



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 417-2470 • (800) 352-8488
 (602) 417-2422 fax www.water.az.gov

**\$150 or
\$75 FEE**

**Notice of Intent to
Drill, Deepen, Replace or Modify a Well**
 (except a Non-Exempt Well in an Active Management Area)

- ❖ Review instructions prior to completing form in black or blue ink.
 - ❖ You must include with your Notice:
 - Check or money order in the amount of the appropriate filing fee. For a well located within an AMA or INA, the fee is \$150.00. For a well not located within an AMA or INA, the fee is \$75.00 if the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not more than 35 gallons per minute. Otherwise, the fee is \$150.00.
 - ❖ Authority for fee: A.R.S. § 45-596.
- ** PLEASE PRINT CLEARLY ****

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER
55 -

SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL (if applicable)	
<i>If water from the proposed well will be used for domestic purposes on a parcel of land of 5 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. You must also attach a site plan (pg. 3).</i>	
CHECK ONE	Official County or Local Seal or Stamp
<input type="checkbox"/> County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F)) <ul style="list-style-type: none"> <input type="checkbox"/> Field Inspection Performed <input type="checkbox"/> Site Plan Review Only <input type="checkbox"/> Insufficient Information to Make a Determination	
COUNTY OR LOCAL AUTHORITY NAME AND TITLE	
TELEPHONE NUMBER DATE	
COUNTY OR LOCAL AUTHORITY SIGNATURE	

SECTION 2. REGISTRY INFORMATION							
Well Type	Proposed Action	Location of Well					
CHECK ONE	CHECK ONE	WELL LOCATION ADDRESS (IF ANY)					
<input type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm and water is not used for irrigation purposes inside an AMA.) (See instructions.)	<input type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Replace <input type="checkbox"/> Modify <i>If Deepening, Replacing or Modifying:</i> ORIGINAL WELL REGISTRATION NUMBER	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
					1/4	1/4	1/4
		COUNTY ASSESSOR'S PARCEL ID NUMBER					
		BOOK	MAP	PARCEL	# OF ACRES		
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm or water is used for irrigation purposes inside an AMA.) (See instructions.)	55 - MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)					
		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
					1/4	1/4	1/4
DESIGN PUMP CAPACITY	DISTANCE & DIRECTION FROM ORIGINAL WELL	COUNTY WHERE WELL IS LOCATED					
Gallons Per Minute	Feet						

SECTION 3. OWNER INFORMATION			
Well Owner	Landowner (if different from Well Owner)		
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL		
MAILING ADDRESS	MAILING ADDRESS		
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE		
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE		
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 4.			
Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			You must also request a variance (A.A.C. R12-15-818).
2. Is there another well name or identification number associated with this well?			PLEASE STATE
3. Is the proposed well the second exempt well on this parcel for the same use?			If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.

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WELL REGISTRATION NUMBER
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SECTION 5. DRILLING AUTHORIZATION | **SECTION 6. WATER / SITE INFORMATION**

Drilling Firm		Principal Use of Water		Other Uses of Water	
NAME		CHECK <u>ONE</u>		CHECK <u>ALL THAT APPLY</u>	
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility
TELEPHONE NUMBER	FAX	<input type="checkbox"/> Commercial	<input type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input type="checkbox"/> Domestic
MAILING ADDRESS		<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial
CITY / STATE / ZIP CODE		<input type="checkbox"/> Mining	<input type="checkbox"/> Stock	<input type="checkbox"/> Mining	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Other (please specify):	

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed) | DATE CONSTRUCTION IS TO BEGIN

Borehole			Casing														
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					GROUTING MATERIAL		
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE	
																	Cement

* ADWR well construction standards require a surface seal consisting of a minimum of 20 feet of steel casing. Cement grout must be used to fill the annular space between the surface casing and the borehole. (A.A.C. R12-15-811(B))

The Department's issuance of an authorization to drill a well is not a determination of whether water withdrawn from the well is legally surface water or groundwater. The legal nature of the water withdrawn from the well may be the subject of court action in the future as part of a determination of surface water rights in your area. If there are court proceedings that could affect your well, you will be notified and be given the opportunity to participate. If you have questions regarding the legal nature of the water to be withdrawn from your proposed well, please consult with an experienced civil engineer, hydrologist or water rights attorney.

For the purposes of determining appropriate fees outside AMAs or INAs, "domestic purposes" is defined as "uses related to the supply, service and activities of households and private residences and includes the application of water to less than 2 acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry, as such terms are defined in A.R.S. § 3-1201."

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE	
SIGNATURE OF WELL OWNER	DATE
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

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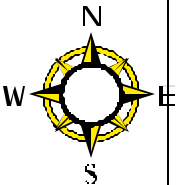
WELL REGISTRATION NUMBER 55 -

CHECK ONE: FILING MANUALLY
 FILING ELECTRONICALLY*

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE <i>If applicant is filing this NOI electronically via the ADWR website and County approval is required, please indicate approval by providing a County Approval Code.</i>	COUNTY APPROVAL CODE
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WELL SITE PLAN			
NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER		
	BOOK	MAP	PARCEL

- ❖ If this well will be a domestic well on 5 acres or less, please draw the following: (1) the boundaries of your property; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well. If the parcel is vacant land or lacks a septic tank or sewer system, please indicate this.
- ❖ Indicate the distance between the proposed well location and any septic tank system or sewer system.

COUNTY OR LOCAL AUTHORITY NAME AND TITLE	Official County or Local Seal or Stamp
COUNTY OR LOCAL AUTHORITY SIGNATURE	
TELEPHONE NUMBER	