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
Phone – Info (303) 866-3587 Main (303) 866-3581 Fax (303) 866-3589 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: DENVER CURLING CENTER

2. LAND USE ACTION: CLASS II INDOOR RECREATION FACILITY

3. NAME OF EXISTING PARCEL AS RECORDED:
SUBDIVISION: CURLING CLUB SUBDIVISION , FILING (UNIT) , BLOCK , LOT 1-3

4. TOTAL ACREAGE: 4.8093 | 5. NUMBER OF LOTS PROPOSED 3 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 SW 1/4, Section 6, Township 4 ☐ N or ■ S, Range 69 ☐ 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-Feet per Year
HOUSEHOLD USE # _____ of units		
COMMERCIAL USE # 209,493 of S. F		
IRRIGATION # _____ of acres		
STOCK WATERING # _____ of head		
OTHER: _____		
TOTAL		

10. WATER SUPPLY SOURCE

☐ EXISTING WELL ☐ 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: _____

☐ MUNICPAL
☐ ASSOCIATION
■ COMPANY
☐ DISTRICT
NAME CONSOLIDATED MUTUAL WATER
LETTER OF COMMITMENT FOR SERVICE ☐ YES or ☐ NO

WATER COURT DECREE CASE NUMBERS:
_____
_____
_____

11. WAS AN ENGINEER'S WATER SUPPLY REPORTDEVELOPED? ☐ 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: