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RECHARGE

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 UNDERGROUND STORAGE FACILITY PERMIT (A.R.S. § 45-811.01)

APPLICATION FEE $ 750.00 DUE UPON FILING

PERMIT FEE OF $ 500.00, PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE OF PERMIT

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

FOR OFFICE USE ONLY
Application No.: 71-211285
Date Received: 5-29-07

FACILITY DESIGN: (check one)

- [x] **Constructed**
- [ ] **Managed**

APPLICATION FOR: (check one)

- [x] **Underground Storage Facility (USF)**
- [ ] **Modification of USF permit no.:** 71-_____
- [ ] **Renewal of USF permit no.:** 71-_____

GENERAL INFORMATION

1. Name of Applicant: Santa Rosa Utility Company
   9532 E. Riggs Road — Sun Lakes — AZ — 85248
   Mailing Address — City — State — Zip
   Contact Person: Jim Poulos Telephone: 480-895-4251 Fax: 480-895-4347

2. Is this a State Demonstration Project? _____ Yes X No
   (NOTE: Pursuant to A.R.S. § 45-893.01, only Conservation Districts qualify to participate in State Demonstration Project program.)

3. Name of Active Management Area or Irrigation Non-Expansion Area where the facility will be located:
   Pinal AMA
   (If the facility is NOT located within an AMA or INA, please indicate "NONE.")

4. Name of groundwater basin and subbasin where the facility will be located:
   Pinal AMA and Maricopa-Stanfield Sub-basin

5. Legal description of the location of the facility: Southern Halves of Sections 26 and 27
   Township 5 South, Range 3 East
   (quarter/quarter/quarter/section, township and range – see Appendix C of USF Application Guide)

6. Does the applicant own the land where the facility is to be located? _____ Yes __X__ No

7. The total design capacity of the facility: 96,340
(acre-feet to be stored over the duration of the USF permit)

8. The maximum annual amount of water proposed for storage at this facility: 4,817
(acre-feet per year)

9. Proposed duration of permit: 20 years
(years)

10. Type of source water to be stored:

☐ CAP Water ☒ Effluent ☐ Decreed and Appropriative Surface Water

If Decreed and Appropriative Surface Water, list river(s): _____

11. I agree under penalty of law to obtain any required floodplain use permit from the county flood control district before beginning any construction activities, as required by A.R.S. § 45-811.01(C)(4). ☒ Agree ☐ Disagree

12. **For managed USFs where effluent will be stored only:** Are you requesting that this facility be designated as a facility that could add value to a national park, national monument or state park, as described in A.R.S. § 45-811.01(D)?

☐ Yes ☐ No N/A

If yes, please submit a completed USF Permit Application Supplement to designate a Managed Underground Storage Facility as one that could add value to a national park, national monument, or state park and all additional information as described on the USF Permit Application Supplement.

13. **For permit modifications only**, give a brief description of the modification(s) requested by this application: N/A

_____

_____

SUPPORTING EVIDENCE

Check the following items that have been included with this submittal. For a new USF application, all items must be submitted prior to receiving a complete and correct determination by the Department. For a modification to an existing USF permit, submit only those items that apply to the modification. For a full description of these requirements refer to the USF Application Report in the USF Application Guide.

14. USF Site and Facility Characteristics:

☒ Site Characteristics ☒ Geology

☒ Facility Characteristics ☒ Hydrogeology

15. Unreasonable Harm and Hydrologic Feasibility Analysis:

☒ Procedures and Results for Calculating Maximum Area of Impact and Mounding Analysis

☒ Land and Water Use Inventory ☒ Unreasonable Harm Analysis ☒ Monitoring Plan

☒ Water Quality ☒ Hydrologic Feasibility Conclusions ☒ Operation and Maintenance

16. Legal Requirements:

X Technical Capability X Financial Capability X Legal Access

NOTARIZED SIGNATURE

I (We), Jim Poulos, 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.

480-895-4251
Telephone

Signature of owner or authorized agent

General Manager
Title

9532 E. Riggs Road	Sun Lakes	AZ	85248
Mailing Address	City	State	Zip

STATE OF ARIZONA)
) ss.
County of Maricopa)

Subscribed and sworn to before me this 4 day of MAY, 2007

Margaret E. Gompert
Notary Public

Sept. 30, 2007
My commission expires

MARGARET E. GOMPERT
Notary Public - Arizona
Maricopa County
My Commission Expires
September 30, 2007