

**ARIZONA DEPARTMENT OF WATER RESOURCES  
WATER PLANNING AND PERMITTING DIVISION  
MAIL TO: 1802 W JACKSON ST BOX 79, PHOENIX, ARIZONA 85007  
PHONE: (602) 771-8585**

**APPLICATION FOR WATER EXCHANGE PERMIT (A.R.S. § 45-1041)**

Pursuant to A.R.S. §§ 45-113 and 45-1041(E) the application filing fee is \$150 (DUE AT TIME OF APPLICATION) and the permit fee is \$100 (DUE PRIOR TO ISSUANCE OF THE PERMIT). Each party who seeks to give surface water, other than Colorado River Water, in the water exchange must file a separate application.

FOR DEPARTMENT USE ONLY	
ADWR # _____	_____
DATE RECEIVED _____	_____
Input _____	By _____
AMA/INA _____	_____

**Check One:**

- Specific Use (allows parties to exchange specific sources in specific quantities for uses in specific locations).
- General Use (two or more political subdivisions or one or more political and one or more private water companies or Indian communities).

**1. Applicant**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**2. Parties to the contract (attach additional page if necessary).**

***Party (A)***

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

***Party (B)***

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

***Party (C)***

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

3. Name of Active Management Area, Irrigation Non-Expansion Area, Groundwater Basin or Subbasin where the project will be operated. (If more than three parties, attach additional page).

Party (A) \_\_\_\_\_

Party (B) \_\_\_\_\_

Party (C) \_\_\_\_\_

4. Legal right to appropriated surface water and/or legal basis for acquiring and using water each party will give in the exchange (cite right number, law, court decree, contract or other basis). If more than three parties, attach additional page.

Party (A) \_\_\_\_\_

Party (B) \_\_\_\_\_

Party (C) \_\_\_\_\_

5. Each participant in the water exchange receives at least: (check one)  90%  50% of the water that participant gives in the exchange. If less than 90% attach separate page, demonstrate why the Director should determine that the water exchange is beneficial to water management in Arizona.

6. Source(s) and amounts of water to be exchanged (please list amount as acre-feet annually(afa)):

Party (A) Type of Water: \_\_\_\_\_ Amount \_\_\_\_\_ afa To Party \_\_\_\_\_

Party (B) Type of Water: \_\_\_\_\_ Amount \_\_\_\_\_ afa To Party \_\_\_\_\_

Party (C) Type of Water: \_\_\_\_\_ Amount \_\_\_\_\_ afa To Party \_\_\_\_\_

7. If the water exchange involves water pumped from wells, provide well registration number pursuant to the exchange, for each party. (Attach separate page if necessary).

Well Registration Number	Township	Range	Section	160 ac	40 ac	10 ac
55-_____	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
55-_____	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
55-_____	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
55-_____	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4

8. Is any new or increased pumping of a well by the applicant, within an Active Management Area, anticipated pursuant to this water exchange?  Yes  No

9. Point(s) of Diversion if Surface Water:

	Township	Range	Section	160 ac	40 ac	10 ac
Party (A)	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
Party (B)	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
Party (C)	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4

10. Legal description of the location on the land on which water may be used. (If more than three parties attach additional page).

	Township	Range	Section	160 ac	40 ac	10 ac
<i>Party (A)</i>	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
<i>Party (B)</i>	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4
<i>Party (C)</i>	_____	_____	_____	_____ 1/4	_____ 1/4	_____ 1/4

11. Proposed duration of permit \_\_\_\_\_ (Maximum 50 years).

12. Notarized signature.

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 believe to be true, correct and complete.

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<b>Signature of owner or authorized agent</b>	<b>Title</b>	<b>Telephone</b>
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<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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STATE OF ARIZONA

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

Notary Public

My commission expires: