



**Arizona Department of Water Resources**  
 Information Management Unit  
 P.O. Box 33589 Phoenix, Arizona 85067-3589  
 (602) 771-8627 • (800) 352-8488  
 www.azwater.gov

## Well Driller Report and Well Log

THIS REPORT MUST BE FILED WITHIN **30 DAYS** OF COMPLETING THE WELL.  
 PLEASE PRINT CLEARLY USING BLACK OR BLUE INK.

FILE NUMBER
WELL REGISTRATION NUMBER <b>55 -</b>
PERMIT NUMBER (IF ISSUED)

### SECTION 1. DRILLING AUTHORIZATION

Drilling Firm							
<b>Mail To:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NAME</td> <td style="width: 50%; padding: 2px;">DWR LICENSE NUMBER</td> </tr> <tr> <td style="padding: 2px;">ADDRESS</td> <td style="padding: 2px;">TELEPHONE NUMBER</td> </tr> <tr> <td style="padding: 2px;">CITY / STATE / ZIP</td> <td style="padding: 2px;">FAX</td> </tr> </table>	NAME	DWR LICENSE NUMBER	ADDRESS	TELEPHONE NUMBER	CITY / STATE / ZIP	FAX
NAME	DWR LICENSE NUMBER						
ADDRESS	TELEPHONE NUMBER						
CITY / STATE / ZIP	FAX						

### SECTION 2. REGISTRY INFORMATION

Well Owner	Location of Well																		
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	WELL LOCATION ADDRESS (IF ANY)																		
MAILING ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">TOWNSHIP (N/S)</td> <td style="width: 12.5%;">RANGE (E/W)</td> <td style="width: 12.5%;">SECTION</td> <td style="width: 12.5%;">160 ACRE <math>\frac{1}{4}</math></td> <td style="width: 12.5%;">40 ACRE <math>\frac{1}{4}</math></td> <td style="width: 12.5%;">10 ACRE <math>\frac{1}{4}</math></td> </tr> </table>	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE $\frac{1}{4}$	40 ACRE $\frac{1}{4}$	10 ACRE $\frac{1}{4}$												
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CITY / STATE / ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 2px;">LATITUDE</th> <th colspan="3" style="padding: 2px;">LONGITUDE</th> </tr> <tr> <td style="width: 20%; text-align: center;">°</td> <td style="width: 20%; text-align: center;">'</td> <td style="width: 20%; text-align: center;">"N</td> <td style="width: 20%; text-align: center;">°</td> <td style="width: 20%; text-align: center;">'</td> <td style="width: 20%; text-align: center;">"W</td> </tr> <tr> <td style="text-align: center;">Degrees</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Seconds</td> <td style="text-align: center;">Degrees</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Seconds</td> </tr> </table>	LATITUDE			LONGITUDE			°	'	"N	°	'	"W	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
LATITUDE			LONGITUDE																
°	'	"N	°	'	"W														
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds														
CONTACT PERSON NAME AND TITLE	METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade																		
TELEPHONE NUMBER      FAX	LAND SURFACE ELEVATION AT WELL  Feet Above Sea Level																		
WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)	METHOD OF ELEVATION (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade *GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">COUNTY</th> <th colspan="3" style="width: 70%;">ASSESSOR'S PARCEL ID NUMBER</th> </tr> <tr> <td style="width: 30%;"></td> <td style="width: 20%;">BOOK</td> <td style="width: 20%;">MAP</td> <td style="width: 30%;">PARCEL</td> </tr> </table>	COUNTY	ASSESSOR'S PARCEL ID NUMBER				BOOK	MAP	PARCEL										
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	BOOK	MAP	PARCEL																

### SECTION 3. WELL CONSTRUCTION DETAILS

Drill Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ALL THAT APPLY <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify):	CHECK ALL THAT APPLY <input type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify):
	<b>Condition of Well</b>	<b>Construction Dates</b>
	CHECK ONE <input type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED
		DATE WELL CONSTRUCTION COMPLETED

*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.*

SIGNATURE OF QUALIFYING PARTY	DATE
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