ARIZONA DEPARTMENT OF WATER RESOURCES

1110 W. Washington St. Suite 310, Phoenix, AZ 85007-2952

NOTIFICATION OF LEASE OF ALL OR A PORTION OF A TYPE 2 NON-IRRIGATION GRANDFATHERED RIGHT

INSTRUCTIONS

- Both the owner and the lessee must print name and sign this form.
- This form is for a lease of a Type 2 Grandfathered Right. If there is a change of ownership of the Type 2 Grandfathered Right, please contact the Active Management Area at 602-771-8585.

If a new well is to be added or removed from a Type 2 Grandfathered Right certificate, a Notification of Change of Ownership and/or Change in Point of Withdrawal for a Type 2 Grandfathered Right needs to be submitted in addition to this Notification of Lease

AMA: □ Phoenix □ Pinal □ Prescott □ Santa Cruz □ Tucson

Notification of: □ Lease □ Sub-Lease

The undersigned parties hereby notify the Arizona Department of Water Resources of the lease of all or a portion of the following Certificate of Type 2 Non-Irrigation Grandfathered Right:

1. Certificate of Grandfathered Right Number: 58- _____ . _____
2. Amount of right indicated on the Certificate:_____ acre-feet per annum.
3. Amount of right to be assigned to lessee:_____ acre-feet per annum.
4. Amount of right still available for leasing:_____ acre-feet per annum.
5. Duration of lease: from _____ to _____
   month/day/year **month/day/year**
6. Describe the lessee's intended non-irrigation use: _____
   a. Is this right associated with an industrial facility (i.e. golf course, etc)? If so, please enter the name and/or facility number: _____
   b. List other rights associated with the proposed use: _____
7. Well Information

Will the lease result in the temporary addition of one of more points of withdrawal from the well currently listed on the above referenced Certificate of Grandfathered Right? _____Yes _____No

OWNER (Print or Type)		**LESSEE** (Print or Type)	
NAME	_____	NAME	_____
COMPANY	_____	COMPANY	_____
ADDRESS	_____	ADDRESS	_____
	_____		_____
PHONE	_____	PHONE	_____
	_____		_____
	SIGNATURE DATE		SIGNATURE DATE
EMAIL ADDRESS	_____	EMAIL ADDRESS	_____

Send revised certificate: ☐ YES ☐ NO

If you have any questions regarding this matter, please contact the Active Management Area at (602) 771-8585