



Arizona Department of Water Resources
Water Management Division
P.O. Box 36020 Phoenix, Arizona 85067-6020
(602) 771-8527 • www.azwater.gov

Request to Change Well Information

AUG 29 2014

FILE NUMBER

A(6-4)32cda

WELL REGISTRATION NUMBER

55 - 591818

- ❖ Review instructions prior to completing form in black or blue ink.
 - ❖ You must include with your Notice:
 - check or money order for any required fee(s)
 - ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104
- ** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well						
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)						
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE	
CITY / STATE / ZIP CODE		6N	4E	32	SW 1/4	SE 1/4	NE 1/4	
CONTACT PERSON NAME AND TITLE		LATITUDE		LONGITUDE				
TELEPHONE NUMBER		Degrees		Minutes	Seconds	Degrees	Minutes	Seconds
FAX		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held						
		<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade						
		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)						
		<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):						
		COUNTY ASSESSOR'S PARCEL ID NUMBER			COUNTY WHERE WELL IS LOCATED			
		BOOK	MAP	PARCEL				
		211	14	005H	Maricopa			

Type of Request (CHECK ONE)

- ☐ Change of Well Drilling Contractor (Fill out Section 2) ☐ Change of Well Ownership (Fill out Section 3) ☐ Change of Well Information (location, use, etc.) (Fill out Section 4)

SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR

FEE \$120 per Well

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

Current Well Drilling Contractor		New Well Drilling Contractor	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
DWR LICENSE NUMBER		DWR LICENSE NUMBER	ROC LICENSE CATEGORY
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP

FEE \$30 per Well

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
Bruce & Karen Combe		R-Net Commercial Development, LLC	
MAILING ADDRESS		MAILING ADDRESS	
901 East Buffalo St.		7502 E PINNACLE PEAK SW A103	
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
Gilbert, AZ 85295		Scottsdale AZ 85255	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
		Michelle Sherlock Partner	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
		623-687-4114	

SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required)

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

- ☐ 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 6. WELL OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

Michelle Sherlock, Partner

SIGNATURE OF WELL OWNER

Michelle Sherlock 8/27/14

DATE: 08/27/2014

FILE NO. 204-5654760

SETTLEMENT DATE: 08/27/2014

CHECK AMOUNT: \$ 30.00

BUYER: R-Net Commercial Development, LLC

SELLER: Combe

Property Address: Vacant Land-North 51st Place, Cave Creek, AZ 85331

Funds Due

Charge Details:

Well Transfer Fee:

Re:

30.00

Thank you for doing business with First American Title Insurance Company

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

FIRST AMERICAN TITLE
INSURANCE COMPANY
7202 E. CAREFREE DR., BLDG 1,
SUITE 1
P.O. BOX 2800-398
CAREFREE, AZ 85377

Receipt #: 15-35436
Office: MAIN OFFICE
Receipt Date: 09/02/2014
Sale Type: IN_PERSON
Cashier: WRSYM

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
81213	15239	4439-TT	Change of Ownership/Change of Well Information/Well Assignment	591818	1	30.00	30.00
RECEIPT TOTAL:							30.00

Payment type: CHECK

Amount Paid: \$30.00

Payment Received Date: 09/02/2014

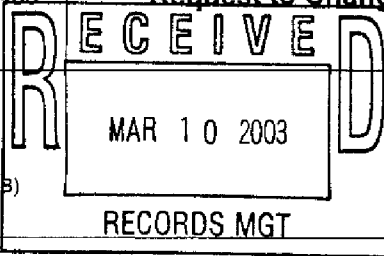
Notes: FROM TTA.

