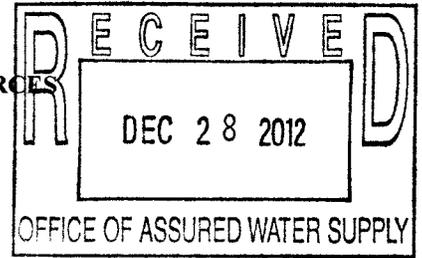


ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



APPLICATION FOR GROUNDWATER SAVINGS FACILITY PERMIT (§ 45-812.01)

The initial fee for a Groundwater Savings Facility Permit Application is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of reviewing your application exceed \$1,000, you will be invoiced for the difference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card, (if you wish to pay by credit card, please contact the Recharge Program at 602-771-8599). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. **Failure to enclose the initial application fee will cause the application to be returned. Fees for a Groundwater Savings Facility Permit Application are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103.**

FOR OFFICE USE ONLY
Application No.: 72-534489.0005
Date Received: 12/28/12

PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

GENERAL INFORMATION

- Name of Applicant: Hohokam Irrigation & Drainage District
142 South Arizona Blvd. Coolidge Arizona 85128
Mailing Address City State Zip
Facility Contact Person Sidney Smith Telephone 520 723 7751 Fax 520 723 4939
- Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Pinal AMA, Eloy basin
- Name of the owner(s) of the land where the facility will be operated Owner/Operators listed on Exhibit B
Mailing Address 142 South Arizona Blvd. Coolidge AZ 85128
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
- Legal description of the location of the facility See Exhibit A
(quarter/quarter/quarter/section, township and range)
- Name of recipient(s) of in lieu water. Attach list if necessary See Exhibit B

6. The maximum annual amount of water that may be stored at the facility 55,000 A.F.

7. Proposed duration of permit _____

8. Registration number(s) and location of well(s) from which groundwater withdrawals will be curtailed.
(If more than two wells, attach an additional page) See Exhibit B

55-_____ Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____ 1/4 _____

55-_____ Township _____ Range _____ Section _____ 1/4 _____ 1/4 _____ 1/4 _____

9. Please attach the following:

A. A detailed plan for proving the amount of annual groundwater savings.

B. Plan of operation for the facility that: (1) Describes the facility in detail; (2) Demonstrates direct reduction or elimination of groundwater withdrawals resulting from the receipt of in lieu water; (3) Demonstrates that the substitute or in lieu water would not have been a reasonable alternative to the recipient without the project; (4) Demonstrates that the substitute or in lieu water was not delivered before 9/1/90; (5) Demonstrates that the substitute or in lieu water is the only reasonably available substitute for groundwater; (6) Describes the area of impact of the water storage.

NOTARIZED SIGNATURE

I (We), Sidney Smith, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

520-723-7751
Telephone

Sidney B. Smith
Signature of owner or authorized agent

General Manager

Title

142 S. Arizona Blvd. Coolidge AZ 85128

Mailing Address _____ City _____ State _____ Zip _____

STATE OF ARIZONA)
County of Pinal) ss.

Subscribed and sworn to before me this 27 day of December, 20 12.

[Signature]
Notary Public

5-26-15
My commission expires:

