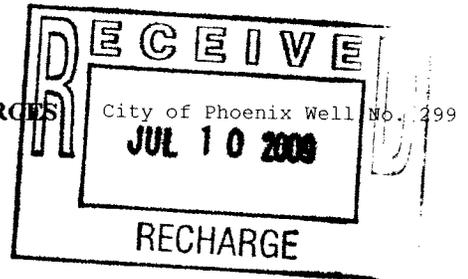


ARIZONA DEPARTMENT OF WATER RESOURCES  
Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



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

APPLICATION FEE OF \$ 50.00 PER WELL FOR  
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL  
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS  
NOTICE AND PUBLICATION FEES TO BE DETERMINED,  
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

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

<b>FOR OFFICE USE ONLY</b>	
Application No.:	<u>74-205389.0001</u>
Date Received:	<u>7-10-08</u>

- Name of Applicant: City of Phoenix, Water Services Department  
200 W. Washington St., 8<sup>th</sup> floor Phoenix, Arizona 85003-1611  
Mailing Address City State Zip  
Gary Gin, R.G. or,  
Contact Person Aimee D. Conroy, P.E. Telephone (602) 495-5654 Fax (602) 495-5843
- 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 East Salt River Valley Sub-basin of  
the Phoenix Active Management Area
- Name of the owner(s) of the land where wellsites are located City of Phoenix  
Mailing Address 200 West Washington St., Phoenix, Arizona 85003-1611  
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
- Legal description of the land where water will be used NE<sup>1</sup>/<sub>4</sub>, SE<sup>1</sup>/<sub>4</sub>, SW<sup>1</sup>/<sub>4</sub>, Sec. 36, T.5N., R.3E.  
(quarter/quarter/quarter/section, township and range)
- The recovered water will be used for Municipal Use

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-216386.0000  
 or long-term storage account number. \_\_\_\_\_

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
City of Phoenix	55-214540	NE, SE, SW, 36 T.5N., R.3E.	2,000	1,435 (cased)	18 <sup>5/8</sup>	4,194	Sept. 15, 2007

8. Complete the following for each proposed well to be constructed. (not applicable)

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

I (We), Aimee D. Conroy, 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.

(602) 534-2976  
Telephone

Aimee D. Conroy  
Signature of owner or authorized agent

Water Services Department Superintendent  
Title

City of Phoenix Water Services Dept.,  
200 W. Washington St., Phoenix, Arizona 85003-1611  
Mailing Address City State Zip

STATE OF ARIZONA )  
County of MARICOPA )

)  
) ss.

Subscribed and sworn to before me this 9th day of July, 2009.

Diana Behrens  
Notary Public

NOVEMBER 19, 2011  
My commission expires:

