ARIZONA DEPARTMENT OF WATER RESOURCES
Groundwater Mgmt. Support - 500 North Third Street
Phoenix, Arizona 85004
Phone (602) 417-2470

APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF $ 50.00 PER WELL FOR THE 1ST 10 WELLS PLUS $ 10.00 PER WELL THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, ARE DUE PRIOR TO ISSUANCE OF PERMIT.

FOR OFFICE USE ONLY

Application No. _____

Date Received _____

1. Name of Permittee _____

   _____
   Mailing Address City State Zip

   Contact Person _____ Telephone _____ Fax _____

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located _____

3. Name of the owner(s) of the land where wellsites are located _____

   Mailing Address _____
   (If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used _____
   (quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for _____

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. _____

   or long-term storage account number. _____

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form (see DWR application packet.) Attach supplement if needed.

Name OF Well Owner	Well Registration Number	Location: ¼,¼,¼, Section, Township, Range	Design Pump Capacity (GPM)	Well Depth (Feet)	Casing Diameter (Inches)	Proposed Annual Volume (Acre-Feet)	Date Well Constructed

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼,¼,¼, Section, Township, Range	Design Pump Capacity (GPM)	Well Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We),_____, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

_____ Telephone

_____ Signature of owner or authorized agent

_____ Title

_____
Mailing Address City State Zip

STATE OF ARIZONA)
) ss.
County of_____)

Subscribed and sworn to before me this_____ day of_____, 19_____.

_____
Notary Public

_____
My commission expires: