



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 33589 Phoenix, Arizona 85067-3589
 (602) 771-8500 • (800) 352-8488
 www.azwater.gov

FEE

Late Registration of a Well

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ You must include with your application:
 - check or money order for the fee(s)
- ❖ Authority for fee: A.R.S. § 45-113(B), A.A.C. R12-15-151(B)(4)(a)

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

| |
|---|
| FILE NUMBER |
| WELL REGISTRATION NUMBER 55 - |

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

| Well Type | Fee | Location of Well |
|---|------|--|
| CHECK ONE <input type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm <u>and</u> water is not used for irrigation purposes inside an AMA.) (See instructions.) | \$10 | WELL LOCATION ADDRESS (IF ANY) |
| <input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm <u>and</u> the well is located outside an AMA.) (See instructions.) | \$20 | TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <small>1/4 1/4 1/4</small> |
| | | LATITUDE LONGITUDE <small>° ' "N ° ' "W</small> Degrees Minutes Seconds Degrees Minutes Seconds |
| | | 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 *IF GPS, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) |
| ORIGINAL WELL DRILLING FIRM (IF KNOWN) | | <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify): |
| ORIGINAL WELL DRILL DATE (ESTIMATE IF NOT KNOWN) | | COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL # OF ACRES |
| PROPERTY OWNER WHEN WELL WAS DRILLED (IF KNOWN) | | PLACE OF USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <small>1/4 1/4 1/4</small> |
| | | COUNTY WHERE WELL IS LOCATED |

SECTION 2. OWNER INFORMATION

| Well Owner | Landowner (if different from Well Owner) |
|---|--|
| 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.

| Questions | Yes | No | If Yes: |
|--|-----|----|--------------|
| 1. Is the well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank? | | | |
| 2. Is there another well name or identification number associated with this well? (e.g., Lot 39 Well, MW-1, Smith Well, etc.) | | | PLEASE STATE |
| 3. If this well is an exempt well, is it the second exempt well on this parcel for the same use? | | | |

SECTION 4. WATER/SITE INFORMATION

| Principal Use of Water | Other Uses of Water | MAXIMUM PUMP CAPACITY | |
|--|--|-------------------------|-------------------------|
| CHECK <u>ONE</u> | CHECK <u>ALL THAT APPLY</u> | Gallons Per Minute | |
| <input type="checkbox"/> Irrigation (# of acres _____) | <input type="checkbox"/> Irrigation (# of acres _____) | TOTAL DEPTH OF WELL | Feet Below Land Surface |
| <input type="checkbox"/> Utility | <input type="checkbox"/> Utility | STATIC WATER LEVEL | |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Commercial | Feet Below Land Surface | |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Domestic | | |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Municipal | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Industrial | | |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Mining | | |
| <input type="checkbox"/> Stock | <input type="checkbox"/> Stock | | |
| <input type="checkbox"/> Recharge | <input type="checkbox"/> Recharge | | |
| <input type="checkbox"/> Dewatering | <input type="checkbox"/> Dewatering | | |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Other (please specify): | | |

SECTION 5. EXISTING WELL CONSTRUCTION DESIGN (attach additional page if needed)

| 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 |
| | | | | | | | | | | | | | | | | |
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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 | | | | |
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SECTION 6. 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 7. WELL OWNER OR PROPERTY OWNER SIGNATURE

I state that this registration is complete and correct to the best of my knowledge and belief.

| | | |
|------------------------------|--------------------------------------|------|
| TYPE OR PRINT NAME AND TITLE | SIGNATURE OF WELL OWNER OR LANDOWNER | DATE |
|------------------------------|--------------------------------------|------|