

DOUGLAS A. DUCEY
Governor



THOMAS BUSCHATZKE
Director

ARIZONA DEPARTMENT of WATER RESOURCES

1110 West Washington Street, Suite 310
Phoenix, Arizona 85007
602.771.8585
azwater.gov

September 23, 2016

56-000352.0000
LUZ SOCIAL SERVICES
42 E ADAMS ST
TUCSON, AZ 85705

Dear Small Municipal Provider:

This is an OFFICIAL NOTICE that the Director of the Arizona Department of Water Resources (Director) has issued a Final Order adopting the management plan for the Tucson Active Management Area (TAMA) for the fourth management period, (4MP). This is also an Official Notice of the conservation requirements, distribution system requirements, and monitoring and reporting requirements established in the 4MP for small municipal providers, which will become effective on January 1, 2019. **PLEASE CAREFULLY REVIEW THIS NOTICE AND THE ENCLOSED REQUIREMENTS.**

On July 27, 2016, the Director issued a Final Order adopting the 4MP. The 4MP was adopted in accordance with Arizona's Groundwater Code (Code), which requires the Director to establish a continuing mandatory conservation program for all persons withdrawing, distributing or using groundwater within the AMA. For small municipal providers, the Code requires the Director to establish reasonable conservation requirements. The Code also requires the Director to establish conservation measures as may be appropriate for individual users and economically reasonable conservation requirements for the distribution of groundwater by cities, towns, private water companies and irrigation districts within their service areas.

As required by the Code, the 4MP contains reasonable conservation requirements for small municipal providers (4MP, section 5-708). The 4MP also contains individual user conservation requirements for municipal providers and individual users (4MP, section 5-709), conservation requirements for municipal distribution systems (4MP, section 5-710), monitoring and reporting requirements for municipal providers and individual users (4MP, section 5-711), and remediated groundwater accounting for conservation requirements (4MP, section 5-712). The aforementioned sections are enclosed herein as Attachment B1 which is incorporated into this notice by reference.

As a municipal provider serving 250 acre-feet or less of water for non-irrigation use during a calendar year, you are a small municipal provider. Beginning on January 1, 2019, and continuing until the first compliance date for any substitute requirements in the Fifth Management Plan, you

56-000352.0000

shall comply with the conservation requirements for small municipal providers in section 5-708 of the 4MP, the individual user requirements in section 5-709 of the 4MP, the distribution system conservation requirements for small municipal providers in section 5-710 of the 4MP and the applicable monitoring and reporting requirements in section 5-711 of the 4MP.

You should be aware that if you begin serving more than 250 acre-feet of water per year for non-irrigation use during the fourth management period, you will become a large municipal provider. In that event, you will be required to comply with the conservation requirements for new large municipal providers in section 5-707 of the 4MP and the distribution system requirements for large municipal providers pursuant to section 5-710(1) of the 4MP.

You have the right to seek administrative relief from the conservation requirements established in the 4MP. You also have the right to seek judicial review of the Director's Order adopting the 4MP. The following is a description of your rights.

Administrative Relief

The Director has found the conservation requirements in the 4MP to be equitable for most water users. However, there are two separate methods for seeking administrative relief from the conservation requirements if you believe you will be unable to comply with the requirements. You may request a VARIANCE or an ADMINISTRATIVE REVIEW.

1. VARIANCE

A person who requires additional time to comply with a new conservation requirement or distribution system requirement may apply to the director for a VARIANCE from the requirement pursuant to A.R.S. § 45-574. The director may grant a variance for up to five years upon a showing of "compelling economic circumstances" that will prevent the person from complying with the requirement. An application for a variance must be filed within 90 days after the date you receive this notice.

2. ADMINISTRATIVE REVIEW

If you feel that a conservation requirement or distribution system requirement is unreasonable as applied to you, you may apply for an ADMINISTRATIVE REVIEW of the requirement pursuant to A.R.S. § 45-575. An application for administrative review under A.R.S. § 45-575 must be filed within 90 days after the date you receive this notice.

An administrative review may also be applied for at any time during the fourth management period if extraordinary circumstances not in existence as of the date of this notice make it unreasonable to require your compliance with a conservation requirement. If these circumstances should arise during the fourth management period, please contact Chanel Fitch-Kirkpatrick at 602-771-8585 for information and application procedures.

Judicial Review

In addition to seeking administrative relief through a request for variance or administrative review, you may seek judicial review of the Director's Order adopting the 4MP pursuant to A.R.S. § 45-114(C). Any action for judicial review must be filed within 35 days after your receipt of this notice.

You may review the entire 4MP at the locations listed in Attachment E, enclosed herein. If you have any questions regarding your conservation requirements or if you need an application form and information on the Variance or Administrative Review procedures, please call Chanel Fitch-Kirkpatrick at 602-771-8585.

Sincerely,

A handwritten signature in black ink, appearing to read 'Clint Chandler', written over a dashed line.

Clint Chandler
Assistant Director, Water Planning & Permitting Division

Encl.: Attachment B1: 4MP, sections 5-701; 5-707; 5-708; 5-709; 5-710; 5-711; 5-712;
Appendix 5B
Attachment E: 4MP Locations



JANICE K. BREWER
Governor

HERBERT R. GUENTHER
Director

ARIZONA DEPARTMENT OF WATER RESOURCES

3550 North Central Avenue, Second Floor
PHOENIX, ARIZONA 85012-2105
(602) 771-8500

February 8, 2010

56-000352.0000
LUZ SOCIAL SERVICES
ATTN BARBARA CISNERO
2797 N INTROSPECT DRIVE
TUCSON, AZ 85745

Dear Provider:

Pursuant to Arizona Revised Statutes (A.R.S.) § 45-498 of the Groundwater Code, each city, town, private water company, and irrigation district within an AMA must maintain a current map delineating its service area and distribution system with the Arizona Department of Water Resources. On the reverse side of this letter is a form to indicate whether your service area boundaries or distribution system have changed since January 1, 2009.

Please submit the completed form, along with map copies if applicable, to the Tucson AMA office by March 31, 2010. If you have any questions, please contact the Tucson AMA office at 520-770-3800.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Tannler".

Jeff Tannler
Tucson Area Director
ADWR Tucson AMA Office
400 West Congress, Suite 518
Tucson, AZ 85701
520-770-3800
jmtannler@azwater.gov

cc: File

ARIZONA DEPARTMENT OF WATER RESOURCES

2009 SERVICE AREA MAP UPDATE

Provider Name: LUZ SOCIAL SERVICES

Provider Number: 56-000352.0000

According to A.R.S. § 45-498 of the Arizona Groundwater Code, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 2009 please indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 2009, please indicate this below and submit two copies of your revised service area map to the Tucson AMA office no later than March 31, 2010. You may submit the maps along with your 2009 Annual Water Withdrawal and Use Report if you wish. A duplicate copy of the service area map submitted to the Department shall be kept on file at your offices.

Maps must be drawn at a scale of 1:31,680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and existing water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The changes to your operating distribution system made between January 1, 2009 and December 31, 2009 highlighted in a "contrasting" color.
4. Changes to the service area boundary since January 1, 2009 must be shown as accurately as possible in a "contrasting" color. "Service area" denotes the area of land actually being served water.
5. Townships, ranges and sections must be included within the exterior boundaries of the service area.
6. A map legend, scale bar, north arrow, and date.
7. Each map must be signed and dated by an authorized representative.

Service area boundaries and operating distribution system have not changed since January 1, 2009.

Service area boundaries or operating distribution system have changed since January 1, 2009.
(Two copies of the revised map must be submitted with your annual report)

_____	_____
Name (please print)	Title
_____	_____
Signature/Date	Phone

e-mail address	

PLEASE SUBMIT ALL MAP REVISIONS BY MARCH 31, 2010

Electronically submitted files must be .PDFs, ArcGIS shapefiles, or geodatabase files. Electronic data may be submitted on a CD or emailed to the Tucson AMA office to Jeff Tannler at jmtannler@azwater.gov. CDs should be labeled with the Provider name and Right Number associated with the Service Area.

ARIZONA DEPARTMENT OF WATER RESOURCES

Tucson Active Management Area

400 W. Congress, Suite 518 • Tucson, Arizona 85701-1374

Telephone (520) 770-3800 • Fax (520) 628-6759



June 9, 2003

56-000352.0000

LUZ SOCIAL SERVICES
ATTN BARBARA CISNERO
2797 N INTROSPECT DRIVE
TUCSON, AZ 85745

Dear Tucson AMA Municipal Provider:

This is an OFFICIAL NOTICE of modifications to your conservation requirements for the Third Management Period, 2000 – 2010. It is important that you review and understand this notice.

I. Modification of the Third Management Plan

The Director of Water Resources (“Director”) has adopted modifications to the conservation requirements established for municipal water providers in the management plan for the Tucson Active Management Area for the Third Management Period (“Third Management Plan”). The modifications were made pursuant to the public hearing and comment provisions of A.R.S. § 45-572. The purpose of this notice is to inform you of the modifications.

The modifications to the conservation requirements for municipal providers fall into two broad categories. First, the non-per capita conservation program for large municipal providers was modified to allow for increased flexibility in the use of substitute reasonable conservation measures and to make corrections and technical changes. Second, the individual user requirements for municipal providers and individual users were modified to conform to recent legislation regarding responsibility for compliance with the requirements and to change the provisions allowing waivers from the right-of-way landscaping regulations.

