



**Arizona Department of Water Resources**  
 Water Management Division  
 P.O. Box 36020 Phoenix, Arizona 85067-6020  
 (602) 771-8527 • www.azwater.gov

## Request to Change Well Information

- ❖ Review instructions prior to completing form in black or blue ink.
  - ❖ You must include with your Notice:
    - check or money order for any required fee(s)
  - ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104
- \*\* PLEASE PRINT CLEARLY \*\***

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

### SECTION 1. REGISTRY INFORMATION

Well Owner	Location of Well
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	WELL LOCATION ADDRESS (IF ANY)
MAILING ADDRESS	TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE <div style="text-align: center; margin-top: 5px;"> <span style="margin: 0 10px;">1/4</span> <span style="margin: 0 10px;">1/4</span> <span style="margin: 0 10px;">1/4</span> </div>
CITY / STATE / ZIP CODE	LATITUDE   LONGITUDE <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 45%;">           °   '   "N            Degrees   Minutes   Seconds         </div> <div style="width: 45%;">           °   '   "W            Degrees   Minutes   Seconds         </div> </div>
CONTACT PERSON NAME AND TITLE	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 <small>"IF GPS WAS USED," GEOGRAPHIC COORDINATE DATUM (CHECK ONE)</small> <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):
TELEPHONE NUMBER   FAX	COUNTY ASSESSOR'S PARCEL ID NUMBER   COUNTY WHERE WELL IS LOCATED <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div style="width: 25%;">BOOK</div> <div style="width: 25%;">MAP</div> <div style="width: 25%;">PARCEL</div> <div style="width: 25%;">IS LOCATED</div> </div>

**Type of Request** (CHECK ONE)

Change of Well Drilling Contractor (Fill out Section 2)    
  Change of Well Ownership (Fill out Section 3)    
  Change of Well Information (location, use, etc.) (Fill out Section 4)

### SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR

♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm <u>prior</u> to the commencement of well drilling or abandonment.	<b>FEE \$120 per Well</b>
Current Well Drilling Contractor	New Well Drilling Contractor
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
DWR LICENSE NUMBER	DWR LICENSE NUMBER   ROC LICENSE CATEGORY
TELEPHONE NUMBER   FAX	TELEPHONE NUMBER   FAX

### SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP

♦	<b>FEE \$30 per Well</b>
Previous Well Owner	New Well Owner
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 4. CHANGE OF WELL INFORMATION (No Fee Required)

**NOTE:** Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

### SECTION 5. 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 6. WELL OWNER SIGNATURE

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

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER	DATE
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