

ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
MAIL TO: P.O. BOX 36020, PHOENIX, ARIZONA 85067-6020
3550 North Central Avenue, Phoenix, Arizona 85012
Phone (602) 771-8527 • Fax (602) 771-8690

**APPLICATION FOR PERMIT TO WITHDRAW POOR QUALITY GROUNDWATER
 WITHIN AN ACTIVE MANAGEMENT AREA (A.R.S. § 45-516)**

I. INSTRUCTIONS

1. COMPLETE ALL APPROPRIATE ITEMS ON THIS APPLICATION AND PROVIDE REQUIRED SIGNATURE(S).

2. Mail to P.O. Box 36020, Phoenix, Arizona 85067-6020 or deliver in person to the above address.

3. The initial fee for an Application for a Permit to Withdraw Poor Quality Groundwater 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 and Wells 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 a Permit to Withdraw Poor Quality Groundwater are authorized by A.R.S. § 45-113 and A.A.C. R12-15-103.**

FOR DEPARTMENT USE ONLY	
Application/Permit No. _____	
Filed _____	
AMA _____	
S/B _____	
W/S _____	

4. Use explanatory section on back for clarification if necessary.

5. This application should be used to obtain a permit to:

- a. Withdraw poor quality groundwater to fill or refill a body of water (an Application for Permit to Use Water to Fill or Refill a Body of Water, DWR form 55-98, is also required).
- b. Withdraw poor quality groundwater which, because of its quality, has no other beneficial use.

6. Withdrawal of groundwater must be consistent with the management plan of the Active Management Area.

II. GENERAL DATA:

Please check one:

- New Application
- Renewal of Permit No. 59-_____.
- Modification of Permit No. 59-_____.

1. NAME OF APPLICANT:

Name	Contact Person			
Mailing Address				
City	State	Zip Code	Phone Number	E-mail Address

2. NAME OF LANDOWNER where groundwater will be withdrawn:

Name	Contact Person
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Mailing Address

City State Zip Code Phone Number E-mail Address

3. Parcel # (s) _____

4. Groundwater will be withdrawn within the _____ sub-basin of the _____ Active Management Area.

5. NAME OF OWNER OF WELL(S):

Name Contact Person

Mailing Address

City State Zip Code Phone Number E-mail Address

6. Name of facility or body of water where water will be used (if applicable) _____

7. State the specific purpose for which groundwater will be withdrawn: _____

8. Location of facility or body of water (if applicable) _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Township _____ Range _____, _____ AMA.

9. (Check) Order for remedial action attached.

EPA Identification No: _____ EPA Program Name: _____

Contract No: _____ (Federal) _____ (State)

Other identification: _____

10. Groundwater to be withdrawn by means of:

A. WELLS ALREADY IN EXISTENCE:

Registration No.	Location	Depth	Diameter of Casing	Casing Type
55- _____	_____	_____	_____	_____
55- _____	_____	_____	_____	_____

B. WELLS TO BE NEWLY CONSTRUCTED:

Complete and attach Well Construction Supplement, DWR form 55-90, for each new well to be drilled.

11. (Check) Test results attached that show that water is of such poor quality that it cannot be used for another beneficial use without treatment.

12. (Check) Result of economic feasibility study attached to show that it is not economically feasible to treat water and transport it for another beneficial use.

13. Explain applicant's plans to beneficially use the water: _____

14. Explain how the withdrawal of groundwater under this application is consistent with the management plan for the Active Management Area:

15. Estimated quantity of the source of poor quality groundwater: _____ acre-feet.

16. Annual amount of poor quality groundwater to be withdrawn: _____ acre-feet.

17. Request is for _____ years (maximum 35 years subject to earlier termination by the Department).

I (we), _____ hereby affirm that all information provided in this application is true and correct to the best of my/our knowledge and belief.
(print name)

Signature of Applicant(s) _____ Date _____

Signature of Landowner _____ Date _____
(If applicable)

Signature of Well Owners _____ Date _____
(If applicable)