## **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

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

AUG 2 9 2014

FILE NUMBER A(6-4)32da WELL REGISTRATION NUMBER 55 - 59 1818

** PLEASE PRINT CLEARLY		Average of the Deliver of Contracting and the Contraction of the Contr	2 Samuel 1
SECTION 1. REGISTRY I	NFORMATION	And the second s	
Well Owner		Location of Well	
FULL NAME OF COMPANY, ORGAN	IZATION, OR INDIVIDUAL	WELL LOCATION ADDRESS (IF ANY)	
		TOWNSHIP (N/O) IDANIOF (EAS) LOCATION	1 400 AODE   40 AODE   40 AODE
MAILING ADDRESS		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
CITY / STATE / ZIP CODE		LATITUDE ' ' ''N	conditable   '   ''w
		Degrees Minutes Seconds	Degrees Minutes Seconds
CONTACT PERSON NAME AND TIT	LE	METHOD OF LATITUDE/LONGITUDE (CI	
		USGS Quad Map Conventio	nal Survey    *GPS: Survey-Grade
TELEPHONE NUMBER	FAX	*IF GPS WAS USED, GEOGRAPHIC COC NAD-83 Other (please speci	
, EEE, FROME NOMBER		COUNTY ASSESSOR'S PARCEL ID NUM	IBER COUNTY WHERE WELL
		BOOK 211 MAP LO O	PARCEL IS LOCATED
		211 14 0	05H Maricopa
Type of Request (CHECK OF	NE)		
Change of Well Drilling			of Well Information
(Fill out Section 2)	(Fill out Secti	ion 3) (location,	use, etc.) (Fill out Section 4)
SECTION 2. REQUEST T	O CHANGE WELL DRILLING	CONTRACTOR	FEE \$120 per Well
		e this request and issue authorization	
	ommencement of well drilling or ab		
Current Well Drilling Cor		New Well Drilling Contractor FULL NAME OF COMPANY, ORGANIZA	or
FULL NAME OF COMPANY, ORGAN	IIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZA	TION, OR INDIVIDUAL
DWR LICENSE NUMBER		DWR LICENSE NUMBER	ROC LICENSE CATEGORY
DVVK EIGENSE NOMBEK		BWK EIGENGE HOMBEK	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
SECTION 3. STATEMENT	TOF CHANGE OF WELL OWI	NERSHIP	FEE \$30 per Well
•			
Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGAN	VIZATION OR INDIVIDUAL	FULL NAME OF COMPANY, ORGANIZA	TION, OR INDIVIDUAL COAL DEVELOPMENT
MAILING ADDRESS	an corne	MAILING ADDRESS	aas Develymen,
and Fact F	Buffalo St.		NNACH GEAK Su
CITY STATE / ZIP CODE	06.006	CITY / STATE / ZIP CODE	
Gillbert AZ	- 85295	Scottsdalp	AZ 85255
CONTACT PERSON NAME AND TIT	LE	CONTACT PERSON NAME AND TITLE	
,		Miechelle SHE	rhock farther
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER 411 4	FAX
SECTION 4. CHANGE OF	WELL INFORMATION (No Fee	e Required)	
NOTE: Applies only to wells t	hat have already been drilled. For	proposed wells, an amended Notice of	f Intent to Drill a Well must be filed
EXPLAIN			
SECTION 5. OPTIONAL	BY PROPERTY OWNER AND	WELL OWNER ONLY	
		on to enter the property for the purpose	e of taking water level
	s well. (See instructions.)	and property to the purpose	3
SECTION 6. WELL OWN			
	above statements are true to the	best of my knowledge and belief	^
TYPE OR PRINT NAME AND TITLE		SIGNATURE OF WELL OWNER	N DATE
Miechelle Show	lock partner	1/10/1.00	NON10/8 0/27/14

First American Title Insurance Company, Carefree PR. 4000 Ofc. 4204 (11204) (RA/brf)

FILE NO. 204-5654760

**SETTLEMENT DATE:** 08/27/2014

CHECK NO. 112049124

BUYER:

R-Net Commercial Development, LLC

CHECK AMOUNT: \$ 30.00

SELLER:

Combe

DATE: 08/27/2014

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

**Funds Due** 

Re:

Charge Details: Well Transfer Fee:

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

30.00

30.00

30.00

RECEIPT TOTAL:

Ext Price

**Unit Price** 

Qty

Ref ID

591818

Change of Ownership/Change of Well

AOBJ 4439-TT

Index 15239

Item No. 81213

Description

Information/Well Assignment

Payment type: CHECK

Amount Paid: \$30.00

Payment Received Date: 09/02/2014

Notes: FROM TTA.

Check # 112049124

P.O. Box 45	partment of Water Resource or Management Support Section 8 • Phoenix, Arizona 85001-0	n 458 <b>Request to Cha</b>	ange Well Information
(602) 417-24 www.water.a	470 ● (800) 352-8488 az.gov	DECEIVE	ח
<ul> <li>You <u>must</u> include wire check or money</li> </ul>	prior to completing form th your Notice: order for any required fee(s) R12-15-151(B)(4)(a), A.R.S. § 45-113(	MAR 1 0 2003	FILE NUMBER  A (6-4) 32CD  WELSTEGISTRATION NUMBER
** PLEASE PRINT CLEA		RECORDS MGT	and the second s
SECTION 1. REGISTR	YINFORMATION	Location of Well	
BRUCE & K	ANIZATION, OR INDIVIDUAL AREN COMBE	WELL LOCATION ADDRESS (IF AN	,
1739 W,	KIOWA	TOWNSHIP (NS) RANGE (E/W) SECTI	160 ACRE
MESA, A	12 85202	•   1	"N ° 1 1 "W
CONTACT PERSON NAME AND T		COUNTY ASSESSOR'S PARCEL ID	NUMBER
FELEPHONE NUMBER	70 FAX	COUNTY WHERE WELL IS LOCATE	14 PARCEL 005H
Type of Request (CHECK ☐ Change of Well Drillin (Fill out Section 2)			nange of Well Information ion, use, etc.) (Fill out Section 4)
SECTION 2 PEOLIEST	TO CHANGE WELL DRILLIN	G CONTRACTOR (\$10 Fee Requ	· · · · · · · · · · · · · · · · · · ·
<ul> <li>If drilling or abandoning</li> </ul>	a well, the Department must rece	eive this request and issue authorizati	uired) \$10 FEE
	commencement of well drilling or	abandonment.	
varrent weil Drilling Ca	ontractor	New Well Drilling Contrac	ntor
Current Well Drilling Co FULL NAME OF COMPANY, ORGA	Ontractor Anization, or Individual	New Well Drilling Contract FULL NAME OF COMPANY, ORGAN	IZATION, OR INDIVIDUAL
FULL NAME OF COMPANY, ORGA	Ontractor Anization, or Individual	New Well Drilling Contract FULL NAME OF COMPANY, ORGAN DWR LICENSE NUMBER	CTOT IZATION, OR INDIVIDUAL ROC LICENSE CATEGORY
FULL NAME OF COMPANY, ORGA DWR LICENSE NUMBER	Ontractor ANIZATION, OR INDIVIDUAL FAX	FULL NAME OF COMPANY, ORGAN	IZATION, OR INDIVIDUAL
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN	FAX IT OF CHANGE OF WELL OV	FULL NAME OF COMPANY, ORGAN  DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)	ROC LICENSE CATEGORY  FAX  \$10 FEE
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains to	FAX IT OF CHANGE OF WELL OV	TELEPHONE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)  les are the same, only one \$10 fee is	ROC LICENSE CATEGORY  FAX  \$10 FEE
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the state of the state o	FAX  IT OF CHANGE OF WELL OVER 100 more than one well and the name	FULL NAME OF COMPANY, ORGAN  DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)	ROC LICENSE CATEGORY  FAX  \$10 FEE required.
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the state of company, organization.	FAX  IT OF CHANGE OF WELL OVER 100 more than one well and the name	TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)  les are the same, only one \$10 fee is  New Well Owner	ROC LICENSE CATEGORY  FAX  \$10 FEE  required.
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the state of company, organization organization of company, organization	FAX  IT OF CHANGE OF WELL OVER 100 more than one well and the name	TELEPHONE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required) les are the same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI	ROC LICENSE CATEGORY  FAX  \$10 FEE  required.
