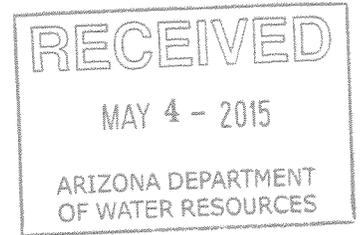


ARIZONA DEPARTMENT OF WATER RESOURCES
 Water Management Division
 3550 North Central Ave, 2nd Floor
 Phoenix, Arizona 85012-2105
 Phone (602) 771-8500 Fax (602) 771-8689



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

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.**

FOR OFFICE USE ONLY

Application No.: 7A-2247210000
 Date Received: 5-4-2015

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

1. Name of Applicant: Corrections Corporation of America, Inc.

<u>10 Burton Hills Boulevard</u>	<u>Nashville</u>	<u>Tennessee</u>	<u>37215</u>
Mailing Address	City	State	Zip

 Contact Person Jack Cook, Jr. Telephone 520-483-4465 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 Pinal AMA; Eloy sub-basin

3. Name of the owner(s) of the land where wellsites are located Corrections Corporation of America, Inc.
 Mailing Address same as above
 (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 7 South, Range 8 East, Section 16

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

5. The recovered water will be used for domestic uses inside correctional facility

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-220045.0000
or long-term storage account number, 70-431200.0000

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
CCA *	55-206369	D(7-8)16DDD		773	19	1207.5	5/12/2005
CCA	55-210415	D(7-8)16CDD		750		1046.5	4/5/2006
CCA	55-216456	D(7-8)16DBB		1000	17	531.3	9/5/2008

*Corrections Corporation of America

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
not assigned	D(7-8)16ADD	734	600	16"	1181.7	Dec 2015	3 months

I (We), Corrections Corporation of America, 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.

520-483-4465
Telephone

Kenneth M. [Signature]
Signature of owner or authorized agent

Director, FM, BU1
Title

10 Burton Hills Boulevard Nashville TN 37215
Mailing Address City State Zip

STATE OF ~~ARIZONA~~ Tennessee)
County of Davidson) ss.

Subscribed and sworn to before me this 10th day of April, 2015.

Miriam S. Linville
Notary Public

November 5, 2018
My commission expires:

