

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			
PEERLESS FARMS PRELIMINARY PLAN			
2. LAND USE ACTION PRELIMINARY PLAN FOR SEVEN (7) RURAL RESIDENTIAL LOTS			
3. NAME OF EXISTING PARCEL AS RECORDED 4313000001			
SUBDIVISION	FILING	BLOCK	LOT
4. TOTAL ACREAGE 40.01	5. NUMBER OF LOTS PROPOSED 7	PLAT MAP ENCLOSED <input checked="" type="checkbox"/> YES - PRELIMINARY	
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 <input type="checkbox"/> NO B. Has the parcel ever been part of a division of land action since June 1, 1972? <input 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.			
1/4 OF NW 1/4 SECTION 13 TOWNSHIP 13 <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S RANGE 64 <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 type="checkbox"/> No If not, scaled hand drawn sketch <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acres Feet per Year		10. WATER SUPPLY SOURCE	
HOUSEHOLD USE # 7 of units 6249.2 GPD 7 AF COMMERCIAL USE # _____ of S.F. _____ GPD _____ AF IRRIGATION # _____ of acres _____ GPD _____ AF STOCK WATERING # _____ of head _____ GPD _____ AF OTHER _____ figure to include _____ GPD _____ AF TOTAL _____ GPD _____ AF Please break out this household use, stock watering (if applicable), and irrigation		<input type="checkbox"/> EXISTING WELLS <input type="checkbox"/> DEVELOPED SPRING WELL PERMIT NUMBERS _____ <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 _____ <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 <input type="checkbox"/> NO WATER COURT DECREE CASE NO.'S _____	
11. ENGINEER'S WATER SUPPLY REPORT <input checked="" 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			
<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 _____	

Include the decree numbers