,250</b> GPD <b>35.00</b> AF	<b>WELL PERMIT NUMBERS</b>	<input type="checkbox"/> Alluvial <input type="checkbox"/> Upper Arapahoe
* See augmentation memo attached. 0.70 ac-ft per SFR lot. ** No proposed irrigation.		<b>TBD</b>	<input checked="" type="checkbox"/> Upper Dawson <input type="checkbox"/> Lower Arapahoe
		<input type="checkbox"/> MUNICIPAL	<input checked="" type="checkbox"/> Lower Dawson <input type="checkbox"/> Laramie Fox Hills
		<input checked="" type="checkbox"/> ASSOCIATION	<input type="checkbox"/> Denver <input type="checkbox"/> Dakota
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> Other
		<input type="checkbox"/> DISTRICT	
		NAME <b>Flying Horse North Homeowners Association</b>	WATER COURT DECREE CASE NUMBERS
		LETTER OF COMMITMENT FOR SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Determinations: Augmentation memo attached.</b>
11. ENGINEER'S WATER SUPPLY REPORT <input type="checkbox"/> YES <input checked="" 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 <b>ON-SITE WASTEWATER TREATMENT SYSTEM PER LOT</b>			
<input checked="" type="checkbox"/> SEPTIC TANK/LEACH FIELD		<input type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME: _____	
<input type="checkbox"/> LAGOON		<input type="checkbox"/> VAULT - LOCATION SEWAGE HAULED TO: _____	
<input type="checkbox"/> ENGINEERED SYSTEM (Attach a copy of engineering design)		<input type="checkbox"/> OTHER: _____	