



Arizona Department of Water Resources
 Groundwater Permitting and Wells
 1802 W Jackson St. Box 79, Phoenix, AZ 85007
 (602) 771-8527 • www.azwater.gov

FEE
\$60.00

Late Registration of a Well

(For wells drilled prior to June 12, 1980)

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

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER
55 -

***Failure to submit required information may result in application being returned.**

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Type	Fee	Location of Well					
CHECK ONE *		WELL LOCATION ADDRESS (IF ANY) OR CROSS-STREETS					
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.)	\$60	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
Non-Exempt (Pump has a maximum capacity of more than 35 gpm and the well is located outside an AMA.) (See instructions.)	\$60	LATITUDE			LONGITUDE		
		°	'	"N	°	'	"W
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			*GPS: Hand-Held		
		Google Earth			Conventional Survey		
					*GPS: Survey-Grade		
ORIGINAL WELL DRILLING FIRM (IF KNOWN)		*IF GPS, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
		NAD-83 Other (please specify):					
ORIGINAL WELL DRILL DATE (ESTIMATE TO DECADE IF NOT KNOWN) *		COUNTY ASSESSOR'S PARCEL ID NUMBER *				# OF ACRES	
		BOOK	MAP	PARCEL			
PROPERTY OWNER WHEN WELL WAS DRILLED (IF KNOWN)		PLACE OF USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)					
		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
		COUNTY WHERE WELL IS LOCATED *					

*** REQUIRED**

SECTION 2. OWNER INFORMATION

Land Owner *		Well Owner (check this box if Land Owner and Well Owner are same)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, GOVERNMENT AGENCY, 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. *

Questions	Yes	No	If Yes:
1. Is the well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			EXPLAIN
2. Is there another well name or identification number associated with this well, such as a GWSI ID, 35 #, or other? (e.g., 33275112141101, 35-23936, MW-1, etc.)			PLEASE STATE
3. If this well is an exempt well, is it the second exempt well on this parcel for the same use?			EXPLAIN

SECTION 4. WATER/SITE INFORMATION

Principal Use of Water *	Other Uses of Water	MAXIMUM PUMP CAPACITY
CHECK <u>ONE</u> Irrigation (# of acres _____) Commercial Domestic Industrial Drainage Monitoring Municipal Stock Dewatering Other (please specify):	CHECK <u>ALL THAT APPLY</u> Irrigation (# of acres _____) Commercial Domestic Industrial Drainage Monitoring Municipal Stock Dewatering Other (please specify):	Gallons Per Minute
		TOTAL DEPTH OF WELL Feet Below Land Surface
		STATIC WATER LEVEL Feet Below Land Surface
*REQUIRED		

SECTION 5. EXISTING WELL CONSTRUCTION DESIGN (attach additional page if needed)

Borehole			Existing Casing (to the best of your knowledge)													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER* (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					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

Existing Annular Material (to the best of your knowledge)

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)										FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT-CEMENT-GROUT	BENTONITE GROUT	CHIPS	PELLETS	IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE				SAND	GRAVEL	SIZE	

SECTION 6. 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 7. WELL OWNER OR PROPERTY OWNER SIGNATURE *

I state that this registration is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF WELL OWNER OR LANDOWNER	DATE
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