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the previous Well Owner  FULL NAME OF COMPANY, ORGA  MAILING ADDRESS  CITY / STATE / ZIP CODE	FAX  IT OF CHANGE OF WELL OV to more than one well and the narr ANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGAN  DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required) les are the same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI  MAILING ADDRESS	ROC LICENSE CATEGORY  FAX  **PAX**  **P
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN	FAX  IT OF CHANGE OF WELL OV to more than one well and the narr ANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, ORGAN  DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required) les are the same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI  MAILING ADDRESS  CITY/STATE/ZIP CODE	ROC LICENSE CATEGORY  FAX  \$10 FEE  required.
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the previous Well Owner  FULL NAME OF COMPANY, ORGA  MAILING ADDRESS  CITY / STATE / ZIP CODE  CONTACT PERSON NAME AND THE	FAX  IT OF CHANGE OF WELL OV TO MORE than one well and the name	DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)  Telephone same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI  MAILING ADDRESS  CITY / STATE / ZIP CODE  CONTACT PERSON NAME AND TITL  TELEPHONE NUMBER	ROC LICENSE CATEGORY  FAX  \$10 FEE  required.  IZATION, OR INDIVIDUAL
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the previous Well Owner  FULL NAME OF COMPANY, ORGA  MAILING ADDRESS  CITY / STATE / ZIP CODE  CONTACT PERSON NAME AND TIP  FELEPHONE NUMBER  OTE: Applies only to wells	FAX  TOF CHANGE OF WELL OV TO more than one well and the name and the	DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)  Ies are the same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI  MAILING ADDRESS  CITY/STATE/ZIP CODE  CONTACT PERSON NAME AND TITL  TELEPHONE NUMBER	ROC LICENSE CATEGORY  FAX  **10 FEE*  required.  IZATION, OR INDIVIDUAL  FAX  FAX
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the previous Well Owner  FULL NAME OF COMPANY, ORGA  MAILING ADDRESS  DITY / STATE / ZIP CODE  CONTACT PERSON NAME AND TIP  TELEPHONE NUMBER	FAX  IT OF CHANGE OF WELL OV TO MORE than one well and the name of	DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)  Telephone same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI  MAILING ADDRESS  CITY / STATE / ZIP CODE  CONTACT PERSON NAME AND TITL  TELEPHONE NUMBER	ROC LICENSE CATEGORY  FAX  **10 FEE*  required.  IZATION, OR INDIVIDUAL  FAX  FAX
FULL NAME OF COMPANY, ORGA  DWR LICENSE NUMBER  TELEPHONE NUMBER  SECTION 3. STATEMEN  If this change pertains the previous Well Owner  FULL NAME OF COMPANY, ORGA  MAILING ADDRESS  CITY / STATE / ZIP CODE  CONTACT PERSON NAME AND THE  FELEPHONE NUMBER  OTE: Applies only to wells the provious wells to the provious well to the provious wells to the provious wells to the provious wells to the provious well to the provious	FAX  IT OF CHANGE OF WELL OV TO MORE than one well and the name of	DWR LICENSE NUMBER  TELEPHONE NUMBER  VNERSHIP (\$10 Fee Required)  Ies are the same, only one \$10 fee is  New Well Owner  FULL NAME OF COMPANY, ORGANI  MAILING ADDRESS  CITY / STATE / ZIP CODE  CONTACT PERSON NAME AND TITL  TELEPHONE NUMBER  Proposed wells, an amended Notice  best of my knowledge and belief.	ROC LICENSE CATEGORY  FAX  **10 FEE*  required.  IZATION, OR INDIVIDUAL  FAX  FAX  FAX  **COLICENSE CATEGORY  **10 FEE*  **TOTAL STATE OF THE PROPERTY OF THE

602-237-9211		
SECTIONS WEIGE GONSTRUCT DATE WELL CONSTRUCTION STARTED  27 27 22  DINIL Method:  CHECK ONE  Air Rotary  Bored or Augered  Cable Tool  Dual Rotary  Mud 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)  Water Lavel Information	FLOWING WELL, METHOD OF FLOW REGULATION  Valve Other  Method of Sealing at Reduction Points  CHECK ONE None Packed Swedged Welded Other (please specify)
	7/29/02	<u> </u>

ANSWERED MAR 2 4 2003

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

3-24-03:10:43AM;AZ Dept							
Records Ventuented Scients 500 N Bod Street Phoenix, (602) 17-2405 (800) 352- www.waterlaz.goMAR 2 5	Arizona 83004 8488	(E)	EVV	ell Drille an	Log	UMBER PRO	
Review instructions prior to comple This report should be prepared by 30 days following completion of the	and torm he driller in detail and well.	TECOI		within	A( WELL 55	6-4) 32 CE REGISTRATION 5-591818 IT NUMBER (IF	DA NUMBER B
** PLEASE PRINT CLEARLY	AN		A CALL THREE				
SECTION 1-REGISTRY INFORMATI		Location	of Well		galatin Sin		
WOIL OWNER FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL	Audio (section to proceed)	WELL LOCATIO	N ADDRESS (F	(KNOWN			į.
BRUCE & KAREN COMBE		TOWNSHIP (VS)	RANGE (EM)	SECTION	160 ACRE	40 ACRE	10 ACRE
MAILING ADDRESS		64	45	32	SWL 14	SE 14	NE 1/4
1739 W KILOW AVE		LATITUDE			LONGITUDE	1	, ,
CITY / STATE / ZIP		•	<u> </u>	<u>"N</u>		<u> </u>	<u>""</u>
MESA, AZ 85202		LAND SURFACE	ELEVATION AT	MELL		East AL-	ve Sea Level
CONTACT PERSON NAME AND TITLE		METHOD OF LA	TITLING ALONG	TUBE (CHECK (	INE)		Hand-Held
TELEPHONE NUMBER FAX						يب	Survey-Grade
480-820-2370		Ses O		Conventional	<u>-</u>	ب ۱۰۰۰	
460-620-2310		COUNTY ASSE	550R'S PARCI	MAP		PARCEL	005H
		1	211		16		00571
		COUNTY WHEN	RE WELL IS LO	GATED			1
		L	MARI	<u> </u>			
	TANK BURE	Manulii	ar tanud		<b>ENTHANCE</b>		The second secon
SECTION 2 DRILLING AUTHORIZA		A STATE OF THE PROPERTY OF THE				_	
54418F							
WESTERN DRILLING COMPANY, L.L.	.C	4					
OWR UCENSE NUMBER							
655	<u></u>	-					
TELEPHONE NUMBER FAX							
602-237-9211			and the same of the same	in a company of the last	Grand Andrew		ANGELES FALCENTALISME
SECTIONS WELLSONS IN USUAL	N DETAILS		HOLD TO SEC	OWING WELL	METHOD OF F	LOW REGULATI	ION
DATE WELL CONSTRUCTION STARTED	DATE WELL CONSTRUCTION	COMPCETED	H	Valve	Other		ĺ
		en de production de la constante				teduction	Points :
Drill Method	Method of Well De	Aniohilicur	March Constitution				
CHECK ONE	CHECK ONE		1	CHECK C			ļ
☑ Air Rolary	⊠ Airlift			∐ Non			
Bored or Augered	☐ Bail			Pac			1
Cable Tool	Surge Back				dged		1
Dual Rotary	Surge Pump		j	Wel	oeo ar (please	enacify)	1
Mud Rotary	Other (please	specity)	1		a fhicase	vyuuiy)	
Reverse Circulation							}
Driven		SOUTH STATE OF THE SOUTH					•
Jetted	Water Level Inform	narion	4.00 mm (1/2)				
Air Percussion / Odex Tubing	300 Fei	et Below Land	Surface				
Other (please specify)	DATE MEASURED						
	7/29/0	2					
	1						

