



Arizona Department of Water Resources
 Water Management Division
 P.O. Box 36020 Phoenix, Arizona 85067-6020
 (602) 771-8500 • (602) 771-8690 fax
 • www.azwater.gov •

**\$150 or
\$100 FEE**

**Notice of Intent to
Drill, Deepen, Replace or Modify a Well**
 (except a Non-Exempt Well in an Active Management Area)

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ You must include with your Notice:
 - Check or money order in the amount of the appropriate filing fee.
 - For a well located within an AMA or INA, the fee is \$150.00.
 - For a well not located within an AMA or INA, the fee is \$100.00 if the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not more than 35 gallons per minute. Otherwise, the fee is \$150.00.
- ❖ Authority for fee: A.R.S. § 45-596 and A.A.C. R12-15-104.

AMA / INA	B	SB	FILE NUMBER
RECEIVED	DATE	WS	
ISSUED	DATE	WQARF CERCLA	
			WELL REGISTRATION NUMBER
			55 -

SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL (if applicable)

If water from the proposed well will be used for domestic purposes on a parcel of land of 5 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. You must also attach a site plan (pg. 3).

CHECK ONE		Official County or Local Seal or Stamp
<input type="checkbox"/> County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F)) <ul style="list-style-type: none"> <input type="checkbox"/> Field Inspection Performed <input type="checkbox"/> Site Plan Review Only <input type="checkbox"/> Insufficient Information to Make a Determination		
COUNTY OR LOCAL AUTHORITY NAME AND TITLE		
TELEPHONE NUMBER	DATE	COUNTY OR LOCAL AUTHORITY SIGNATURE

SECTION 2. REGISTRY INFORMATION

Well Type	Proposed Action	Location of Well						
CHECK ONE	CHECK ONE	WELL LOCATION ADDRESS (IF ANY)			COUNTY WHERE WELL IS LOCATED:			
<input type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm and water is not used for irrigation purposes inside an AMA.) <i>(See instructions.)</i>	<input type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Replace <input type="checkbox"/> Modify <i>If Deepening, Replacing or Modifying:</i>	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE	
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm and the well is located outside an AMA.) <i>(See instructions.)</i>	ORIGINAL WELL REGISTRATION NUMBER 55 -				¼	¼	¼	
DESIGN PUMP CAPACITY Gallons Per Minute	MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	COUNTY ASSESSOR'S PARCEL ID NUMBER			# OF ACRES			
	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	BOOK	MAP	PARCEL				
		Place of Water Use (Mandatory information, see instructions.)						
		Is the groundwater basin where the well will be drilled the same as the place where the water will be used?					Yes	No
		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE	

SECTION 3. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER	TELEPHONE NUMBER
FAX	FAX

SECTION 4.

Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			You must also request a variance (A.A.C. R12-15-818).
2. Is there another well name or identification number associated with this well (e.g., Lot 35 Well, Smith Well, etc.)?			PLEASE STATE
3. Is the proposed well a NEW well to be located within an Active Management Area? <i>(See instructions.)</i>			Unless the well is a replacement well and the total number of operable exempt wells on the land is not increasing, you must also file a supplemental form A.R.S. § 45-454(C) & (D).
4. Is the proposed well the second exempt well on this parcel for the same use?			If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.

Notice of Intent to Drill, Deepen, Replace or Modify a Well

WELL REGISTRATION NUMBER
55 -

SECTION 5. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
Drilling Firm		Principal Use of Water	Other Uses of Water
NAME		CHECK ONE	CHECK ALL THAT APPLY
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
TELEPHONE NUMBER	FAX	<input type="checkbox"/> Utility	<input type="checkbox"/> Utility
MAILING ADDRESS		<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
CITY / STATE / ZIP CODE		<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
DATE CONSTRUCTION IS SCHEDULED TO BEGIN		<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Mining	<input type="checkbox"/> Mining
		<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge
		<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other* (please specify):	<input type="checkbox"/> Other* (please specify):

NOTE: If this is a Notice of Intent to construct a new well that will be used for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A), the authorization to drill the well issued in association with this Notice **shall not be considered the approval to transport groundwater to an AMA.** (see instructions.)

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed)																
Borehole			Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					GROUTING MATERIAL	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE
						X*										Cement

* ADWR well construction standards require a surface seal consisting of a minimum of 20 feet of steel casing. Cement grout must be used to fill the annular space between the surface casing and the borehole. (A.A.C. R12-15-811(B))

The Department's issuance of an authorization to drill a well is not a determination of whether water withdrawn from the well is legally surface water or groundwater. The legal nature of the water withdrawn from the well may be the subject of court action in the future as part of a determination of surface water rights in your area. If there are court proceedings that could affect your well, you will be notified and be given the opportunity to participate. If you have questions regarding the legal nature of the water to be withdrawn from your proposed well, please consult with an experienced civil engineer, hydrologist or water rights attorney.

For the purposes of determining appropriate fees outside AMAs or INAs, "domestic purposes" is defined as "uses related to the supply, service and activities of households and private residences and includes the application of water to less than 2 acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry, as such terms are defined in A.R.S. § 3-1201."

SECTION 8. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY
<input type="checkbox"/> By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)

SECTION 9. WELL OWNER AND PROPERTY OWNER SIGNATURE	
I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE	
SIGNATURE OF WELL OWNER	DATE
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

