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

Watermark at Akers Drive

2. LAND USE ACTION Rezone

3. NAME OF EXISTING PARCEL AS RECORDED TR DD

SUBDIVISION Hannah Ridge at Feathergrass FILING 1 BLOCK N/A LOT N/A

4. TOTAL ACREAGE 15.38

5. NUMBER OF LOTS PROPOSED 1 PLAT MAP ENCLOSED ☐ YES

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? ☐ YES ☑ NO

B. Has the parcel ever been part of a division of land action since June 1, 1972? ☑ YES ☐ NO

If yes, describe the previous action Plat

7. LOCATION OF PARCEL - Include a map deliniating the project area and tie to a section corner.

SE 1/4 OF ____ 1/4 SECTION 32 TOWNSHIP 13 ☐ N ☑ S RANGE 65 ☐ E ☑ W

PRINCIPAL MERIDIAN: ☑ 6TH ☐ N.M. ☐ UTE ☐ COSTILLA

8. PLAT - Location of all wells on property must be plotted and permit numbers provided.

Surveyors plat ☐ Yes ☐ No If not, scaled hand drawn sketch ☐ Yes ☐ No NO WELLS

9. ESTIMATED WATER REQUIREMENTS - Gallons per Day or Acre Feet per Year

HOUSEHOLD USE # 300 of units	____	GPD	60.7 AF
COMMERCIAL USE # ____ of S.F.	____	GPD	____ AF
IRRIGATION # 10.1 of acres	____	GPD	10.1 AF
STOCK WATERING # ____ of head	____	GPD	____ AF
OTHER ____	____	GPD	____ AF
TOTAL	____	GPD	70.8 AF

10. WATER SUPPLY SOURCE

☐ EXISTING WELLS ☐ DEVELOPED SPRING

WELL PERMIT NUMBERS

____

____

____

☐ NEW WELLS -

PROPOSED AQUIFERS - (CHECK ONE)

☐ ALLUVIAL ☐ UPPER ARAPAHOE
☐ UPPER DAWSON ☐ LOWER ARAPAHOE
☐ LOWER DAWSON ☐ LARAMIE FOX HILLS
☐ DENVER ☐ DAKOTA
☐ OTHER ____

☒ MUNICIPAL
☐ ASSOCIATION
☐ COMPANY
☐ DISTRICT

NAME Cherokee MD

LETTER OF COMMITMENT FOR SERVICE ☐ YES ☒ NO

WATER COURT DECREE CASE NO.'S

____

____

____

____

11. ENGINEER'S WATER SUPPLY REPORT ☑ YES ☐ NO IF YES, PLEASE FORWARD WITH THIS FORM. (This may be required before our review is completed.)

12. TYPE OF SEWAGE DISPOSAL SYSTEM

☐ SEPTIC TANK/LEACH FIELD

☐ LAGOON

☐ ENGINEERED SYSTEM (Attach a copy of engineering design)

☑ CENTRAL SYSTEM - DISTRICT NAME Cherokee MD

☐ VAULT - LOCATION SEWAGE HAULED TO ____

☐ OTHER ____