ANSWERED MAR 2 4 2083

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

#### **IONA DEPARTMENT OF WATER RESOURCES** Well Driller Report Records Management Section 500 N. 3rd Street \* Phoenix, Arizona 85004 Wall Log (602) 417-2405 \* (800) 352-8488 www.water.az.gov FILE NUMBER 2003 A(6-4) 32 CDA Review instructions prior to completing form WELL REGISTRATION NUMBER This report should be prepared by the driller in detail and filed **55-** 591818 30 days following completion of the well. PERMIT NUMBER ( IF ISSUED ) \*\* PLEASE PRINT CLEARLY \*\* SECTION 1. REGISTRY INFORMATION Well Owner Location of Well WELL LOCATION ADDRESS (IF KNOWN) FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL BRUCE & KAREN COMBE OWNSHIP (N/S)| RANGE (E/M) MAILING ADDRESS SECTION SWL 1/4 45 3z **LOV** 1739 W KILOW AVE ΙE LONGITUDE CITY / STATE / ZIP LATITUDE 0 o w MESA, AZ 85202 LAND SURFACE ELEVATION AT WELL CONTACT PERSON NAME AND TITLE Feet Above Sea Level METHOD OF LATITUDE / LONGITUDE (CHECK ONE) Hand-Held TELEPHONE NUMBER FAX USGS Quad Map Conventional Survey GPS: Survey-Grade 480-820-2370 COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK PARCEL 211 16 005H COUNTY WHERE WELL IS LOCATED MARICOPA SECTION 2. DRILLING AUTHORIZATION **Drilling Firm** WESTERN DRILLING COMPANY, L.L.C. DWR LICENSE NUMBER 655 TELEPHONE NUMBER FAX 602-237-9211 SECTION 3. WELL CONSTRUCTION DETAILS IF FLOWING WELL, METHOD OF FLOW REGULATION DATE WELL CONSTRUCTION COMPLETED DATE WELL CONSTRUCTION STARTED ☐ Valve Other Method of Sealing at Reduction Points **Drill Method** Method of Well Development CHECK ONE CHECK ONE CHECK ONE Air Rotary ★ Airlift □ None Bored or Augered Bail Packed ☐ Cable Tool Swedged Surge Back Welded □ Dual Rotary Surge Pump ☐ Other (please specify) ☐ Mud Rotary Other (please specify) ☐ Reverse Circulation ☐ Driven ☐ Jetted Water Level Information STATIC WATER LEVEL ☐ Air Percussion / Odex Tubing Feet Below Land Surface Other (please specify) DATE MEASURED

ANSWERED MAR 2 4 2003

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

	Borehole			453.6	ų.				nstalled Cas							
	FROM		DEPTH	FACE		MA	TE	RIA	L TYPE (X)	P	RF	OR	ATI	ON	TYPE (X)	
FROM (feet)	TO (feet)	BOREHOLE DIAMETER (inches)	FROM (feet)	TO	OUTER DIAMETER (inches)	STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED	IF OTHER TYPE, DESCRIBE	SLOT SIZE IF ANY (inches)
0	20	12	0	20	8	X				X						
70	400	8	0	300	4/2		X			X						
			300	460	4/2		X							Х		.032
															, <u> </u>	

									Installed Annular Material			
	FROM						ANNULAR MATERIAL TYPE (X) FILTER PACK					FILTER PACK
SURI	FACE			۷.	끧	BEN	ITON	ITE				
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTON GROUT	GROUT	CHIPS	PELLETS	IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
0	20		X									
							-					
												111 22 111
										-		

DEPTH OF BORING		DEPTH OF COMPLETED WELL	
400	Feet Below Land Surface	400	Feet Below Land Surface

# Well Uniller Report and Well Log

well registration number 55-591818

SECTION	5. GEOLOGIO	C LOG OF WELL	
DEPTH FR FROM (feet)	TO (feet)	<b>DESCRIPTION</b> Describe material, grain size, color, etc.	Check (X) every interval where water was encountered
0	/0	TOP SOIL	
10	280	BROWN CLAY & GRAVEL	
280	340	ROCK	×
340	400	TOP SOIL  BROWN CLAY & GRAVEL  ROCK  RED CLAY & GRAVEL - FRACTURED ROCK	*

#### Well Driller Report and Well Log

**55-** 591818

SECTION 6. WELL SITE PLAN						
NAME OF WELL OWNER	COUNTY	ASSESSOR'S PAR	CEL ID N	JMBER		*
BRUCE & KAREN COMBE	воок	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.

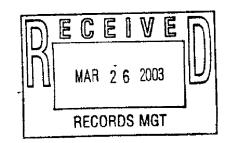
 and any septic tank system of	N
	w C
	S
	1" =

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: SHEBRA RELOCATION TOE
Fax # (02) 417-2421 Prome # (02) 417-2405
Reference WELL REPORTS REQUESTED
REMARKS
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  $\frac{1}{4}$  of the SE  $\frac{1}{4}$  of the SW  $\frac{1}{4}$  Section 32 Township 6 NORTH Range 4 EAST

No. of wells in this project:

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



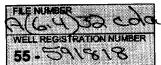


**Arizona Department of Water Resources Groundwater Management Support Section** P.O. Box 458 ◆ Phoenix, Arizona 85001-0458 (602) 417-2470 ◆ (800) 352-8488 www.water.az.gov

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

(except a Non-Exempt Well in an Active Management Area)

Pine	8 SB
	IATE WS
ISSUED I	$\alpha \mid U_1$
UNNE	2



*	Review	instructions	prior to	compl	eting 1	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)

Additioned for 100. Alt to 13 40		AIMIC	99							
** PLEASE PRINT CLEARL	Y **		APPAPE III	Marieta'						
SECTION 1. COUNTY OR	LOCAL HEALTH AUTHORITY E	NUUKSER	MENI (mapp	c the conf	icable county	or local beal	th authority			
If water from the proposed well will	be used for domestic purposes on a parc before submission to the Department of t	ei of land of ∠ Weter Resour	oor tewer acre ces You must	also attaci	h a site plan (	see instruction	ons).			
CHECK ONE	before submission to the Department of	Vater / teesar	Official Cou	inty or L	ocal Seal	or Stamp				
	A . the wife December on do Approval	Official County or Local Seal or Stamp								
County or Local Health	Authority Recommends Approval		<u></u>	E G	[ ] V		İ			
(pursuant to A.R.S. §	45-596 (G) and (F))		:\n]	E 6	15 11 11	<u> -                                     </u>				
Field Inspection			וויע			111111				
☐ Site Plan Review			(nii	APR	3 2002	ווייון	1			
Insufficient Information t	o Make a Determination		HUU	HPT/	3 2002	. 1.				
COUNTY OR LOCAL AUTHORITY NAM	ME AND TITLE		1			\				
					DIALATE	MCTL				
TELEPHONE NUMBER	DATE	COUNTY OR	LOCAL AUTO	40 BHA	PARTIL		}			
			استنسا							
:					_					
SECTION 2. REGISTRY IN										
Well Type	Proposed Action	Location	of Well							
CHECK ONE	CHECK ONE	MELL FOCA	TION ADDRESS	(IF ANY)						
Exempt	Drill New Well									
(Pump has a maximum capacity	Deepen	TOWNSHIP (N/S)	RANGE (EW)		160 ACRE	40 ACRE	10 ACRE			
of not more than 35 gpm and	Replace	6N	4 €	32	5W 1/4	SE 1/4	NE 1/4			
water is not used for imigation	☐ Modify		SESSOR'S PAR	CEL ID NUM	IBER					
purposes inside an AMA.)		воок	MAP		PARCEL	# OF	ACRES			
(See instructions.)	If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER	21	1	16	0051	1 14	-76			
☐ Non-Exempt		0					NACLL \			
(Pump has a maximum capacity	55 -		VATER USE (ON ) RANGE (EW)			40 ACRE	1 10 ACRE			
of more than 35 gpm or water is used for irrigation purposes inside	MAXIMUM CAPACITY OF ORIGINAL WELL	TOWNSHIP (N/S	RANGE (E/W)							
an AMA.) (See instructions.)	Gallons Per Minute	<u></u>	<u> </u>	1/4	1/4	1/4	1/4			
DESIGN PUMP CAPACITY	DISTANCE & DIRECTION FROM ORIGINAL WELL	COUNTY W	HERE WELL IS L	OCATED						
35 Gallons Per Minute	Feet ►//A-	MA	RICOPA							
SECTION 3. OWNER INFO	ORMATION									
Well Owner	1000	Landow	n <b>er</b> (if differe	nt from W	ell Owner)					
FULL NAME OF COMPANY, ORGANI		FULL NAME	OF COMPANY,		ENT AGENCY,	OR INDIVIDU	AL			
Bruce H. a Ki	SREN L. COMBE		SAME	_						
MAILING ADDRESS		MAILING AD	DRESS							
1739 W. KI	owa pure									
CITY/STATE/ZIP CODE		CITY / STAT	E / ZIP CODE							
	85202									
CONTACT PERSON NAME AND TITL		CONTACT F	PERSON NAME	AND TITLE			· · · · ·			
BRUCE Come										
TELEPHONE NUMBER	FAX	TELEPHON	E NUMBER		FAX					
	480-785-0055	,								
480-785-0030	400-18, 0000				<u> </u>					
	A CANADA C		100 mg 100 m				gan norma.			
SECTION 4.	Yes	No If	Yes:							
Questions		NO II								
Is the proposed well site w	ritnin 100 feet of a septic		ou muet aleo	realiset a	variance (A	A C R12-	15-818).			

