Arizona Department of Water Resources  
Well Impact Waiver  
10 Feet of Additional Drawdown

The undersigned is the registered owner (or an authorized representative of the owner) of a well that has been assigned well registration number 55- ________________

Registered Well Owner: ________________________________________________________________

Cadastral Location: ___________________ Impacted Well Street Address: _____________________

as reflected in the Arizona Department of Water Resources (ADWR) well registration records. The undersigned hereby acknowledges the following:

1. ___________________________________ (“Applicant”) ☐ has filed or ☐ intends to file an Application for a Permit to Drill or Operate a Non-Exempt Well Within an Active Management Area (“Application”).

Registry Number (if assigned): 55- ________________

Cadastral Location: ________________________

New Well Street Address: ________________________

If the Application has not yet been filed with ADWR, a copy of the Application is attached.

2. ADWR or the Applicant has performed a well impact analysis utilizing the proposed maximum annual withdrawal volume(s) reflected in the Application in accordance with A.R.S. § 45-599 or 45-834.01. Based on this analysis, which considers only withdrawals from the proposed well or wells identified in the Application (“Proposed Well(s)”) at the withdrawal rate(s) set forth in the Application, the impact on the undersigned’s well will likely be greater than ten (10) feet of additional drawdown after the first five (5) years of withdrawals from the Proposed Wells(s). ADWR considers this to be an unreasonable impact.

3. The undersigned also understands that additional drawdown may occur at the undersigned’s well referenced above during the same five-year period as a result of the undersigned’s own withdrawals and withdrawals from other wells, and in fact drawdown at the undersigned’s well may currently exceed ten (10) feet over a five-year period.

Notwithstanding the preceding, the undersigned hereby consents to the withdrawal of water from the Proposed Well(s) at the location(s) identified in the Application and at withdrawal rate(s) equal to or less than the maximum annual volume(s) set forth in the Application. The undersigned waives any impacts from the Proposed Well(s) at the proposed maximum annual withdrawal volume(s) set forth in the Application.

____________________________________________   __________________________
Signature of Well Owner (or authorized representative)     Date

____________________________________________
Printed Name and Title

STATE OF ARIZONA     )
)SS.  
County of _______________ )

SUBSCRIBED AND SWORN TO before me this _____ day of ________________, 20___

_______________________________________
Notary Public

DWR 55-95 Aug 2015