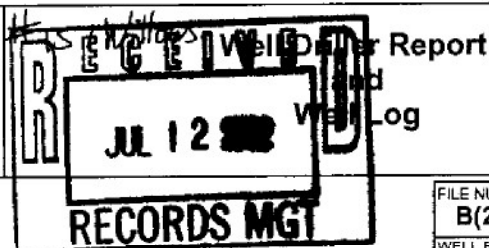




ARIZONA DEPARTMENT OF WATER RESOURCES  
 Records Management Section  
 500 N. 3rd Street \* Phoenix, Arizona 85004  
 (602) 417-2405 \* (800) 352-8488  
 www.water.az.gov



FILE NUMBER  
**B(22-11) 33 BCA**  
 WELL REGISTRATION NUMBER  
**55-591599**  
 PERMIT NUMBER (IF ISSUED)

- \* Review instructions prior to completing form
- \* 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 \*\***

| SECTION 1. REGISTRY INFORMATION                                                                                                                                                                                                           |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Well Owner</b><br>FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL<br><b>JUDITH M HODGSON</b>                                                                                                                                          | <b>Location of Well</b><br>WELL LOCATION ADDRESS (IF KNOWN)                                                               |
| MAILING ADDRESS<br><b>498 PEARBERRY</b>                                                                                                                                                                                                   | TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE<br><b>22N   11W   33   NW 1/4   SW 1/4   NE 1/4</b> |
| CITY / STATE / ZIP<br><b>LAS VEGAS, NV 89123</b>                                                                                                                                                                                          | LATITUDE   LONGITUDE                                                                                                      |
| CONTACT PERSON NAME AND TITLE                                                                                                                                                                                                             | LAND SURFACE ELEVATION AT WELL<br>Feet Above Sea Level                                                                    |
| TELEPHONE NUMBER<br><b>702-407-1844</b>                                                                                                                                                                                                   | FAX                                                                                                                       |
| METHOD OF LATITUDE / LONGITUDE (CHECK ONE)<br><input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> GPS : <input type="checkbox"/> Hand-Held <input type="checkbox"/> Survey-Grade |                                                                                                                           |
| COUNTY ASSESSOR'S PARCEL ID NUMBER<br>BOOK <b>352</b>   MAP <b>34</b>   PARCEL <b>018</b>                                                                                                                                                 |                                                                                                                           |
| COUNTY WHERE WELL IS LOCATED<br><b>Mohave</b>                                                                                                                                                                                             |                                                                                                                           |

| SECTION 2. DRILLING AUTHORIZATION                     |     |
|-------------------------------------------------------|-----|
| <b>Drilling Firm</b><br>NAME<br><b>BROWN DRILLING</b> |     |
| DWR LICENSE NUMBER<br><b>400</b>                      |     |
| TELEPHONE NUMBER<br><b>520-757-1920</b>               | FAX |

| SECTION 3. WELL CONSTRUCTION DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE WELL CONSTRUCTION STARTED<br><b>04-29-2002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE WELL CONSTRUCTION COMPLETED<br><b>04-29-2002</b>                                                                                                                                                                                                           | IF FLOWING WELL, METHOD OF FLOW REGULATION<br><input type="checkbox"/> Valve <input type="checkbox"/> Other                                                                                                                                                        |
| <b>Drill Method</b><br>CHECK ONE<br><input checked="" type="checkbox"/> Air Rotary<br><input type="checkbox"/> Bored or Augered<br><input type="checkbox"/> Cable Tool<br><input type="checkbox"/> Dual Rotary<br><input type="checkbox"/> Mud Rotary<br><input type="checkbox"/> Reverse Circulation<br><input type="checkbox"/> Driven<br><input type="checkbox"/> Jetted<br><input type="checkbox"/> Air Percussion / Odex Tubing<br><input type="checkbox"/> Other (please specify) | <b>Method of Well Development</b><br>CHECK ONE<br><input checked="" type="checkbox"/> Airlift<br><input type="checkbox"/> Bail<br><input type="checkbox"/> Surge Back<br><input type="checkbox"/> Surge Pump<br><input type="checkbox"/> Other (please specify) | <b>Method of Sealing at Reduction Points</b><br>CHECK ONE<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Packed<br><input type="checkbox"/> Swedged<br><input type="checkbox"/> Welded<br><input type="checkbox"/> Other (please specify) |
| <b>Water Level Information</b><br>STATIC WATER LEVEL<br><b>305</b> Feet Below Land Surface<br>DATE MEASURED<br><b>04-29-2002</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    |

**ANSWERED AUG 15 2002**

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

| 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 1/4"                  | X                 |     |     |                         |                      | X         |                |             |         |                           |                         |          |
|                    |           |                            | +1                 | 0         | 6 5/8"                  | X                 |     |     |                         |                      | X         |                |             |         |                           |                         |          |
| 20                 | 505       | 6 1/2"                     | 20                 | 465       | 5 1/2"                  |                   | X   |     |                         |                      | X         |                |             |         |                           |                         |          |
|                    |           |                            | 405                | 505       | 5 1/2"                  |                   | 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                           |                        |           |       |             |                                             |      |        |      |

DEPTH OF BORING 505 Feet Below Land Surface      DEPTH OF COMPLETED WELL 505 Feet Below Land Surface




Well Driller Report and Well Log

WELL REGISTRATION NUMBER  
**55- 591599**

| SECTION 6. WELL SITE PLAN |        |                             |                   |
|---------------------------|--------|-----------------------------|-------------------|
| NAME OF WELL OWNER        | COUNTY | ASSESSOR'S PARCEL ID NUMBER |                   |
| JUDITH M HODGSON          | BOOK   | 352                         | MAP 34 PARCEL 018 |

- \* 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.

more than 20 acres.



1" = \_\_\_\_\_ ft

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       | SIGNATURE OF QUALIFYING PARTY | DATE      |
| Brown Drilling #400 | <i>[Signature]</i>            | 6-24-2002 |

**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: 55-591599**

**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: JUDITH M HODGSON 498 PEARBERRY LAS VEGAS, NV 89123**

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

**NE ¼ of the SW ¼ of the NW ¼ Section 33 Township 22 NORTH Range 11 WEST**

**No. of wells in this project: 1**

**THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 21ST DAY OF MARCH, 2003**

*MB 2/18/02*  
**GROUNDWATER MANAGEMENT SUPPORT**

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



\$10 FEE



Arizona Department of Water Resources  
Groundwater Management Support Section  
P.O. Box 458 ♦ Phoenix, Arizona 85002-0458  
(602) 417-2470 ♦ (602) 352-8488  
www.water.az.gov

**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
- ❖ You must include with your Notice:
  - \$10 check or money order for the processing fee
- ❖ Authority for fee: A.R.S. § 45-113(B), A.A.C. RT2-15-151(B)(4)(a)

GROUNDWATER MGT

MAR 22 2002

|           |      |              |
|-----------|------|--------------|
| AMA / INA | B    | SR           |
| RECEIVED  | DATE | WS           |
| 3/22/02   | 02   | 01           |
| ISSUED    | DATE | WOARF CERCLA |
| 4/8/02    |      |              |

|                          |
|--------------------------|
| FILE NUMBER              |
| 062-1133 bca             |
| WELL REGISTRATION NUMBER |
| 55-591599                |

**\*\* PLEASE PRINT CLEARLY \*\***

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

If water from the proposed well will be used for domestic purposes on a parcel of land of 20 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 before submission to the Department of Water Resources. You must also attach a site plan (see instructions).

