For Departmental Use Only

File No. 39- _____

Date Filed: _____

WFN _____

STATEMENT OF CLAIMANT FORM
FOR
IRRIGATION USE

UPPER SALT RIVER WATERSHED
SUPERIOR COURT OF MARICOPA COUNTY

1. **Claimant Name:** _____
   Claimant Address: _____ City _____
   State: _____ Zip Code _____ Telephone _____

2. **Basis of Claim:**
   A. ☐ Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No. _____
   B. ☐ Appropriation Right acquired after June 12, 1919. Application No. _____, Permit No. _____, or Certificate of Water Right No. _____
   C. ☐ Decreed water right. Principal litigants, court, date and case no. _____
   _____
   D. ☐ Right to withdraw groundwater. Grandfathered Right No. _____
   E. ☐ Other, describe: _____

3. **Source of Water:**
   A. ☐ Stream: name _____, tributary to _____
   B. ☐ Spring: name _____, tributary to _____
   C. ☐ Lake or Reservoir: name _____, tributary to _____
   D. ☐ Groundwater.

4. **Legal description of the Point of Diversion:** (attach additional sheet if required)
   _____ 1/4, _____ 1/4, _____ 1/4, Section _____, Township _____N/S, Range _____E/W

5. **If there are Stockpond, Domestic or Other Uses** also supplied from the point of diversion, describe:
   _____

6. **Means of Diversion:**
   A. ☐ Instream pump.
   B. ☐ Gravity flow into a ditch, canal or pipeline.
   C. ☐ Well: Arizona Department of Water Resources Well Registration No. 55- _____
   D. ☐ Other, describe: _____

7. **Means of Conveyance:**
   A. ☐ Ditch, canal or pipeline. If the means of conveyance is owned and/or operated by some other entity, please give name and address: _____
   _____
   B. ☐ Other, describe: _____

8. **Place(s) of Use, Annual Water Use and Claimed Priority Date(s):** (attach additional sheet if required)
County _____

Legal Subdivision	Section	Township	Range	Acres	Annual Water Use (acre-feet)	Claimed Priority Date (month/day/year)
_____	_____	_____N/S	_____E/W	_____	_____	_____
_____	_____	_____N/S	_____E/W	_____	_____	_____
_____	_____	_____N/S	_____E/W	_____	_____	_____

9. **Claimed Right:**
A. Maximum Flow Rate: _____ ☐ cubic-feet per second ☐ gallons per minute ☐ Arizona miner's inches
B. Annual Volume of Water Use: _____ acre-feet
C. Storage Right: _____ acre-feet

10. **Attach** photographs, maps or sketches necessary to show the point(s) of diversion, storage reservoir(s) means of conveyance and place(s) of use.

11. **It may** be necessary for a representative from the Department of Water Resources to inspect the diversion, conveyance and place of use. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant _____

12. **Should** it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person? _____

13. **Additional comments:** _____

(attach additional sheet if required)

14. **Attach Filing Fee to Form.** Mail form(s) and filing fee(s) to:

AZ DEPT OF WATER RESOURCES
ADJUDICATION SECTION
PO BOX 458
PHOENIX AZ 85001-0458

15. **Notarized Statement:**
I (We), _____
the claimant(s) named in this claim, do hereby certify under 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.

_____

_____

(seal)

_____
My Commission Expires

_____
Notary Public

or, _____
Authorized Personnel of the Department of Water Resources