SECTION 4.			atti ole iti tari 420 ililoogi maadaista kanada ka maa
Questions	Yes	No	If Yes:
<ol> <li>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?</li> </ol>		X	You must also request a variance (A.A.C. R12-15-818).
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.

TO THE PARTY OF THE PARTY.		A WILLIAM S	HILDED
	356 M	7.48 SL# (C.85	UMBER
			9.00
85 ~2 ~600000		0.0000000000000000000000000000000000000	
55 +	200 200 200		10 8 9 9 C 2 C 2 C 1
2	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		

SECTION	15. DRIL	LING AUT	HORIZAT	ON		S	ECI	101	N 6. WATER	1/5	ΉE	E IN	FO	RN	ATION	
Drilling I	STE PI SE NUMBER 55	,	FAX	SE CATEGOR - 53 237 -	3092			riga tility om- tuni ndus tinir tock tech	ottion y mercial estic icipal strial					Irrig Util Co Do Mu Ind Sto Re	mmercial mestic inicipal lustrial ning	Y
SECTIO	N 7. PRO	POSED W	ELL CON	STRUCT	on desig	N (a	ittac	h se	parate sheet if r	eed	eď)		DATE CONSTRUCTION IS TO BEGIN			
	Borehol	e							Casing							T
	FROM FACE TO (feet)	BOREHOLE DIAMETER (inches)	DEPTH SURF FROM (feet)		OUTER DIAMETER (inches)	STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED 2	IF OTHER TYPE, DESCRIBE	GROUTING MATERIAL
		77/8	-(	20	8	X	-	$\vdash$		$\vdash$						Cement
0	20	//6	20	500	4//2	$I^-$	K			T				X		
			70	200												
																10. 1
}																
											_	L				
							$oxed{oxed}$	_				_	ļ			
							<u> </u>	<u> </u>	1						Coment are	ut muet bo
* 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		WITH A.K.S	o. 9 45-590 8	iria i	S CC	нирі	ete and correc	<i>,</i> 10	410	200	, 01	y	,omouga	
		OWNER OR LA		17 1								Т	DAT			
30,47,10	1	المارين المستونسي	4/	Van la									4	<u></u>	3-02	

DWR 55-40 (REVISED 02/02/02) Page 2 of 3

# 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

April 15, 2002



JANE DEE HULL
Governor
JOSEPH C. SMITH
Director

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,

Sylvia Valdez

Water Resource Technician

Groundwater Management Support Section

**Enclosures**