



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 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.

FOR OFFICE USE ONLY
Application No.: 74-565003, 1100
Date Received: 10-19-09

- 1. Name of Applicant: City of Surprise
16000 N. Civic Center Plaza Surprise AZ 85374
Mailing Address City State Zip
Contact Person Christine Nunez Telephone 623-222-7000 Fax 623-222-7001
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 Phoenix AMA
3. Name of the owner(s) of the land where wellsites are located City of Surprise
Mailing Address (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 Nw1/4, SE1/4, SE1/4, Sec 15, T3N, R1W
(quarter/quarter/quarter/section, township and range)
5. The recovered water will be used for Municipal and Industrial Purposes

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 70-441155  
 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
Keshvar	55-214257	B(3-1)15BDD	1387	1845	16 5/8	1210	7/25/07

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

