



Arizona Department of Water Resources
 Groundwater Permitting and Wells Section
 P.O. Box 36020 Phoenix, Arizona 85067-6020
 (602) 771-8527 • (602) 771-8690 fax
 • www.azwater.gov •

**Notice of Intent to
 Abandon a Well**

**FEE
 \$150.00**

- ❖ Review instructions and the Well Abandonment Handbook prior to completing form with black or blue ink.
- ❖ You **must** include with your Notice:
 - Well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.
- ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104

TO BE COMPLETED BY ADWR			FILE NUMBER
AMA/INA	B	SB	
RECEIVED DATE	WS		WELL REGISTRATION NUMBER
ISSUED DATE	WQARF	CERCLA	55-

SECTION 1. REGISTRY INFORMATION

To determine the location of well, please refer to the Well Registry Map (<https://gisweb.azwater.gov/WellRegistry/Default.aspx>) and Google Earth (<http://www.earthpoint.us/Townships.aspx>)

Well Type	Location of Well					
CHECK ONE	WELL LOCATION ADDRESS (IF ANY)					
<input type="checkbox"/> Domestic <input type="checkbox"/> Monitor / Piezometer	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
<input type="checkbox"/> Stock <input type="checkbox"/> Geotechnical				1/4	1/4	1/4
<input type="checkbox"/> Irrigation <input type="checkbox"/> Mineral Exploration	COUNTY ASSESSOR'S PARCEL ID NUMBER			COUNTY WHERE WELL IS LOCATED		
<input type="checkbox"/> Municipal <input type="checkbox"/> Other (please specify):	BOOK	MAP	PARCEL			
ORIGINAL WELL OWNER (IF KNOWN)	LATITUDE					
	LONGITUDE					
ORIGINAL WELL DRILLING FIRM (IF KNOWN)	°	'	"N	°	'	"W
DRILL DATE (IF KNOWN)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
	METHOD OF LATITUDE/LONGITUDE (check one) <input type="checkbox"/> *GPS: Hand-Held					
	<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade					
	*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (check one)					
	<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					

SECTION 2. OWNER INFORMATION

Land Owner	Well Owner (check this box if Land Owner and Well Owner are same)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER FAX NUMBER	TELEPHONE NUMBER FAX NUMBER

SECTION 3. ABANDONMENT AUTHORIZATION

Drilling Firm	Consultant (if applicable)
NAME	CONSULTING FIRM
DWR LICENSE NUMBER ROC LICENSE CATEGORY	CONTACT PERSON NAME
TELEPHONE NUMBER EMAIL ADDRESS	TELEPHONE NUMBER EMAIL ADDRESS

SECTION 4.

Questions	Yes	No	If Yes:
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be, or is contaminated?			EXPLAIN (attach additional page if necessary)
2. Is there another well name or identification number associated with this well? (e.g., Lot 3 Well, MW-1, etc.)			(please state)
3. Was the well casing video logged?			INCLUDE CD OR DVD OF VIDEO LOG WITH NOTICE OF INTENT
4. Why is the well being abandoned?			

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SECTION 5. ORIGINAL WELL CONSTRUCTION DESIGN *(attach additional page if needed)*

Existing Borehole			Existing Casing <i>(to the best of your knowledge)</i>														
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		IF OTHER TYPE, DESCRIBE	

Condition of casing: Good Fair Poor

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				

SECTION 6. PROPOSED WELL ABANDONMENT DESIGN *(attach additional page if needed)* DATE ABANDONMENT IS TO BEGIN

Refer to ADWR's [Well Abandonment Handbook](#) for additional information.

Casing Treatment					Sealing or Fill Material													
DEPTH FROM SURFACE		TREATMENT TYPE (T)				DEPTH FROM SURFACE		MATERIAL TYPE (T)							MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	ESTIMATED VOLUME OF MATERIAL (cubic feet)		
FROM (feet)	TO (feet)	SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (explain in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING IS TO BE PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS TO BE ADDED	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	HIGH SOLIDS BENTONITE				

Proposed Abandonment Method <i>(See Well Abandonment Handbook)</i>	Emplacement Method of Sealing or Fill Material
CHECK ONE <input type="checkbox"/> Standard Method <input type="checkbox"/> Alternative 4: <input type="checkbox"/> Other <i>(please specify):</i> <input type="checkbox"/> Alternative 1 <input type="checkbox"/> Variance Option * <input type="checkbox"/> Alternative 2 <input type="checkbox"/> Alternative 5: <input type="checkbox"/> Alternative 3 <input type="checkbox"/> Variance Option 1* * requires a letter requesting a variance <input type="checkbox"/> Variance Option 2*	CHECK ONE <input type="checkbox"/> Tremie Pumped <i>(Recommended)</i> <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure Grouting <input type="checkbox"/> Other <i>(please specify):</i>

APPLICATION CONTINUES ON PAGE 3

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SECTION 7. Well Construction Diagram

Please use the space below to provide a well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

SECTION 8. LAND OWNER AND WELL OWNER SIGNATURE

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

Land Owner	Well Owner <i>(if different from Land Owner; See instructions)</i>
PRINT NAME AND TITLE	PRINT NAME AND TITLE
SIGNATURE OF LAND OWNER	SIGNATURE OF WELL OWNER
DATE	DATE
<input type="checkbox"/> By checking this box, you agree to allow ADWR to contact you via electronic mail.	<input type="checkbox"/> By checking this box, you agree to allow ADWR to contact you via electronic mail.
EMAIL ADDRESS	EMAIL ADDRESS