

FORM NO.
GWS-76
02/2005

WATER SUPPLY INFORMATION SUMMARY
STATE OF COLORADO, OFFICE OF THE STATE ENGINEER

1313 Sherman St., Room 818, Denver, CO 80203

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<http://www.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:

2. LAND USE ACTION:

3. NAME OF EXISTING PARCEL AS RECORDED:

SUBDIVISION:

FILING (UNIT)

BLOCK

LOT

4. TOTAL ACREAGE:

5. NUMBER OF LOTS PROPOSED

PLAT MAP ENCLOSED? YES or 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? YES or NO

B. Has the parcel ever been part of a division of land action since June 1, 1972? YES or 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 the ____ 1/4, Section ____, Township ____ N or S, Range ____ E or W

Principal Meridian: Sixth New Mexico Ute 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**, Zone 12 or Zone 13

Easting: _____

Northing: _____

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

Surveyor's Plat: YES or NO If not, scaled hand drawn sketch: YES or NO

9. ESTIMATED WATER REQUIREMENTS

USE	WATER REQUIREMENTS	
	Gallons per Day	Acre-Foot per Year
HOUSEHOLD USE # ____ of units	_____	_____
COMMERCIAL USE # ____ of S. F	_____	_____
IRRIGATION # ____ of acres	_____	_____
STOCK WATERING # ____ of head	_____	_____
OTHER: _____	_____	_____
TOTAL	_____	_____

10. WATER SUPPLY SOURCE

<input type="checkbox"/> EXISTING WELL	<input type="checkbox"/> DEVELOPED SPRING	<input type="checkbox"/> NEW WELLS -
WELL PERMIT NUMBERS _____		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		WATER COURT DECREE CASE NUMBERS: _____ _____ _____
<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		

11. WAS AN ENGINEER'S WATER SUPPLY REPORT DEVELOPED? YES or 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: _____

VAULT

LOCATION SEWAGE HAULED TO: _____

OTHER: