



**Arizona Department of Water Resources**  
 Groundwater Permitting and Wells Section  
 P.O. Box 36020 Phoenix, Arizona 85067-6020  
 (602) 771-8527 • Fax (602) 771-8689  
[www.azwater.gov](http://www.azwater.gov)

**NO FEE**

**Notice of Well Capping**

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ Within five (5) days after capping an open well, the owner of the well shall file this Notice.

FILE NUMBER
WELL REGISTRATION NUMBER <b>55 -</b>

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

**SECTION 1. REGISTRY INFORMATION**

Well Type		Location of Well					
CHECK ONE		WELL LOCATION ADDRESS (IF ANY)					
Domestic	Monitor / Piezometer	TOWNSHIP (NS)	RANGE (EW)	SECTION	160 ACRE	40 ACRE	10 ACRE
Stock	Geotechnical				1/4	1/4	1/4
Irrigation	Mineral Exploration	LATITUDE		LONGITUDE			
Municipal	Other (please specify):	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			*GPS: Hand-Held		
		Google Earth			*GPS: Survey-Grade		
		Conventional Survey			*GPS: Survey-Grade		
		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
		NAD-83 Other (please specify):					
		COUNTY ASSESSOR'S PARCEL ID NUMBER		MAP		PARCEL	
		BOOK					
		COUNTY WHERE WELL IS LOCATED					

**SECTION 2. OWNER AND FIRM INFORMATION**

Well Owner		Person or Firm Installing the Cap	
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

**SECTION 3. CASING AND CAPPING INFORMATION**

Surface Casing				Capping	
OUTER DIAMETER (inches)	MATERIAL ( T )			DATE WELL WAS CAPPED	
	STEEL	PVC	ABS	TYPE OF CAP	
	IF OTHER TYPE, DESCRIBE			MANUFACTURER OF CAP, IF ANY	

REMARKS

**SECTION 4. 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 5. WELL OWNER AND PROPERTY OWNER SIGNATURE**

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

SIGNATURE OF WELL OWNER	DATE
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