

JUN 6 2016

DOCKETED ONLINE

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF APACHE

MAY 25 PM 3: 13

IN RE THE GENERAL ADJUDICATION
OF ALL RIGHTS TO USE WATER IN THE
LITTLE COLORADO RIVER SYSTEM AND
SOURCE

NO. 6417

WILLIAM W. WELLS, CLERK
APACHE CO SUPERIOR COURT

OBJECTION TO THE FINAL
HYDROGRAPHIC SURVEY REPORT
FOR THE HOPI RESERVATION
(Deadline to file: June 15, 2016)

RECEIVED

JUN 13 2016

OBJECTOR

FOWLER, CHELCEY R & LYNDIA J.
Name *FOWLER, LINDA SLADE, FOWLER FAMILY LIVING TRUST*
Address *10301 E. EDNA PLACE, TUCSON, AZ 85748*
Telephone No. *(520) 721-0706*
Statement of Claimant No. 39-*89219*

LEGAL
DEPT OF WATER RESOURCES

STATEMENT OF OBJECTION

The water right attributes described in Chapter 5 of the Final Hopi Hydrographic Survey Report are listed below. I object to one or more of the proposed water right attributes for the factual and/or legal reasons stated below. A description of the evidence to support those reasons is also provided:

1. Type of Use OTHER USES
2. Legal Basis RIGHT TO WITHDRAW GROUND WATER
3. Water Sources GROUND WATER
4. Point of Diversion SE 1/4, SE 1/4, SW 1/4, SECTION 16, TOWNSHIP 8N, RANGE 29 E
* MEANS OF DIVERSION: WELL / OTHER: WINDMILL
5. Place of Use COUNTY: APACHE
LEGAL SUBDIVISION SE 1/4, SECTION 16, TOWNSHIP 8N, RANGE 29 E
6. Date of Priority 1942
7. Quantity of Water Use 13 ACRE- FEET

ATTACH ANY ADDITIONAL COMMENTS, INFORMATION OR DOCUMENTATION

VERIFICATION

STATE OF Arizona
County of Maricopa

I declare under penalty of perjury that I am a claimant or the duly authorized representative of a claimant. I have read the Statement of Objection and verify, swear, and affirm that the information contained is true based on my personal knowledge, or is believed to be true based on information and belief.

Signature of Objector or Representative

Sydney Fowler

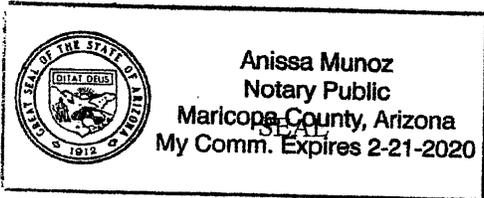
Name

10301 East Edna Place

Address

Tucson, Arizona 85748

SUBSCRIBED AND SWORN to before me this 21st day of May, 2016.



Anissa Munoz

Notary Public for the State of Arizona

My Commission Expires 02/21/2020

CERTIFICATE OF SERVICE

On this 21st day of May, 2016, I hereby certify that the original Objection and two copies were filed with:

Clerk of the Superior Court
Apache County
70 West Third South
St. Johns, AZ 85936

On this 21st day of May, 2016, I further certify that a true and correct copy of this Objection was sent by first class mail to:

Joseph P. Mentor, Jr.
Bill Aloe
Mentor Law Group, PLLC
315 Fifth Avenue South, Suite 1000
Seattle, Washington 98104
Counsel for the Hopi Tribe

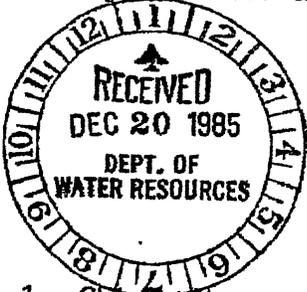
Vanessa Boyd Willard
Indian Recourses Section, ENRD
United States Department of Justice
Denver Field Office
999 18th South Terrace, Suite 370
Denver, Colorado 80202
Counsel for the United States

DAVID A. BROWN
Attorney at Law
P.O. Box 1890
St. Johns, AZ 85936
Telephone: 337-4225

STATEMENT OF CLAIMANT FORM
FOR
OTHER USES¹

For Departmental Use Only

File No. 39- 89219
Date Filed: 12-20-85
WFN _____



LITTLE COLORADO RIVER WATERSHED ADJUDICATION
SUPERIOR COURT OF APACHE COUNTY

1. Claimant Name: Chelcey R. and Lynda Slade Fowler
Claimant Address: 8516 Evangeline NE City Albuquerque
State: New Mexico Zip Code 87111 Telephone 505-292-0201

2. Basis of Claim:
- A. Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No. _____
 - B. Appropriation Right acquired after June 12, 1919. Application No. _____, Permit No. _____, or Certificate of Water Right No. _____
 - C. Decreed water right. Principal litigants, court, date and case no.: _____
 - D. Right to withdraw groundwater.
 - E. Other, describe: _____

3. Claimed Priority Date: 1942 (month/day/year)

4. Use:
- A. Municipal
 - B. Commercial or Industrial
 - C. Mining
 - D. Stockwatering other than from a stockpond
 - E. Recreation, Fish & Wildlife
 - F. Other, describe: _____

5. Source of Water:
- A. Stream: name _____, tributary to _____
 - B. Spring: name _____, tributary to _____
 - C. Lake or Reservoir: name _____, tributary to _____
 - D. Groundwater

6. Legal description of the Point of Diversion: (attach additional sheet if required)
SE 1/4, SE 1/4, SW 1/4, Section 16, Township 8 N/S, Range 29 E/W

7. If there are Irrigation, Domestic or Stockpond uses also supplied from the Point of Diversion, describe:

8. Means of Diversion:
- A. Instream pump
 - B. Gravity flow into ditch, canal or pipeline.
 - C. Well: Arizona State Land Department, Arizona Water Commission or Arizona Department of Water Resources Intent to Drill File No. _____
 - D. Other, describe _____

¹See Instructions for explanation of uses in this category

9. Means of Conveyance:

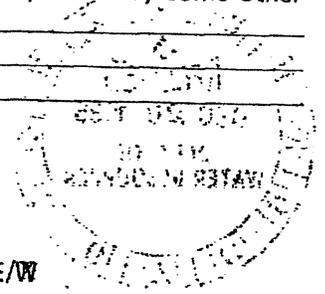
A. Ditch, canal or pipeline. If the means of conveyance is owned and/or operated by some other entity, please give name and address: _____

B. Other, describe: Windmill

10. Place of Use, if other than point of diversion: (attach additional sheet if required)

County Apache

Legal Subdivision	Section	Township	Range
<u>SE 1/4</u>	<u>16</u>	<u>8 N/S</u>	<u>29 E/W</u>
_____	_____	_____ N/S	_____ E/W



11. Claimed Right:

A. Maximum Flow Rate: 8 cubic-feet per second
 gallons per minute
 Arizona miner's inches

B. Annual Volume of Water Use: 13 acre-feet

C. Storage Right: _____ acre-feet

12. Attach photographs, maps or sketches necessary to show the point of diversion, storage reservoir(s), place(s) of use and means of conveyance. Map attached.

13. It may be necessary for a representative from the Department of Water Resources to inspect the diversion, conveyance and place of use. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant _____

14. Should it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person? Please contact attorney.

15. Attach Filing Fee to Form. Mail form(s) and fee(s) to: Department of Water Resources, P.O. Box 2920, Phoenix, AZ 85062.

16. Additional comments: _____

(attach additional sheet if required)

17. Notarized Statement:

I (We), David A. Brown, attorney for
the claimant(s) named in this claim, do hereby certify under 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.

