

STATE OF ARIZONA
DEPARTMENT OF WATER RESOURCES
GROUNDWATER PERMITTING AND WELLS UNIT
MAIL TO: 1802 W JACKSON ST BOX 79, PHOENIX, ARIZONA 85007
PHONE: (602) 771-8527

**NOTICE OF INTENTION TO DEEPEN OR MODIFY AN EXISTING NON-EXEMPT WELL OR
CONSTRUCT A REPLACEMENT NON-EXEMPT WELL AT APPROXIMATELY THE SAME
LOCATION IN AN ACTIVE MANAGEMENT AREA**

PLEASE READ GENERAL INSTRUCTIONS AND CONDITIONS BEFORE COMPLETING.

Section 45-597, Arizona Revised Statutes provides: In an Active Management Area, prior to deepening an existing well or constructing a replacement well at approximately the same location, a person must file a Notice of Intention to Drill. A person must also file a Notice of Intention to Drill prior to modifying a Non-Exempt Well Permit. Pursuant to A.R.S. § 45-596 and A.A.C. R12-15-104, the filing fee for a Notice of Intention to Drill a Non-Exempt Well is \$150.00.

1. Applicant _____

Mailing Address _____

City State Zip Code

Contact Person _____

Telephone Number _____

E-mail Address: _____

1A. Public Water System ID #: _____

2. This Notice is filed by (check all applicable):

- Land Owner Owner of Withdrawal Authority Lessee
 Consultant Other _____

Note: If Notice is not filed by the land owner, the applicant must submit signed documentation containing land owner's name, address, telephone number, and signature consenting to the deepening, replacing, or modifying of the well.

FOR DEPARTMENT USE ONLY	
File No.	_____
Registration 55-	_____
Date Filed	_____
S/B _____	W/S _____
AMA	_____

3. Action Requested: Deepen Replace Modify

4. Principal Use of Water: (please be specific): _____

5. Other Uses Intended (please be specific): _____

6. Claim of Entitlement to Withdraw Water:

58- _____ Grandfathered Groundwater Right Certificate

OR 59- _____ Groundwater Withdrawal Permit

OR 57- _____ Irrigation District

OR 56- _____ Service Area

OR 74- _____ Recovery Well Permit

7. Construction:

a. Drilling Firm: Name _____ DWR License Number _____ ROC License Category _____

b. Deepening/Replacement/Modification Will Start: _____
Month Year

c. Estimated Time to Complete: _____ Months

d. Attach a Well Construction Supplement, DWR form 55-90, and include a detailed construction diagram as indicated on the form.

8. Original Well:

- a. Location: _____^{1/4} _____^{1/4} _____^{1/4} Section _____ Township _____ N/S Range _____ E/W
10 Acre 40 Acre 160 Acre
- b. Position: Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W
- c. Position Datum: NAD 83 NAD 27 Other: _____
- d. County: _____
- e. Parcel Number: _____ - _____ - _____
- f. Registration Number: 55- _____
- g. Registered/Permitted Capacity (see instructions for details): _____ Registered GPM OR _____ Acre-Feet Per Year

9. Deepening/Modification/Replacement Well (as applicable):

- a. Location: _____^{1/4} _____^{1/4} _____^{1/4} Section _____ Township _____ N/S Range _____ E/W
10 Acre 40 Acre 160 Acre
- b. Position: Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W
- c. Position Datum: NAD 83 NAD 27 Other: _____
- d. County: _____
- e. Parcel Number: _____ - _____ - _____
- f. Distance from Original Well: _____ Feet
- g. Design Pump Capacity _____ GPM
- h. Estimated total annual pumpage: _____ Acre-Feet Per Year
- i. Diameter: _____ Inches
- j. Depth: _____ Feet
- k. Type of Casing: _____
- l. Has the well to be replaced been physically abandoned? Yes No
- m. If no, will it be? Yes No If Yes when: _____

I state that this Notice is filed in compliance with Rules A.A.C. R12-15-809 and is complete and correct to the best of my knowledge and belief, and that I understand the conditions set forth in the general instructions and specific instructions for this application.

Type or Print Name	Applicant's Signature	Title	Date
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Type or Print Name	Land Owner's Signature	Title	Date
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WELL CONSTRUCTION SUPPLEMENT (form DWR 55-90)

Well Registration Number 55-_____

1. Well Location:

_____ ¼ of the _____ ¼ of the _____ ¼, Sec. _____, Township _____ Range _____.
10AC 40AC 160AC

2. Position Location of the Well:

Latitude _____ ° ' " Longitude _____ ° ' "

Datum: • NAD 83 • NAD 27 • Other: _____

3. County _____.

4. Date construction to start: _____.

5. Time period well will remain in use: _____.

6. Is pump equipment to be installed? _____ If so, design pump capacity: _____ GPM.

7. Well construction plan:

a. Drilling method (mud rotary, hollow-stem auger, etc.) _____.

b. Borehole diameters _____ inches from _____ feet to _____ feet.

_____ inches from _____ feet to _____ feet.

c. Casing materials _____.

d. Method of well development (bail, air lift, surge, etc.) _____.

e. Will surface or conductor casing extend above grade? _____.

8. Include a detailed construction diagram of the proposed well design. The diagram should verify consistency with minimum construction requirements specified in the Department's well construction rules found in Arizona Administrative Code (A.A.C.) R12-15-801 et seq. Specifically, the diagram should include borehole diameters; casing materials and diameters; perforation intervals; the expected water level; depth and thickness of the surface seal; proposed grouting materials; and the length that the surface or conductor casing will extend above grade, or vault details, if specified.

Pursuant to Arizona Revised Statutes (A.R.S.) § 45-594.B, all well construction, replacement, deepening and abandonment operations shall comply with the rules adopted pursuant to this section. Therefore, any existing well that is deepened or modified must be brought into compliance with minimum well construction standards specified above, if not already in compliance.

9. Proposed materials and method of abandonment if well is to be abandoned after project is completed (Minimum requirements per A.A.C. R12-15-816):

10. Is the proposed wellsite within 100 feet of a septic tank system, sewage disposal area, landfill, hazardous waste facility, storage area of hazardous material, or petroleum storage area or tank? ____Yes ____No

11. Is this well to monitor existing contamination? ____Yes ____No

Potential contamination? ____Yes ____No If yes, please provide explanation: _____

12. Name of Consulting firm, if any: _____

Address _____ City _____ State _____ Zip _____

Contact Person: _____ Telephone Number: _____

13. Drilling firm _____

DWR License Number: _____ ROC License Category: _____

14. Special construction standards, if any, required pursuant to A.A.C. R12-15-821: _____

I (we), _____ hereby affirm that all information provided in this
(print name) application is true and correct to the best of my/our
knowledge and belief.

Signature of Applicant _____ Date _____