



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 ·

NO FEE

Notice of Well Capping

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ Within five (5) days after capping an open well, the owner of the well shall file this Notice.

FILE NUMBER
WELL REGISTRATION NUMBER 55 -

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Type		Location of Well					
CHECK ONE		WELL LOCATION ADDRESS (IF ANY)					
Domestic	Monitor / Piezometer	TOWNSHIP (NS)	RANGE (EW)	SECTION	160 ACRE	40 ACRE	10 ACRE
Stock	Geotechnical				1/4	1/4	1/4
Irrigation	Mineral Exploration	LATITUDE			LONGITUDE		
Municipal	Other (please specify):	°	'	"N	°	'	"W
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		METHOD OF LATITUDE/LONGITUDE (CHECK ONE)				*GPS: Hand-Held	
		Google Earth		Conventional Survey		*GPS: Survey-Grade	
		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
		NAD-83		Other (please specify):			
		COUNTY ASSESSOR'S PARCEL ID NUMBER		MAP		PARCEL	
		BOOK					
		COUNTY WHERE WELL IS LOCATED					

SECTION 2. OWNER AND FIRM INFORMATION

Well Owner		Person or Firm Installing the Cap	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, 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	TELEPHONE NUMBER	FAX

SECTION 3. CASING AND CAPPING INFORMATION

Surface Casing				Capping	
OUTER DIAMETER (inches)	MATERIAL (T)			DATE WELL WAS CAPPED	
	STEEL	PVC	ABS	TYPE OF CAP	
	IF OTHER TYPE, DESCRIBE			MANUFACTURER OF CAP, IF ANY	

REMARKS

SECTION 4. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)

SECTION 5. WELL OWNER AND PROPERTY OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

SIGNATURE OF WELL OWNER	DATE
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