Check # 112049124



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

Request to Change Well Information



FILE NUMBER	A (6-4) 32CDA
WELL REGISTRATION NUMBER	55

- ❖ Review instructions prior to completing form
- ❖ You must include with your Notice:
 - check or money order for any required fee(s)
- ❖ Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-113(B)

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL BRUCE & KAREN COMBE		Location of Well WELL LOCATION ADDRESS (IF ANY)					
CITY / STATE / ZIP CODE 1739 W. KIOWA MESA, AZ 85202		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
CONTACT PERSON NAME AND TITLE		LATITUDE ° ' "N		LONGITUDE ° ' "W			
TELEPHONE NUMBER 480 820-2370		FAX		COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 211 MAP 16 PARCEL 0054		COUNTY WHERE WELL IS LOCATED	

Type of Request (CHECK ONE)

- ☐ Change of Well Drilling Contractor (Fill out Section 2) ☐ Change of Well Ownership (Fill out Section 3) ☐ Change of Well Information (location, use, etc.) (Fill out Section 4)

SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR (\$10 Fee Required)

\$10 FEE

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

Current Well Drilling Contractor		New Well Drilling Contractor	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
DWR LICENSE NUMBER		DWR LICENSE NUMBER	ROC LICENSE CATEGORY
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP (\$10 Fee Required)

\$10 FEE

- ♦ If this change pertains to more than one well and the names are the same, only one \$10 fee is required.

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, 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	FAX	TELEPHONE NUMBER	FAX

MAR 25 2003

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

NEW ADDRESS:

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

PREPARED BY NAME AND TITLE Bruce Combe	SIGNATURE OF WELL OWNER Bruce H. Combe	DATE
--	--	------

3-24-03 11:04:33AM AZ Dept of Water Res

6024172421

ARIZONA DEPARTMENT OF WATER RESOURCES

Records Management Section

100 N 3rd Street Phoenix, Arizona 85004

(602) 417-2404 (800) 352-1488

www.water.az.gov

Well Driller Report

and

Well Log

MAR 17 2003

RECORDS MGT

FILE NUMBER

A(6-4) 32 CDA

WELL REGISTRATION NUMBER

55-591818

PERMIT NUMBER (IF ISSUED)

- Review instructions prior to completing form
This report should be prepared by the driller in detail and filed with the permit within 30 days following completion of well.

** PLEASE PRINT CLEARLY **

SECTION 1: REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL
BRUCE & KAREN COMBE

MAILING ADDRESS

1739 W KILOW AVE

CITY / STATE / ZIP

MESA, AZ 85202

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

480-820-2370

FAX

Location of Well

WELL LOCATION ADDRESS (IF KNOWN)

TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
6N 4E 32 SW 1/4 SE 1/4 NE 1/4

LATITUDE

LONGITUDE

LAND SURFACE ELEVATION AT WELL

Feet Above Sea Level

METHOD OF LATITUDE / LONGITUDE (CHECK ONE)

☐ USGS Quad Map☐ Conventional Survey☐ GPS☐ Hand-Held☐ Survey-Grade

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK

211

MAP

16

PARCEL

005H

COUNTY WHERE WELL IS LOCATED

MARICOPA

SECTION 2: DRILLING AUTHORIZATION

Drilling Firm

NAME

WESTERN DRILLING COMPANY, L.L.C.

DWR LICENSE NUMBER

855

TELEPHONE NUMBER

602-237-9211

FAX

SECTION 3: WELL CONSTRUCTION DETAILS

DATE WELL CONSTRUCTION STARTED

7/27/02

DATE WELL CONSTRUCTION COMPLETED

8/30/02

IF FLOWING WELL, METHOD OF FLOW REGULATION

☐ Valve☐ Other

Drill Method

CHECK ONE

☒ Air Rotary☐ Bored or Augered☐ Cable Tool☐ Dual Rotary☐ Mud Rotary☐ Reverse Circulation☐ Driven☐ Jetted☐ Air Percussion / Odex Tubing☐ Other (please specify)

Method of Well Development

CHECK ONE

☒ Airlift☐ Bail☐ Surge Back☐ Surge Pump☐ Other (please specify)

Method of Sealing at Reduction Points

CHECK ONE

☐ None☐ Packed☐ Swedged☐ Welded☐ Other (please specify)

Water Level Information

STATIC WATER LEVEL

300

Feet Below Land Surface

DATE MEASURED

7/29/02

ANSWERED MAR 24 2003

ANSWERED MAR 26 2003

Mar 25 03 08:25a


WESTERN DRILLING

623-327-0204

P.2

3-24-03:10:43AM:AZ Dept of Water Res

:6024:172421

 ARIZONA DEPARTMENT OF WATER RESOURCES Records Management Section 500 N. 3rd Street - Phoenix, Arizona 85004 (602) 417-2405 • (800) 352-8488 www.wateraz.gov	Well Driller Report and Well Log	
	RECEIVED MAR 17 2003	
FILE NUMBER A(6-4) 32 CPA		
WELL REGISTRATION NUMBER 55-591818		
PERMIT NUMBER (IF ISSUED)		

- * Review instructions prior to completing form
- * This report should be prepared by the driller in detail and filed with the driller within 30 days following completion of the well.

**** PLEASE PRINT CLEARLY ****

SECTION 1: REGISTRY INFORMATION		Location of Well	
Well Owner FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL BRUCE & KAREN COMBE		WELL LOCATION ADDRESS (IF KNOWN)	
MAILING ADDRESS 1739 W KILOW AVE		TOWNSHIP (N/S) 6N	RANGE (E/W) 4E
CITY / STATE / ZIP MESA, AZ 85202		SECTION 32	160 ACRE SW 1/4
CONTACT PERSON NAME AND TITLE		40 ACRE SE 1/4	
TELEPHONE NUMBER 480-820-2370	FAX	10 ACRE NE 1/4	
		LAND SURFACE ELEVATION AT WELL Feet Above Sea Level	
		METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <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 BOOK 211 MAP 16 PARCEL 005H	
		COUNTY WHERE WELL IS LOCATED MARICOPA	

SECTION 2: DRILLING AUTHORIZATION	
Drilling Firm NAME WESTERN DRILLING COMPANY, L.L.C.	
DWR LICENSE NUMBER 655	
TELEPHONE NUMBER 602-237-9211	FAX

SECTION 3: WELL CONSTRUCTION DETAILS		
DATE WELL CONSTRUCTION STARTED	DATE WELL CONSTRUCTION COMPLETED	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other
Drill Method 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)	Method of Well Development 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)	Method of Sealing at Reduction Points CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
Water Level Information STATIC WATER LEVEL 300 Feet Below Land Surface DATE MEASURED 7/29/02		

ANSWERED MAR 24 2003

DWR-55-55-10/01 (Rev.)

ANSWERED MAR 26 2003



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

Well Driller Report and Well Log

MAR 17 2003

RECORDS MGT

FILE NUMBER

A(6-4) 32 CDA

WELL REGISTRATION NUMBER

55-591818

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 of Water Resources within 30 days following completion of the well.

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL BRUCE & KAREN COMBE		WELL LOCATION ADDRESS (IF KNOWN)					
MAILING ADDRESS 1739 W KILOW AVE		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP MESA, AZ 85202		6N	4E	32	SW 1/4	SE 1/4	NE 1/4
CONTACT PERSON NAME AND TITLE		LATITUDE		LONGITUDE		LAND SURFACE ELEVATION AT WELL	
TELEPHONE NUMBER 480-820-2370		° ' "		° ' "		Feet Above Sea Level	
FAX		METHOD OF LATITUDE / LONGITUDE (CHECK ONE)					
		<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					
		BOOK 211	MAP 16	PARCEL 005H			
		COUNTY WHERE WELL IS LOCATED MARICOPA					

SECTION 2. DRILLING AUTHORIZATION

Drilling Firm	
NAME WESTERN DRILLING COMPANY, L.L.C.	
DWR LICENSE NUMBER 655	
TELEPHONE NUMBER 602-237-9211	FAX

SECTION 3. WELL CONSTRUCTION DETAILS

DATE WELL CONSTRUCTION STARTED	DATE WELL CONSTRUCTION COMPLETED	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other
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 type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
Water Level Information		
STATIC WATER LEVEL		
Feet Below Land Surface		
DATE MEASURED		

ANSWERED MAR 24 2003

Well Driller Report and Well Log

WELL REGISTRATION
55-591818**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	12	0	20	8	X					X						
20	400	8	0	300	4 1/2		X				X						
			300	400	4 1/2		X							X			.032

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

400

Feet Below Land Surface

DEPTH OF COMPLETED WELL

400

Feet Below Land Surface

Well Driller Report and Well Log

WELL REGISTRATION NUMBER

55-591818

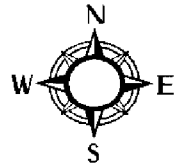
SECTION 5. GEOLOGIC LOG OF WELL

[illegible]

Well Driller Report and Well LogWELL REGISTRATION
55- 591818**SECTION 6. WELL SITE PLAN**

NAME OF WELL OWNER	COUNTY	ASSESSOR'S	PARCEL ID NUMBER
BRUCE & KAREN COMBE	BOOK	211	MAP
			16
		PARCEL	005H

- ⌘ 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.



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

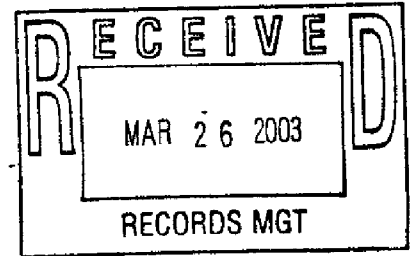
SIGNATURE OF QUALIFYING PARTY

DATE

Western Drilling Company

P.O BOX 5548
GOODYEAR AZ 85338

623 327 1200 OFFICE
623 327 0204 FAX



Fax Cover Sheet

To: BERBA ^{Inc} RECORDS From: JOE

Fax # (602) 477-2421 Phone # (602) 417-2405

Reference: WELL REPORTS REQUESTED

Number of pages (including cover): 93

**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: 55-591818

AUTHORIZED DRILLER: WESTERN DRILLING COMPANY, L.L.C.

LICENSE NO: 655

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

WELL OWNER: BRUCE & KAREN COMBE 1739 W KILOW AVE MESA, AZ 85202

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

NE ¼ of the SE ¼ of the SW ¼ Section 32 Township 6 NORTH Range 4 EAST

No. of wells in this project: 1

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 2ND DAY OF APRIL, 2003


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 85001-0458
 (602) 417-2470 ♦ (800) 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. R12-15-151(B)(4)(a)

**** PLEASE PRINT CLEARLY ****

RECEIVED	DATE	WS
4/3/02	07	
ISSUED	DATE	WDARF CERCLA
4/11/02		

FILE NUMBER
A(6.4)32 cda
WELL REGISTRATION NUMBER
55-591818

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

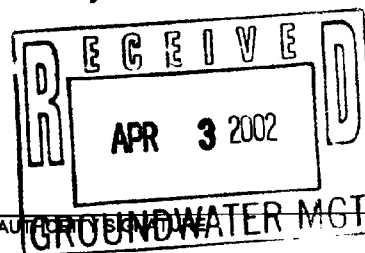
COUNTY OR LOCAL AUTHORITY NAME AND TITLE

TELEPHONE NUMBER

DATE

COUNTY OR LOCAL AUTHORITY SIGNATURE

Official County or Local Seal or Stamp



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 (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 checked="" type="checkbox"/> Drill New Well	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
	<input type="checkbox"/> Deepen	6N 4E 32 SW 1/4 SE 1/4 NE 1/4
	<input type="checkbox"/> Replace	COUNTY ASSESSOR'S PARCEL ID NUMBER
	<input type="checkbox"/> Modify	BOOK MAP PARCEL # OF ACRES
	If Deepening, Replacing or Modifying:	211 16 005H 4.76
<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.)	ORIGINAL WELL REGISTRATION NUMBER	PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)
	55 -	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
	MAXIMUM CAPACITY OF ORIGINAL WELL	
	N/A Gallons Per Minute	
DESIGN PUMP CAPACITY	DISTANCE & DIRECTION FROM ORIGINAL WELL	COUNTY WHERE WELL IS LOCATED
35 Gallons Per Minute	Feet N/A	MARICOPA

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
BRUCE H. & KAREN L. COMBE	SAME
MAILING ADDRESS	MAILING ADDRESS
1739 W. KIOWA AVE	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
MESA, AZ 85202	
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
BRUCE COMBE	
TELEPHONE NUMBER	TELEPHONE NUMBER
480-785-0030	
FAX	FAX
480-785-0055	

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.