David A. Brown
David A. Brown

(seal)

Beverly Eves
Notary Public

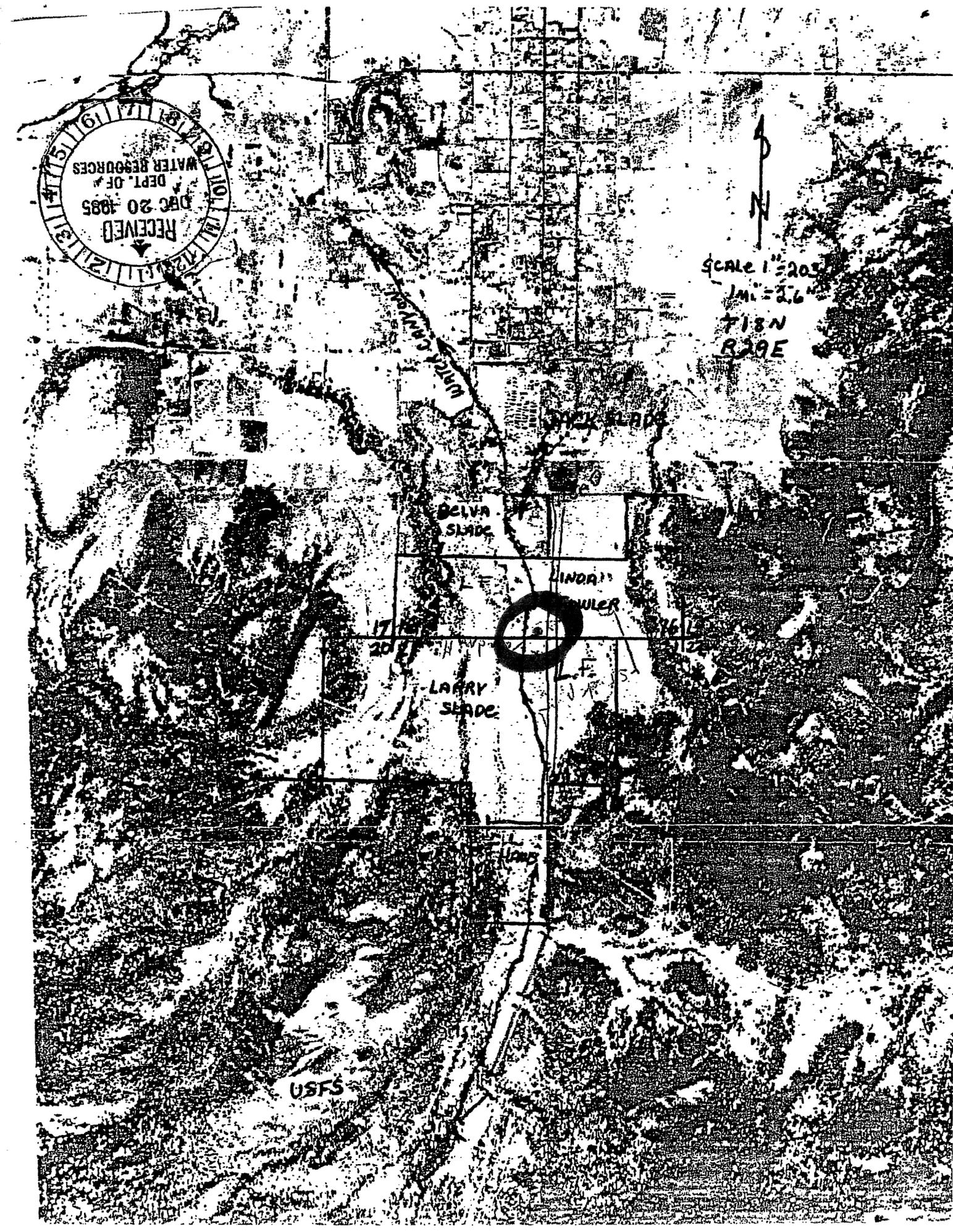
My Commission Expires:

My Commission Expires December 31, 1999.

or, _____
Authorized Personnel of the Department of Water Resources

RECEIVED
DEC 20 1985
DEPT. OF
WATER RESOURCES

Scale 1" = 203'
1 mi = 2.6"
T18N
R29E



CHELCEY R & LYND A SLADE FOWLER
 8516 EVANGELINE NE
 ALBUQUERQUE NM 87111

STATE OF ARIZONA
 DEPARTMENT OF WATER RESOURCES
 WATER RIGHTS ADMINISTRATION
 99 EAST VIRGINIA
 PHOENIX, ARIZONA 85004

RECEIPT

KIND ENTRY	FILE REFERENCE NO.
39	89211
	THRU
39	89219

FUND SOURCE	ACCOUNT NO.			INT. ACCT.	ITEM DESCRIPTION	RATE	\$ AMOUNT
	AGENCY	CHAPTER	DIV.				
					FILING-FEE FOR STATEMENT OF CLAIMANT		
					LITTLE COLORADO ADJUDICATION (9)		180.00
						WRITER PAYMENT	
						GUESTS 1	
						CHK NO 1088	
						L-COLO 180.00	
						TAX 0.00	
						TOTL 180.00	
						ADJ.CHEK 180.00	

