ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8500 Fax (602) 771-8689

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MAY 02 2014
ARIZONA DEPARTMENT OF WATER RESOURCES

APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

FOR OFFICE USE ONLY
Application No.: 74-221742.0003
Date Received: May 2, 2014

The initial fee for an application for a Recovery Well Permit 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 Groundwater Permitting Program at 602-771-8527). 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 an application for a Recovery Well Permit are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103.**

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

1. Name of Applicant: SFI Grand Vista, LLC c/o iStar Financial, Inc.

   4350 Von Karman Ave., Ste 225 — Newport Beach — CA — 92660
   Mailing Address — City — State — Zip

   Contact Person: Eric Brooks Telephone: (949) 567-2419 Fax: _____

2. 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: Phoenix AMA, Phoenix AMA Basin, West Salt River Valley Sub-basin

3. Name of the owner(s) of the land where wellsites are located: SFI Grand Vista, LLC c/o iStar Financial, Inc.

   Mailing Address: 4350 Von Karman Ave., Ste 225 Newport Beach, CA 92660
   (If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used: Township 5 North, Range 2 West, Section 9

(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for Public Supply

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No._____

   or long-term storage account number. 70-441227.0000

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼,¼,¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼,¼,¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well
55-223472	DDC, 09, 5N, 2W (T5N R2W Sec 09 CDD)	1,000	1,250	18	1,613	April, 2016	4 months

I (We), Eric Brooks **, 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.**

(949) 567-2419
Telephone

Eric Brooks
Signature of owner or authorized agent

Vice President
Title

4350 Von Karman Ave., Ste 225 | Newport Beach | CA | 92660
Mailing Address | **City** | **State** | **Zip**

STATE OF CALIFORNIA)
) ss.
County of Orange)

Subscribed and sworn to before me this 23 **day of** April **, 20** 14 **.**

Crystal Hall
Notary Public

Feb 9, 2016
My commission expires:

CRYSTAL HALL
Commission No. 1969064
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Comm. Expires FEBRUARY 9, 2016