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

RECEIVED
DEC - 6 2011

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

FOR OFFICE USE ONLY
Application No.: 74-221189.0000
Date Received: Dec 6, 2011

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: Arizona Public Service Company

   400 North 5th Street; MS 9424, Phoenix, AZ 85004
   Mailing Address City State Zip

   Contact Person Robert Lotts Telephone (602) 250-3905 Fax (602) 250-4494

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 Subbasin

3. Name of the owner(s) of the land where wellsites are located Gila River Indian Community (Community)

   Mailing Address Post Office Box 97, 525 West Gu u Ki, Sacaton, Arizona 85247
   (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 T4S R7E Sections 27, 29, T5S R7E Sections 1, 12
   (Tribal Land)

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

5. The recovered water will be used for Irrigation water on the GRIC reservation. This water will be exchanged for CAP water owned by the GRIC and will be sent to the Sundance Power Plant via the CAP canal and Hohokam IDD. Please see associated "Notice of Water Exchange Contract."

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

   or long-term storage account number. Sub-account under LTSA #70-441160

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
GRIC	SW-35	NW,SW,NE 12 5S 7E	2,160	1218	16	0-400	5/11/1995
GRIC	SW-25	NW,SW,SW 27 4S 7E	2,215	480	16	0-400	4/5/1995
GRIC	SW-21	SW,NW,SE 01 5S 7E	1,380	750	16	0-400	4/5/1995
GRIC	SW-27	NW,SW,NE 29 4S 7E	2,420	720	16	0-400	5/11/1995

* Community well numbering. Per Ken Slowinski,Chief Counsel, Community wells do not need to have an ADWR registration # for this application.

** Total combined annual volume by all four wells not to exceed 400 AF/Year

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

I (We), Arizona Public Service Company **, 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) 250-3905
Telephone

Signature of owner or authorized agent

Robert Lotts, Manager, Water Resource Planning
Title

400 North 5th Street; MS 9424 — **Mailing Address**
Phoenix — **City**
AZ — **State**
85004 — **Zip**

STATE OF ARIZONA)
) **ss.**
County of MARICOPA)

Subscribed and sworn to before me this 7th **day of** NOVEMBER **, 20** 11 **.**

Notary Public

My commission expires:

OFFICIAL SEAL
BARBARA J. DUBISHAR
Notary Public - State of Arizona
MARICOPA COUNTY
My Comm. Expires Dec. 12, 2014

Consent from Gila River Indian Community to allow Arizona Public Service Company to use the wells listed on this application for recovery purposes:

11-28-11