Arizona Department of Water Resources
Water Management Division
P.O. Box 36020 Phoenix, Arizona 85067-6020
(602) 771-8500 • (602) 771-8690 fax
• www.azwater.gov •

Notice of Intent to Drill, Deepen, Replace or Modify a Well

(except a Non-Exempt Well in an Active Management Area)

$150 or $100 FEE

- Review instructions prior to completing form in black or blue ink.
- You must include with your Notice:
  - Check or money order in the amount of the appropriate filing fee.
  - For a well located within an AMA or INA, the fee is $150.00.
  - For a well not located within an AMA or INA, the fee is $100.00 if the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not more than 35 gallons per minute. Otherwise, the fee is $150.00.
- Shared wells: While Arizona water law governs how a well subject to a well sharing agreement is to be drilled and located, it DOES NOT govern the operation or management of a well sharing agreement.
- Authority for fee: A.R.S. § 45-596 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 -
LEGAL REVIEW IF APP	REASONING		

☐ FILING MANUALLY

☐ FILING ELECTRONICALLY *(drillers email required)*

Reset

SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL *(if applicable)*

If water from the proposed well will be used for domestic purposes on a parcel of land of 5 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. You must also attach a site plan (pg. 3).

CHECK ONE

☐ County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F))
- ☐ Field Inspection Performed
- ☐ Site Plan Review Only

☐ Insufficient Information to Make a Determination – If checked, please submit supplemental form A.R.S. § 45-596 (G) and (F).

Official County or Local Seal or Stamp

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

TELEPHONE NUMBER	DATE	COUNTY OR LOCAL AUTHORITY SIGNATURE

SECTION 2. REGISTRY INFORMATION

*To determine the place of water use and location of well, please refer to the Well Registry Maps and Google Earth at: (**https://gisweb.azwater.gov/WellRegistry/Default.aspx**) and (**http://www.earthpoint.us/townships.aspx**)*

Well Type

CHECK ONE

☐ 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*)

☐ Non-Exempt
(Pump has a maximum capacity of more than 35 gpm and the well is located outside an AMA.) (*See instructions*)

DESIGN PUMP CAPACITY
Gallons Per Minute

Reset

Proposed Action

CHECK ONE

☐ Drill New Well
☐ Deepen
☐ Replace
☐ Modify

Reset

If Deepening, Replacing or Modifying:

ORIGINAL WELL REGISTRATION NUMBER
55 -

MAXIMUM CAPACITY OF ORIGINAL WELL
Gallons Per Minute

DISTANCE & DIRECTION FROM ORIGINAL WELL
Feet

Location of Well

WELL LOCATION ADDRESS (IF ANY)			COUNTY WHERE WELL IS LOCATED:		
TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE ¼	40 ACRE ¼	10 ACRE ¼

COUNTY ASSESSOR'S PARCEL ID NUMBER			
BOOK	MAP	PARCEL	# OF ACRES

LATITUDE			LONGITUDE		
°	'	" N	°	'	" W
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

Place of Water Use *(Mandatory information, see instructions)*

Is the groundwater basin where the well will be drilled the same as the place where the water will be used? Yes ☐ No ☐

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE

Reset

SECTION 3. 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	TELEPHONE NUMBER	FAX

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WELL REGISTRATION NUMBER
55 -

SECTION 4.

Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?	☐	☐	You must also request a variance *(A.A.C. R12-15-818)*.
2. Is there another well name or identification number associated with this well *(e.g., Lot 35 Well, Smith Well, etc.)*?	☐	☐	*(please state)*
3. Is the proposed well a NEW well to be located within an Active Management Area? *(See instructions)*	☐	☐	You must also file a supplemental form A.R.S. § 45-454(C) & (D), unless the well is a replacement well and the total number of operable exempt wells on the land is not increasing.
4. Is the proposed well the second exempt well on this parcel for the same use?	☐	☐	You must also file a supplemental form A.R.S. § 45-454(I) if the proposed well is in an Active Management Area.

SECTION 5. DRILLING AUTHORIZATION

Drilling Firm

NAME	
DWR LICENSE NUMBER	ROC LICENSE NUMBER
TELEPHONE NUMBER	FAX
MAILING ADDRESS	
CITY / STATE / ZIP CODE	
DRILLERS EMAIL	
DATE CONSTRUCTION IS SCHEDULED TO BEGIN	

SECTION 6. WATER / SITE INFORMATION

Principal Use of Water	Other Uses of Water
CHECK ONE	CHECK ALL THAT APPLY
☐ Irrigation*	☐ Irrigation
☐ Commercial	☐ Commercial
☐ Domestic	☐ Domestic
☐ Municipal	☐ Municipal
☐ Industrial	☐ Industrial
☐ Stock	☐ Stock
☐ Remediation	☐ Remediation
☐ Dewatering	☐ Dewatering
☐ Other *(please specify)*:	☐ Other *(please specify)*:

*****Pursuant to ARS § 45-402(23) Irrigation is defined as applying water to two or more acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry.*

NOTE: If this is a Notice of Intent to construct a new well that will be used for the purpose of withdrawing groundwater for transportation to an Active Management Area *(AMA)* pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A), the authorization to drill the well issued in association with this Notice **shall not be considered the approval to transport groundwater to an AMA.** *(See instructions)*

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN *(attach separate sheet if needed)*

