

**ARIZONA DEPARTMENT OF WATER RESOURCES**  
**INITIAL NOTICE OF INTENT TO ESTABLISH A NEW SERVICE AREA RIGHT**

*(Please print)*

I, \_\_\_\_\_, representing \_\_\_\_\_ hereby affirm that water will be used for service area development pursuant to the following rights/permits:

**GROUNDWATER SOURCE** (Attach additional sheets if necessary)

Please indicate the appropriate groundwater right(s) you wish to use to establish the service area right.

\_\_\_ Type 1 right(s) #58- \_\_\_\_\_

\_\_\_ Type 2 right(s) #58- \_\_\_\_\_

Groundwater will be withdrawn from the following well(s):

55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_

55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_

**STORED WATER SOURCE** (Attach additional sheets if necessary)

Please indicate the appropriate recovery well permit(s) you wish to use to establish the service area right.

\_\_\_\_\_  
Recovery Well Permit(s) #74- \_\_\_\_\_

Type of Water to be Recovered \_\_\_\_\_

Stored water will be recovered from the following well(s):

55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_

55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_ 55- \_\_\_\_\_

**SURFACE WATER SOURCE**

Please indicate the appropriate surface water right(s) you wish to use to establish the service area right.

\_\_\_ CAP Subcontract \_\_\_\_\_

\_\_\_\_Surface Water Right/Permit/Claim # \_\_\_\_\_

Surface water will be diverted from the following location(s): (Attach additional sheets if necessary)

\_\_\_ 1/4 \_\_\_ 1/4 \_\_\_ 1/4 \_\_\_\_\_Sec. \_\_\_\_\_Township \_\_\_\_\_Range

\_\_\_ 1/4 \_\_\_ 1/4 \_\_\_ 1/4 \_\_\_\_\_Sec. \_\_\_\_\_Township \_\_\_\_\_Range

### **EFFLUENT SOURCE**

Please indicate the effluent source you wish to use to establish the service area right.

---

### **PRELIMINARY SERVICE AREA MAP**

Please provide a preliminary service area map, which should include the following:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear mileage of the mains and the capacities of other features of the operating distribution system.
3. The location and names of major streets that carry traffic through and around the service area (if known).
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the township(s) and range(s) covered by the map. Within the body of the map indicate the section(s) covered by the map.

### **DEVELOPMENT PLAN**

Please provide a development plan that describes how water will be utilized at the site (both short term and long term uses) and how the land will be developed. Acceptable information may include a narrative description of the site and related uses, information to be included with applications for a certificate of assured water supply or designation, development plans submitted in relation to conversion of an Irrigation GFR to a Type 1 Non-Irrigation GFR, etc.

**CUSTOMERS/ CONNECTIONS**

Please identify the type(s) of customers/connections you wish to serve to establish the service area right:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**ASSURED WATER SUPPLY NUMBER (if applicable)**

Please provide the designation of assured water supply number or assured water supply certificate number associated with this use and the subdivision name (if applicable).

\_\_\_\_\_

I certify that Groundwater Code and Management Plan requirements for service areas, if applicable to this system, have been read and understood.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

## **AGENCY CONTACT**

Please direct any questions, comments or requests for further assistance to one of the following Department personnel in the Active Management Area (AMA) in which the application is filed:

<b>PHOENIX AMA</b>	<b>PINAL AMA</b>	<b>PRESCOTT AMA</b>	<b>SANTA CRUZ AMA</b>	<b>TUCSON AMA</b>
3550 N. Central Avenue Phoenix, AZ 85012	1729 N. Trekell Rd. Suite 105 Casa Grande, AZ 85222	2200 E Hillside Rd Prescott, AZ 86301	857 W Bell Rd Suite 3 Nogales, AZ 85621	400 W Congress St Suite 518 Tucson, AZ 85701
Phone (602) 771-8585 Fax (602) 771-8688	Phone (520) 836-4857 Fax (520) 836-9208	Phone (928) 778-7202 Fax (928) 776-4507	Phone (520) 761-1814 Fax (520) 761-1869	Phone (520) 770-3800 Fax (520) 628-6759
AMA Contact:  Sharon Ward	AMA Contact:  Cindy Pogue	AMA Contact:  Jack McCormack	AMA Contact:  Nicholas Kilb	AMA Contact:  Jeff Tannler