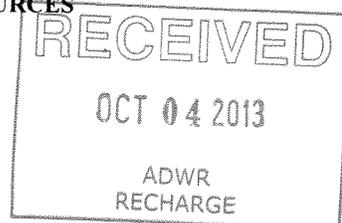


ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



RENEWAL (72-538100.0006)

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

FOR OFFICE USE ONLY  
Application No.: 72-538100.0007  
Date Received: 10-04-2013

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.

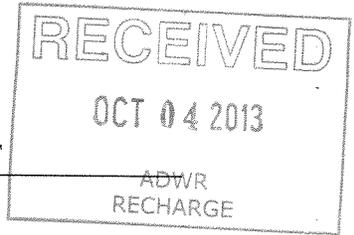
PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

GENERAL INFORMATION

- Name of Applicant: CORTARO-MARANA IRRIGATION DISTRICT  

<u>12253 W. GRIER ROAD</u>	<u>MARANA</u>	<u>AZ</u>	<u>85653</u>
Mailing Address	City	State	Zip

  
 Facility Contact Person LAURIE HUGHES Telephone 520-682-3233 Fax 520-682-3456
- 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 TUCSON AMA  
AVRA/ALTER VALLEY AND UPPER SANTA CRUZ
- Name of the owner(s) of the land where the facility will be operated SEE ATTACHMENT A  
 Mailing Address \_\_\_\_\_  
*(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 ATTACHMENT C  
*(quarter/quarter/quarter/section, township and range)*
- Name of recipient(s) of in lieu water. Attach list if necessary. CORTARO-MARANA IRRIGATION DISTRICT



- 6. The maximum annual amount of water that may be stored at the facility 20,000 ACRE-FEET
- 7. Proposed duration of permit 20 YEARS
- 8. Registration number(s) and location of well(s) from which groundwater withdrawals will be curtailed. **SEE ATTACHMENT B**  
(If more than two wells, attach an additional page)  
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: **SEE ATTACHMENT D**
  - 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 of 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), LAURIE HUGHES, 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.

520-682-3233  
Telephone

Laurie Hughes  
Signature of owner or authorized agent

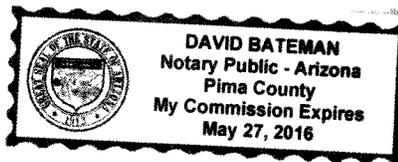
Office Manager / Secretary / Treasurer  
Title

12253 W. GRIER ROAD MARANA AZ 85653  
Mailing Address City State Zip

STATE OF ARIZONA )  
County of PIMA ) ss.

Subscribed and sworn to before me this 1<sup>ST</sup> day of OCTOBER, 20 13.

David Bateman  
Notary Public



5/27/16  
My commission expires: