



ARIZONA DEPARTMENT OF WATER RESOURCES
 Records Management Section
 500 N. 3rd Street * Phoenix, Arizona 85004
 (602) 417-2405 * (800) 352-8488
 www.water.az.gov

Pump Installation Completion Report

- Review instructions prior to completing form
 - The registered well owner should file this report with the Department within 30 days following installation of pump equipment
- ** PLEASE PRINT CLEARLY ****

RECEIVED
 JUN 27 2005

FILE NUMBER
B(21-11) 17 ABA
 WELL REGISTRATION NUMBER
55-205494

SECTION 1: REGISTRY INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL WILLIAM L RUSSELL	Location of Well WELL LOCATION ADDRESS (IF KNOWN) 2932 N. SKYLIGHT DR KINGMAN AZ
MAILING ADDRESS 2311 E MOUNTAIN VIEW RD	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 21N 11W 17 NE 1/4 NW 1/4 NE 1/4
CITY / STATE / ZIP PHOENIX, AZ 85028	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) BOOK 352 MAP 20 PARCEL 017
CONTACT PERSON NAME AND TITLE	COUNTY WHERE WELL IS LOCATED NOHAVE
TELEPHONE NUMBER 602-317-5720	FAX

SECTION 2: EQUIPMENT INSTALLED	
DATE PUMP INSTALLED 6-10-05	Power Type CHECK ONE <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Windmill <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas
Pump Type CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Rotary <input type="checkbox"/> Bucket <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Centrifugal <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Piston	
RATED PUMP CAPACITY 10 Gallons Per Minute	HORSE POWER RATING OF MOTOR 1 HP

SECTION 3: WELL TEST		
Pump Test Data	Method of Discharge Measurement	Method of Measuring Water Level
DATE WELL TESTED 5-11-05	CHECK ONE <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Bucket - Barrel - Stopwatch <input type="checkbox"/> Current <input type="checkbox"/> Estimated - Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir - Flume <input type="checkbox"/> Other (please specify)	CHECK ONE <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line (Sonder) <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/> Other (please specify) <i>Acoustic</i>
STATIC WATER LEVEL (A) 104' Feet Below Land Surface		
PUMPING WATER LEVEL (B) 104' Feet Below Land Surface		
DRAWDOWN (B) - (A) 0		
TEST PUMPING RATE 12 Gallons Per Minute		
DURATION OF PUMP TEST (Minimum 4 Hours) 4 Hours		
TOTAL PUMPING LIFT 176 Feet		
FOR FLOWING WELL, MEASURED SHUT IN HEAD 150 <input type="checkbox"/> FT <input checked="" type="checkbox"/> PSI		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S § 45-600(B)

SIGNATURE OF WELL OWNER *[Signature]* DATE **6-23-05**



ARIZONA DEPARTMENT OF WATER RESOURCES
 Records Management Section
 500 N. 3rd Street * Phoenix, Arizona 85004
 (602) 417-2405 * (800) 352-8488
 www.water.az.gov

#294 Willows

**Well Driller Report
 and
 Well Log**

* This report should be prepared by the driller in detail and filed with the Department within 30 days following completion of the well.

** PLEASE PRINT CLEARLY **

JUN - 2 2005

FILE NUMBER B(21-11) 17 ABA
WELL REGISTRATION NUMBER 55-205494
PERMIT NUMBER (IF ISSUED)

SECTION 1. DRILLING AUTHORIZATION	
Drilling Firm	
NAME BROWN DRILLING	DWR LICENSE NUMBER 400
ADDRESS 3595 EAST GORDON DRIVE	TELEPHONE NUMBER 928-757-1920
CITY/STATE/ZIP KINGMAN, AZ 86401-3411	FAX

SECTION 2. REGISTRY INFORMATION								
Well Owner			Location of Well					
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL WILLIAM L RUSSELL			WELL LOCATION ADDRESS (IF KNOWN) 2932 N. SkyLight Dr. Rt # 294 Willow Creek Ranch					
MAILING ADDRESS 2311 E MOUNTAIN VIEW RD			TOWNSHIP (N/S) 21N	RANGE (E/W) 11W	SECTION 17	160 ACRE NE 1/4	40 ACRE NW 1/4	10 ACRE NE 1/4
CITY / STATE / ZIP PHOENIX, AZ 85028			LATITUDE 35° 12' 28.5" N		LONGITUDE 113° 27' 37.1" W			
CONTACT PERSON NAME AND TITLE			LAND SURFACE ELEVATION AT WELL 4800 Feet Above Sea Level					
TELEPHONE NUMBER 602-317-5720	FAX		METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> GPS: <input type="checkbox"/> Hand-Held <input type="checkbox"/> Survey-Grade					
WELL NAME "Wet Winter"			COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 352 MAP 20 PARCEL 017		COUNTY WHERE WELL IS LOCATED Mohave			

Est GPM 100

SECTION 3. WELL CONSTRUCTION DETAILS		
Drill Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ONE <input checked="" type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify)	CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Back <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	CHECK ONE <input checked="" type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
	Condition of Well	Condition of Well
	CHECK ONE <input checked="" type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED 5-10-05 DATE WELL CONSTRUCTION COMPLETED 5-11-05

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.

DRILLING FIRM Brown Drilling Inc.	SIGNATURE OF QUALIFYING PARTY <i>[Signature]</i>	DATE 5-21-05
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Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55-205494

SECTION 4. WELL CONSTRUCTION DESIGN (AS BUILT) (attach additional page if needed)

DEPTH OF BORING 280' Feet Below Land Surface	DEPTH OF COMPLETED WELL 280' Feet Below Land Surface
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Water Level Information			
STATIC WATER LEVEL 104' Feet Below Land Surface	DATE MEASURED 5-11-05	TIME MEASURED	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other:

Borehole			Installed Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (X)				PERFORATION TYPE (X)					SLOT SIZE IF ANY (inches)	
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
0	20	10	0	20	7	X				X						
20	280	6.5	20	240	5		X			X						
			240	280	5		X						X			1/8 x 6

Installed Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (X)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	20	X										

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55-205494

SECTION 5. GEOLOGIC LOG OF WELL

DEPTH FROM SURFACE		DESCRIPTION Describe material, grain size, color, etc.	Check (X) every interval where water was encountered
FROM (feet)	TO (feet)		
0	3	overburden	
3	60	Violet Tuff	
60	95	Clay Alter Basalt 1/4" Diameter (Trace H ₂ O at 65')	X
95	105	Red clay Alter Rhyolite	
105	115	Tan Clay Alter Basalt	
115	180	Red Clay Alter Rhyolite	
180	220	Tan Clay Alter Rhyolite (1-2 GPM at 180')	X
220	280	Clay Alter Basalt (55-65 GPM at 220')	X

Well Driller Report and Well Log

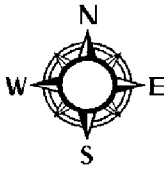
WELL REGISTRATION NUMBER
55- 205494

SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER		
WILLIAM L RUSSELL	BOOK	MAP	PARCEL
	352	20	017

- ◆ Please draw the following: (1) the boundaries of property on which the well was located; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ◆ Please indicate the distance between the well location and any septic tank system or sewer system.

36.1 acres



1" = _____ ft

**ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
500 North Third Street
Phoenix, Arizona 85004**

THIS AUTHORIZATION SHALL BE IN POSSESSION OF THE DRILLER DURING ALL DRILL OPERATIONS

WELL REGISTRATION NO: 55-205494

AUTHORIZED DRILLER: BROWN DRILLING

LICENSE NO: 400

NOTICE OF INTENTION TO DRILL AN EXEMPT WELL(S) HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: WILLIAM L RUSSELL 2311 E MOUNTAIN VIEW RD PHOENIX, AZ 85028

The well(s) is/are to be located in the:

NE ¼ of the NW ¼ of the NE ¼ Section 17 Township 21 NORTH Range 11 WEST

No. of wells in this project: 1

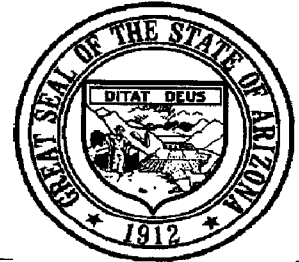
Assessor Parcel No: 352-20-017

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 19TH DAY OF OCTOBER, 2005

Shannon L. Key

GROUNDWATER MANAGEMENT SUPPORT

**THE DRILLER MUST FILE A LOG OF THE WELL
WITHIN 30 DAYS OF COMPLETION OF DRILLING**





Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 450 Phoenix, Arizona 85001-0450
 (602) 417-2470 (800) 352-8488
 (602) 417-2422 fax www.water.az.gov

#294 Willows

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

\$150 or \$75 FEE

- Review instructions prior to completing form in black or blue ink.
 - You must include with your Notice of Intent to Drill, Deepen, Replace or Modify a Well a check or money order in the amount of the appropriate 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 \$75.00 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.
- ** PLEASE PRINT CLEARLY **

AMA / INA	B	SB
RECEIVED	DATE	WS
10-20-04	04	04
ISSUED	DATE	WOARF CERCLA
10-21-04		

FILE NUMBER
B21-117ABA
 WELL REGISTRATION NUMBER
 55 - 205494

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)) <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 CHECK ONE <input checked="" 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.) (See instructions.) <input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm or water is used for irrigation purposes inside an AMA.) (See instructions.)	Proposed Action CHECK ONE <input checked="" type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Replace <input type="checkbox"/> Modify If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER 55 - MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	Location of Well WELL LOCATION ADDRESS (IF ANY) 2932 N. Skylight Dr. Pct # 294 Willow Creek Ranch TOWNSHIP (N/S) RANGE (E/W) SECTION 180 ACRE 40 ACRE 10 ACRE 31N 11W 17 NE 1/4 NW 1/4 NE 1/4 COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL # OF ACRES 352 20 017 36.1 PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) TOWNSHIP (N/S) RANGE (E/W) SECTION 180 ACRE 40 ACRE 10 ACRE 1/4 1/4 1/4 DESIGN PUMP CAPACITY 5 - 10 Gallons Per Minute DISTANCE & DIRECTION FROM ORIGINAL WELL Feet COUNTY WHERE WELL IS LOCATED Mohave
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SECTION 3. OWNER INFORMATION

Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL William Russell MAILING ADDRESS 2311 E. Mountain View Rd CITY / STATE / ZIP CODE Phoenix Az 85028 CONTACT PERSON NAME AND TITLE TELEPHONE NUMBER 602-317-5720 FAX	Landowner (if different from Well Owner) FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL MAILING ADDRESS CITY / STATE / ZIP CODE CONTACT PERSON NAME AND TITLE TELEPHONE NUMBER FAX
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SECTION 4.

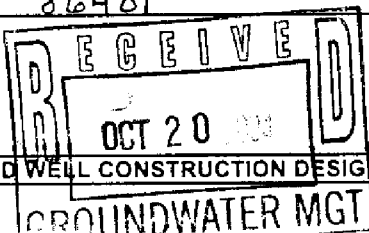
Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?		X	You must also request a variance (A.A.C. R12-15-818).
2. Is there another well name or identification number associated with this well?		X	PLEASE STATE
3. Is the proposed well the second exempt well on this parcel for the same use?		X	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 - 205494

SECTION 5. DRILLING AUTHORIZATION | **SECTION 6. WATER / SITE INFORMATION**

Drilling Firm		Principal Use of Water		Other Uses of Water	
NAME Brown Drilling, Inc.		CHECK ONE		CHECK ALL THAT APPLY	
DWR LICENSE NUMBER 400	ROC LICENSE CATEGORY K-53	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility
TELEPHONE NUMBER 928-757-1920	FAX 928-681-4549	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic
MAILING ADDRESS 3595 E. Gordon Dr.		<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial
CITY / STATE / ZIP CODE Kingman, AZ 86401		<input type="checkbox"/> Mining	<input type="checkbox"/> Stock	<input type="checkbox"/> Mining	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Other (please specify):	



SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed) | DATE CONSTRUCTION IS TO BEGIN
Dec. 04

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	
0	20	10	0	20	7.0	X*											Cement
20	100' to 1,000'	6.5	20	100' to 1,000'	5.0	X								X			

* 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."

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 William L. Russell	
SIGNATURE OF WELL OWNER 	DATE 18 OCT 2004
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) 	DATE 18 OCT 2004

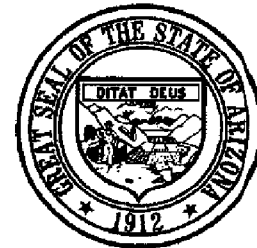
ARIZONA DEPARTMENT OF WATER RESOURCES

500 North 3rd Street, Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422

October 21, 2004



Janet Napolitano
Governor

Herb Guenther
Director

WILLIAM L. RUSSELL
2311 E MOUNTAIN VIEW RD
PHOENIX, AZ 85028

Registration No. 55-205494

File No. B(21-11) 17 ABA

Dear Well Owner:

Enclosed is a copy of the Notice of Intention (NOI) to Drill a well that you recently filed with this Department pursuant to A.R.S. § 45-596. This is to inform you that the Department has approved the NOI and has mailed or otherwise provided a drilling card authorizing the drilling of the well to the well driller identified in the NOI. The driller may not begin drilling until he has received the drilling card, which must be displayed on the drill rig during drilling.

Well drilling activities must be completed within one year after the date the NOI was filed with the Department. If drilling is not completed within one year, you must file a new NOI before proceeding with further drilling. If in the course of drilling the well, it is determined that the well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the well must be properly abandoned and a Well Abandonment Completion Report must be filed as required by A.A.C. R12-15-816(F).

If you change drillers, you must notify the Department of the new driller's identity. Please ensure that the new driller is licensed by the Department to drill the type of well you require. A new driller may not begin drilling until he receives a new drilling card from the Department. If you are drilling a new or replacement well and it is necessary to change the location of the proposed well, you may not proceed with drilling until you file an amended NOI with the Department and the Department issues an amended drilling card to the driller. If county approval was required for the original well site plan (this applies to domestic wells on parcels that are five acres or less), you must submit a new well site plan with the new well location to your local county health authority for approval prior to filing the amended NOI with the Department.

A.R.S. § 45-600 requires the registered well owner to complete and file a Pump Installation Completion Report form (DWR form 55-56) within 30 days after the installation of pumping equipment. A form is enclosed for your use. Also enclosed is a well owner's guide that provides useful information and advice concerning your upcoming well construction project. A.R.S. § 45-600 also requires the driller to file a complete and accurate Well Drillers Report and Well Log (DWR form 55-55) within 30 days after completion of drilling. That form was mailed to your driller with the drilling card. You should insist and ensure that all of the required forms are accurately completed and timely filed with the Department.

Please be advised that A.R.S. § 45-593(C) requires the person to whom a well is registered to notify the Department of a change in ownership of the well and/or information pertaining to the physical characteristics of the well in order to keep this well registration file current and accurate. Any change in well information or a request to change well driller must be filed on a Request to Change Well Information form (DWR form 55-71A) that may be downloaded from the ADWR Internet website at <<http://www.water.az.gov/adwr/content/forms/default.htm#NOI>>.

Sincerely,

A handwritten signature in cursive script that reads "Jeannie Aguilar".

Jeannie Aguilar
NOI Unit
Water Management Support Section

Enclosures



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 417-2470 • (800) 352-8488
 (602) 417-2422 fax www.water.az.gov

#294 Willows

\$150 or
\$75 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 \$75.00 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

RECEIVED
 OCT 20 2004

AMA/INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER
55-205494

** PLEASE PRINT CLEARLY **

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

If water from the proposed well will be used to irrigate the crops of 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

County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F))

Field Inspection Performed

Site Plan Review Only

Insufficient Information to Make a Determination

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

Official County or Local Seal or Stamp

WILLIAM L. OR CHERYLE A. RUSSELL
 2311 E MOUNTAIN VIEW RD. 602-493-4646
 PHOENIX, AZ 85028

17-1030
910

6014

DATE 10-18-09

SIGNATURE

AT THE ORDER OF
 ADWR
 Seventy Five

\$ 75.00

32 N. Skylight Dr.
 reek Ranch
 1/4 ACRE 40 ACRES 10 ACRES
 1E 1/4 NW 1/4 NE 1/4

WELLS FARGO
 Wells Fargo Bank Minnesota, N.A.
 Minneapolis, MN 55479
 www.wellsfargo.com

RCEL # OF ACRES
 017 36.1
 (FROM LOCATION OF WELL)
 1 ACRE 40 ACRE 10 ACRE
 1/4 1/4 1/4

Well Permit

SECTION 3. OWNER INFORMATION

Well Owner		Landowner (if different from Well Owner)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL William Russell		FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL	
MAILING ADDRESS 2311 E. Mountain View Rd		MAILING ADDRESS	
CITY/STATE/ZIP CODE Phoenix Az 85028		CITY/STATE/ZIP CODE	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER 602-317-5720	FAX	TELEPHONE NUMBER	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?		X	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?		X	PLEASE STATE
3. Is the proposed well the second exempt well on this parcel for the same use?		X	If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.