Borehole			Casing												
DEPTH FROM SURFACE			DEPTH FROM SURFACE			MATERIAL TYPE (T)				PERFORATION TYPE (T)						
FROM *(feet)*	TO *(feet)*	BOREHOLE DIAMETER *(inches)*	FROM *(feet)*	TO *(feet)*	OUTER DIAMETER *(inches)*	STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED	IF OTHER TYPE, DESCRIBE	GROUTING MATERIAL
						X*										CEMENT

***** *ADWR well construction standards require a surface seal consisting of a minimum of 20 feet of steel casing. Cement grout must be used to fill the annular space between the surface casing and the borehole. (A.A.C. R12-15-811(B))*

The Department's issuance of an authorization to drill a well is not a determination of whether water withdrawn from the well is legally surface water or groundwater. The legal nature of the water withdrawn from the well may be the subject of court action in the future as part of a determination of surface water rights in your area. If there are court proceedings that could affect your well, you will be notified and be given the opportunity to participate. If you have questions regarding the legal nature of the water to be withdrawn from your proposed well, please consult with an experienced civil engineer, hydrologist or water rights attorney.

For the purposes of determining appropriate fees outside AMAs or INAs, "domestic purposes" is defined as "uses related to the supply, service and activities of households and private residences and includes the application of water to less than 2 acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry, as such terms are defined in A.R.S. § 3-1201."

WELL REGISTRATION NUMBER
55 -

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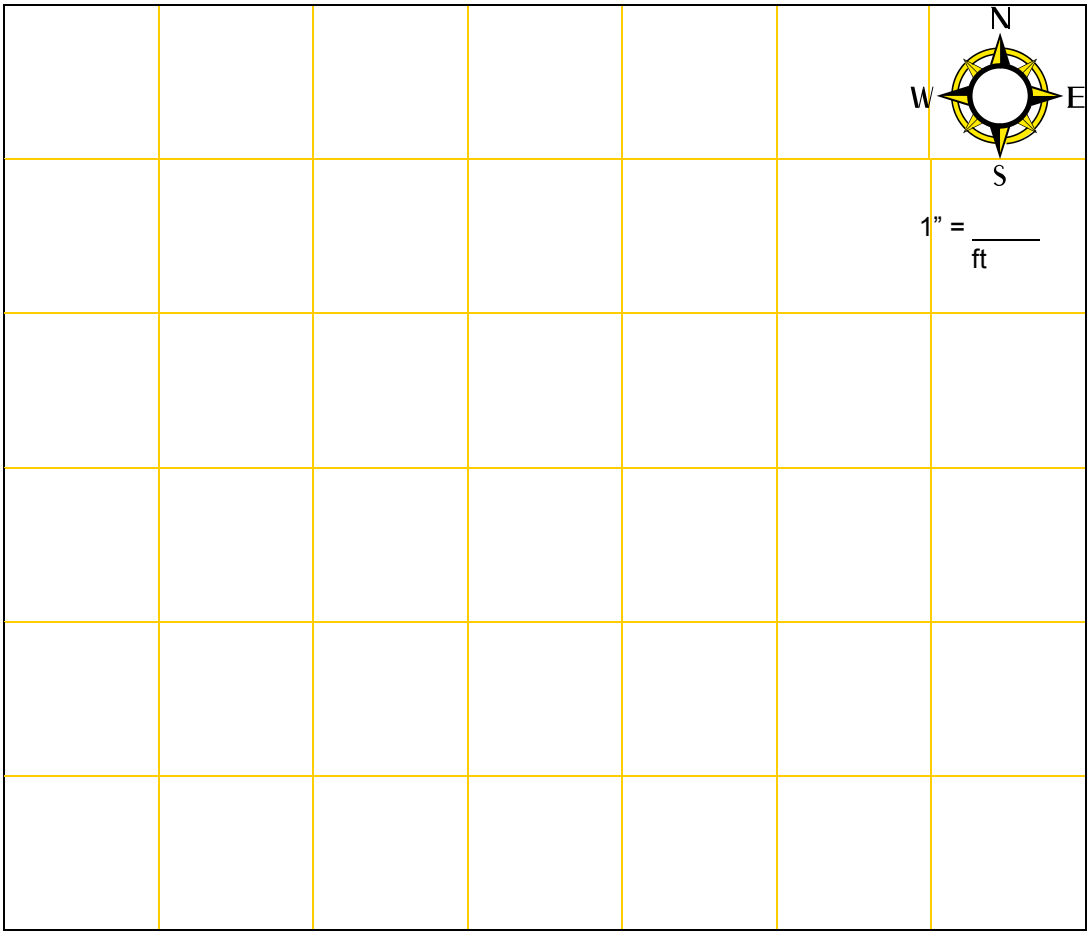
SECTION 8. PERMISSION TO ACCESS

☐ 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 9. WELL SITE PLAN

- If this well will be a domestic well on 5 acres or less, please draw the following: (1) the boundaries of your property; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well. If the parcel is vacant land or lacks a septic tank or sewer system, please indicate this.
- Indicate the distance between the proposed well location and any septic tank system or sewer system.

COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE	COUNTY APPROVAL CODE
If applicant is filing this NOI electronically via the ADWR website and County approval is required, please indicate approval by providing a County Approval Code.	



Official County or Local Seal or Stamp

SECTION 10. 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 *(if different from Land Owner; See instructions)*
PRINT NAME AND TITLE	PRINT NAME AND TITLE
SIGNATURE OF LAND OWNER	SIGNATURE OF WELL OWNER
DATE	DATE
☐ By checking this box, you agree to allow ADWR to contact you via electronic mail.	☐ By checking this box, you agree to allow ADWR to contact you via electronic mail.
EMAIL ADDRESS	EMAIL ADDRESS

VALIDATE FORM