

ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8500 Fax (602) 771-8689

**APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)**

The initial fee for an application for a Recovery Well Permit is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of reviewing your application exceed \$1,000, you will be invoiced for the difference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Groundwater Permitting Program at 602-771-8527). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. **Failure to enclose the initial application fee will cause the application to be returned. Fees for an application for a Recovery Well Permit are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103.**

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|----------------------------|
| FOR OFFICE USE ONLY |
| Application No.: _____ |
| Date Received: _____ |

AN IMPACT STUDY OF TH PROPOSED WELL(S) WHICH YOU ARE APPLYING FOR MUST BE INCLUDED WITH APPLICATION.

PLEASE SUBMIT COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS

1. Applicant Name: _____

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|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

Contact Person _____ Telephone _____ Fax _____

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located _____

3. Name of the owner(s) of the land where wellsites are located _____

Mailing Address _____

(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used _____
(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for _____

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. _____
 or long-term storage account number. _____

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

| Name of Well Owner | Well Registration Number | Location: ¼,¼,¼, Section, Township, Range | Design Pump Capacity (GPM) | Hole Depth (Feet) | Casing Diameter (inches) | Proposed Annual Volume (Acre-feet) | Date Well Constructed |
|--------------------|--------------------------|---|----------------------------|-------------------|--------------------------|------------------------------------|-----------------------|
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8. Complete the following for each proposed well to be constructed.

| Well Registration Number | Location: ¼,¼,¼, Section, Township, Range | Design Pump Capacity (GPM) | Hole Depth (Feet) | Casing Diameter (inches) | Proposed Annual Volume (Acre-feet) | Estimated Date of New Well Construction | Estimated Time Required To Complete Well |
|--------------------------|---|----------------------------|-------------------|--------------------------|------------------------------------|---|--|
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I (We), _____, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

Telephone

Signature of owner or authorized agent

Title

Mailing Address City State Zip

STATE OF ARIZONA)
) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

My commission expires:

NOTICE

A.R.S. § 41-1030(B), (D), (E) and (F) provide as follows:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.