WELL REGISTRATION NUMBER
55 -

SECTION 6. WATER / SITE INFORMATION

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed)	DATE CONSTRUCTION IS TO BEGIN ASAP
---	---------------------------------------

[illegible]

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 BRUCE H. COMBE	
SIGNATURE OF WELL OWNER OR LANDOWNER 	DATE 4-3-02

2:05p 03/APR/02

Arizona Department of Water Resources

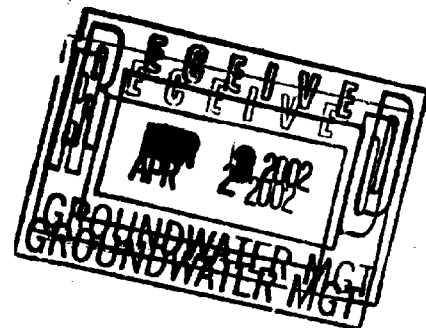
500 N Third Street
Phoenix AZ 85004
602-417-2405

INVOICE # 20094
REGISTER:1
CASHIER: ME

PAYEE:BRUCE H COMBE

CUSTOMER:

FEE TYPE	DESCRIPTION	QTY	PRICE	EXT PRICE
4439-06	NOTICE OF INTENT TO DRILL WELL	1	10.00	10.00



1 UNIT(S) SUBTOTAL: 10.00

Cash: 10.00

INVOICE TOTAL: 10.00

THIS IS YOUR RECEIPT
"Thank You" Az Department of Water Resources

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North 3rd Street, Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



JANE DEE HULL
Governor

JOSEPH C. SMITH
Director

April 15, 2002

BRUCE & KAREN COMBE
1739 W KILOW AVE
MESA, AZ 85202

Registration No. 55-591818
File No. A(6-4) 32 CDA

Dear Well Owner:

Enclosed is a copy of the Notice of Intention (NOI) to Drill a well. This NOI, which was recently filed with this Department, is being returned to you as evidence of your compliance with ARS §45-596. The enclosed Pump Installation Completion Report is to be submitted when pump equipment is installed. The drilling card and Well Drilling Report form have been sent to your driller. He may not begin drilling until he has received the drilling card and it must be displayed on the rig during drilling. If you change drillers, you must supply this Department with the new driller's identity. Please ensure that the driller you select is licensed to drill the type of well you require. All well drillers must pass an examination proving they understand the drilling methods for that particular license, and are familiar with the laws and regulations which govern well construction in Arizona.

If it is necessary to change the location of the proposed well, immediately contact the Department of Water Resources to obtain written permission before proceeding with the drilling. A properly signed, amended drilling card must be in the possession of the driller before drilling commences at a different location than originally authorized.

ARS §45-600 requires the registered well owner to submit a Pump Installation Completion Report within thirty (30) days after the installation of pumping equipment. It also requires the driller to furnish this Department a complete and accurate Well Drillers Report and Well Log within thirty (30) days after completion of drilling. You should insist, and ensure, that both of these are done.

If in the course of drilling a new well, it is determined that the new well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the new well must be properly abandoned and a Well Abandonment Completion Report submitted per R12-15-816.F.

Per ARS §45-593 (C), the person to whom a well is registered shall notify this 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. We have enclosed a Change of Well Information Form should it be needed in the future.

Sincerely,

A handwritten signature in dark ink, appearing to read "S. Valdez", written over a horizontal line.

Sylvia Valdez
Water Resource Technician
Groundwater Management Support Section

Enclosures