



- ❖ 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
- \*\* PLEASE PRINT CLEARLY \*\***

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER
<b>55 -</b>

**SECTION 1. REGISTRY INFORMATION**

<b>Well Type</b>		<b>Location of Well</b>					
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				¼	¼	¼
<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					
ORIGINAL WELL DRILLING FIRM (IF KNOWN)		DRILL DATE (IF KNOWN)		LONGITUDE			
				°	'	"N	°
				Degrees	Minutes	Seconds	Degrees
				METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			"W
				<input type="checkbox"/> USGS Quad Map			<input type="checkbox"/> *GPS: Hand-Held
				<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**

<b>Well Owner</b>		<b>Landowner (if different from Well Owner)</b>	
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

**SECTION 3. ABANDONMENT AUTHORIZATION**

<b>Drilling Firm</b>		<b>Consultant (if applicable)</b>	
NAME		CONSULTING FIRM	
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	CONTACT PERSON NAME	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
		E-MAIL 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 OF VIDEO LOG WITH NOTICE OF INTENT
4. Why is the well being abandoned?			

**Notice of Intent to Abandon a Well**

WELL REGISTRATION NUMBER  
**55 -**

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

Existing Borehole			Existing Casing (to the best of your knowledge)													
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

**Existing Annular Material** (to the best of your knowledge)

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			SAND

Proposed Abandonment Method (See Well Abandonment Handbook)	Emplacement Method of Sealing or Fill Material
CHECK ONE <input type="checkbox"/> Standard Method <input type="checkbox"/> Alternative 4: <input type="checkbox"/> Other (please specify): <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"/> Gravity <input type="checkbox"/> Pressure Grouting <input type="checkbox"/> Tremie Pumped <input type="checkbox"/> Other (please specify):

REMARKS

I state that this notice is filed in compliance with A.R.S. § 45-594 and A.A.C. R12-15-816 and is complete and correct to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER DATE
TYPE OR PRINT NAME AND TITLE	SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) DATE