

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		<u>Stimple Subdivision Filing #1</u>	
2. LAND USE ACTION		<u>Preliminary Plan</u>	
3. NAME OF EXISTING PARCEL AS RECORDED		<u>N/A</u>	
SUBDIVISION	<u>See Above</u>	FILING	<u>Final</u>
BLOCK	<u>All</u>	Lot	<u>All</u>
4. TOTAL ACERAGE	<u>7.585</u>	5. NUMBER OF LOTS PROPOSED	<u>1</u>
PLAT MAPS ENCLOSED		<input type="checkbox"/> YES Final Plat Separate Cover	
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 checked="" 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?		<input checked="" type="checkbox"/> YES <input 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. (In submittal)			
<u>portion</u> OF <u>SECTION 21</u> and a portion of SECTION <u>22</u> TOWNSHIP <u>12</u>		<input type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE <u>65</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
OF 1SECTION _____ TOWNSHIP _____			
PRINCIPAL MERIDIAN: <input checked="" type="checkbox"/> 6TH <input type="checkbox"/> N.M. <input checked="" 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 type="checkbox"/> NO If not, scaled hand-drawn sketch <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO N/A	
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Foot per Year		10. WATER SUPPLY SOURCE DENVER BASIN	
HOUSEHOLD USE # *	<u>1</u> of units <u>315</u> GPD <u>0.35</u> AF	<input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> DEVELOPED WELLS SPRING WELL PERMIT NUMBERS <u>LFH 80131-F</u> <u>Arapahoe 80132-F</u>	<input type="checkbox"/> NEW WELLS Proposed Aquifers - (Check One) <input type="checkbox"/> Alluvial <input checked="" type="checkbox"/> Upper Arapahoe <input type="checkbox"/> Upper Dawson <input checked="" type="checkbox"/> Lower Arapahoe <input type="checkbox"/> Lower Dawson <input checked="" type="checkbox"/> Laramie Fox Hills <input checked="" type="checkbox"/> Denver <input type="checkbox"/> Dakota <input type="checkbox"/> Other
COMMERCIAL USE #	_____ Acres _____ GPD _____ AF	<input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> COMPANY <input checked="" type="checkbox"/> DISTRICT	WATER COURT DECREE CASE NUMBERS <u>07 CW 056 23 CW 3007</u> <u>08 CW-113; 08 CW-018</u> <u>86 CW-019, 17 CW 3002, 18 CW 3002</u> <u>20 CW 3059, 93 CW 018, 85 CW 131</u> <u>1689 BD, 1690 BD, 1691 BD</u>
IRRIGATION #	_____ acres _____ GPD _____ AF	NAME <u>Falcon Area Water and Wastewater Authority</u>	
STOCK WATERING #	_____ of head _____ GPD _____ AF	LETTER OF COMMITMENT FOR SERVICE	
OTHER	_____ GPD _____ AF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL -Central System	<u>315</u> GPD <u>0.35</u> AF		
11. ENGINEER'S WATER SUPPLY REPORT <input checked="" type="checkbox"/> YES <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 <u>Septic</u>			
<input type="checkbox"/> SEPTIC TANK/LEACH FIELD		<input type="checkbox"/> CENTRAL SYSTEM - DISTRICT NAME: <u>Falcon Area Water and Wastewater Authority</u>	
<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: _____	