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

TELEPHONE NUMBER

DATE

**Official County or Local Seal or Stamp**

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)                               |
| <input checked="" type="checkbox"/> Exempt<br>(Pump has a maximum capacity of not more than 35 gpm and water is not used for irrigation purposes inside an AMA.)<br>(See instructions.) | <input checked="" type="checkbox"/> Drill New Well   | NE of the SW of the NW                                       |
| <input type="checkbox"/> Non-Exempt<br>(Pump has a maximum capacity of more than 35 gpm or water is used for irrigation purposes inside an AMA.) (See instructions.)                    | <input type="checkbox"/> Deepen                      | TOWNSHIP (NS) RANGE (EW) SECTION 160 ACRE 40 ACRE 10 ACRE    |
|                                                                                                                                                                                         | <input type="checkbox"/> Replace                     | 22 11-W 33 NW 1/4 SW 1/4 NE 1/4                              |
|                                                                                                                                                                                         | <input type="checkbox"/> Modify                      | COUNTY ASSESSOR'S PARCEL ID NUMBER 352-34-018                |
|                                                                                                                                                                                         | If Deepening, Replacing or Modifying:                | BOOK MAP PARCEL # OF ACRES                                   |
|                                                                                                                                                                                         | ORIGINAL WELL REGISTRATION NUMBER                    | 352 34 757 36.9                                              |
|                                                                                                                                                                                         | 55 -                                                 | PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) |
|                                                                                                                                                                                         | MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute | TOWNSHIP (NS) RANGE (EW) SECTION 160 ACRE 40 ACRE 10 ACRE    |
| DESIGN PUMP CAPACITY Gallons Per Minute                                                                                                                                                 | DISTANCE & DIRECTION FROM ORIGINAL WELL Feet         | 1/4 1/4 1/4 1/4                                              |
|                                                                                                                                                                                         |                                                      | COUNTY WHERE WELL IS LOCATED                                 |
|                                                                                                                                                                                         |                                                      | Mohave                                                       |

**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 |
| Judith m Hodgson                                  | Same                                                   |
| MAILING ADDRESS                                   | MAILING ADDRESS                                        |
| 498 Pearberry                                     |                                                        |
| CITY / STATE / ZIP CODE                           | CITY / STATE / ZIP CODE                                |
| Las Vegas NV 89123                                |                                                        |
| CONTACT PERSON NAME AND TITLE                     | CONTACT PERSON NAME AND TITLE                          |
| Judith Hodgson Owner                              |                                                        |
| TELEPHONE NUMBER FAX                              | TELEPHONE NUMBER FAX                                   |
| 702 407-1844 n/a                                  |                                                        |

**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

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

|                                  |                              |                                                  |                                              |                                                  |                                     |
|----------------------------------|------------------------------|--------------------------------------------------|----------------------------------------------|--------------------------------------------------|-------------------------------------|
| <b>Drilling Firm</b>             |                              | <b>Principal Use of Water</b>                    |                                              | <b>Other Uses of Water</b>                       |                                     |
| NAME<br>BROWN DRILLING, INC.     |                              | CHECK ONE                                        |                                              | CHECK ALL THAT APPLY                             |                                     |
| DWR LICENSE NUMBER<br>400        | ROC LICENSE CATEGORY<br>C-53 | <input type="checkbox"/> Irrigation              | <input type="checkbox"/> Utility             | <input type="checkbox"/> Irrigation              | <input type="checkbox"/> Utility    |
| TELEPHONE NUMBER<br>928-757-1920 | FAX<br>928-681-4549          | <input type="checkbox"/> Commercial              | <input checked="" type="checkbox"/> Domestic | <input type="checkbox"/> Commercial              | <input type="checkbox"/> Domestic   |
|                                  |                              | <input type="checkbox"/> Municipal               | <input type="checkbox"/> Industrial          | <input type="checkbox"/> Municipal               | <input type="checkbox"/> Industrial |
|                                  |                              | <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

| Borehole           |           |                            | Casing             |           |                   |     |     |                         |                      |           |                |             | GROUTING MATERIAL |         |                         |        |
|--------------------|-----------|----------------------------|--------------------|-----------|-------------------|-----|-----|-------------------------|----------------------|-----------|----------------|-------------|-------------------|---------|-------------------------|--------|
| DEPTH FROM SURFACE |           | BOREHOLE DIAMETER (inches) | DEPTH FROM SURFACE |           | MATERIAL TYPE (✓) |     |     |                         | PERFORATION TYPE (✓) |           |                |             |                   |         |                         |        |
| 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 |        |
|                    |           |                            |                    |           |                   |     |     |                         |                      |           |                |             |                   |         |                         | 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.

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 OR LANDOWNER: *Judith M. Hodgson* | DATE: 3/19/02