CHECK 1088

3/31/86 im

TOTAL

# 206 A	12:40
\$	180.00

8-01-07



Arizona Department of Water Resources
Water Management Support Section
P.O. Box 458 • Phoenix, Arizona 85001-0458
(602) 771-8500 • (800) 352-8488
www.azwater.gov

FEE

Late Registration of a Well

- Review instructions prior to completing form in black or blue ink.
- You **must** include with your application:
 - check or money order for the fee(s)
- Authority for fee: A.R.S. § 45-113(B), A.A.C. R12-15-151(B)(4)(a)

AMA / INA	B SB		
RECEIVED	DATE	WS	
ISSUED	DATE	WQARF	CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER 55 -

** PLEASE PRINT CLEARLY **

SECTION 1. REGISTRY INFORMATION

Well Type	Fee	Location of Well					
CHECK ONE		WELL LOCATION ADDRESS (IF ANY)					
<input checked="" type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm and water is not used for irrigation purposes inside an AMA.) (See instructions.)	\$10	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm and the well is located outside an AMA.) (See instructions.)	\$20	3 N	29 E	16	SE 1/4	SE 1/4	SW 1/4
ORIGINAL WELL DRILLING FIRM (IF KNOWN)		LATITUDE			LONGITUDE		
Land Owner		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
ORIGINAL WELL DRILL DATE (ESTIMATE IF NOT KNOWN)		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held					
1942		<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade					
PROPERTY OWNER WHEN WELL WAS DRILLED (IF KNOWN)		*IF GPS, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
Joseph Henry Slade		<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					
		COUNTY ASSESSOR'S PARCEL ID NUMBER				# OF ACRES	
		BOOK	MAP	PARCEL			
		PLACE OF USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)					
		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
					1/4	1/4	1/4
		COUNTY WHERE WELL IS LOCATED					
		Apache					

SECTION 2. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
Chelcy R. & Lynda Slade Fowler	N/A	
MAILING ADDRESS	MAILING ADDRESS	
10301 E. Edna Pl.		
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE	
Tucson, AZ 85748		
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE	
Lynda Slade Fowler		
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER
520-721-0706	1-520-721-0706	

SECTION 3.

Questions	Yes	No	If Yes:
1. Is the well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?		✓	
2. Is there another well name or identification number associated with this well? (e.g., Lot 39 Well, MW-1, Smith Well, etc.)		✓	PLEASE STATE
3. If this well is an exempt well, is it the second exempt well on this parcel for the same use?		✓	

SECTION 4. WATER/SITE INFORMATION		
Principal Use of Water CHECK ONE <input type="checkbox"/> Irrigation (# of acres _____) <input type="checkbox"/> Utility <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Mining <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Recharge <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (please specify):		Other Uses of Water CHECK ALL THAT APPLY <input type="checkbox"/> Irrigation (# of acres _____) <input type="checkbox"/> Utility <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Mining <input type="checkbox"/> Stock <input type="checkbox"/> Recharge <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (please specify):
		MAXIMUM PUMP CAPACITY Windmill 8 Gallons Per Minute TOTAL DEPTH OF WELL 60' Feet Below Land Surface STATIC WATER LEVEL 50' Feet Below Land Surface

SECTION 5. EXISTING WELL CONSTRUCTION DESIGN (attach additional page if needed)															
Borehole			Existing Casing (to the best of your knowledge)												
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)				SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE		SLOTTED
			0'	20' 8"	✓										
As per date of construction of this well We presume it to be a pipe driven well															

Existing Annular Material (to the best of your knowledge)												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
									NA			

I state that this registration is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER OR LANDOWNER	DATE
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