II. Summary of Modifications

The following is a brief description of the modifications to the conservation requirements for large municipal providers, grouped according to the three categories described in the preceding section. References are to the paragraphs in the enclosed attachments where the official language of the modification is found.

A. Non-Per Capita Conservation Program

1. The “Landscape Retrofit Program For Existing Residential Customers” reasonable conservation measure (RCM) was removed from the Residential Interior category of the Substitute Reasonable Conservation Measure list and

added to the Residential Exterior category of the Substitute Reasonable Conservation Measure list.

2. The "Distribution Of Conservation Information To All New Non-Residential Customers And Submittal Of Water Use Plan By New Large Facilities" RCM has been modified by removing references to new large produce processing facilities as an individual user.
3. The "Exterior Audit Program For Existing Non-Residential Customers" RCM has been modified by labeling it as a Non-Residential Exterior RCM, and not a Non-Residential Interior RCM.
4. The "Water Audit And Fixture Retrofit Program For Existing Residential Customers" RCM has been modified to clarify that only those audits or retrofits that are verified by the water provider as having been successfully completed will count towards the required number of audits or retrofits. Additional language has been added to require a follow up survey of a statistically significant sample of audited customers to determine if they have implemented any changes in interior water use habits. The "Audit Program For Existing Residential Customers" RCM was similarly modified to clarify that only those audits that are verified as having been successfully completed will count towards the number of audits required by the RCM.
5. The "Landscape Ordinance Or Condition Of New Service for New Facilities" RCM has been modified to exclude all schools, parks, cemeteries, common areas of housing developments and public recreational facilities from the provisions of this RCM.
6. Section 5-104 of the Third Management Plan was modified to allow a provider regulated under the program to replace a standard RCM in a water use category with a substitute RCM in a different water use category if the director determines that the substitute RCM will result in a water use efficiency that is greater than the efficiency that would result from implementation of the standard RCM and that the substitution will not result in the provider implementing no RCMs in the water use category in which the standard RCM is contained. Previously, the program only allowed for the substitution of a standard RCM with a substitute RCM in the same water use category or a system related substitute RCM.

B. Individual User Requirements

1. Section 5-111 of the Third Management Plan have was modified to conform with Laws 2002, Ch. 133, § 2, which amended A.R.S. § 45-571.02 and allows the Director of Water Resources to give notice of an individual user requirement to an existing individual user more than thirty days after the management plan was adopted. If a notice is given more than thirty days following the adoption of the management plan, the individual user shall comply with the requirement by January 1 of the calendar year following the first full year after the date of the notice, and the municipal water provider shall continue to be responsible for

complying with the requirement until the first date on which the individual user is required to comply with the requirement.

2. Section 5-111 of the Third Management Plan was modified to clarify that acceptable reasons for granting a waiver for the purpose of serving groundwater to plants in publicly-owned right-of ways that are not listed on the Low Water Use /Drought Tolerant Plant List are for cases involving low-light conditions and elevation which lead to the inability to grow low water use plants. The previous provision allowing for the possibility of a waiver concerning service to water features in publicly-owned right of ways was removed.

III. Effective Date of Modified Conservation Requirements

The modifications described in Section II became effective on May 19, 2003.

The official language of the modifications to the individual user requirements is set forth in the enclosed documents. The official language of the modifications to the Non-Per Capita Conservation Program may be reviewed at the Department's website, www.water.az.gov.

If you have any questions regarding this notice please call the Tucson AMA office at (520) 770-3800.

Sincerely,

s/Herbert R Guenther

Herbert R. Guenther
Director

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ANNUAL REPORT 2002

OWNER

Luz Social Services, Inc.

RIGHT/PERMIT NO.

56-000352

PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no.

Your district user/ account number

Name of Irrigation District

Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	
EXCHANGE GROUNDWATER	Notice No. 69-	
Total acre-feet water received		

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no. Name:

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	
Total acre-feet water received		

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO.SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001		Metered	2.5
	Tucson Water			
CAP				
DECREEED/APPROP. SURF. WTR.				
EFFLUENT				
TAILWATER				
Total acre-feet water received				2.5

Total acre-feet of received and diverted water(add amounts from PARTs I, II, and III.)

ENTER TOTAL ON PART III OF Summary Page.

ANNUAL WATER WITHDRAWAL AND USE REPORT PROVIDER SUMMARY 2002

INPUT

OWNER OF GROUNDWATER RIGHT

Luz Social Services, Inc.
2797 N. Introspect Drive
Tucson, AZ 85745

TYPE OF RIGHT

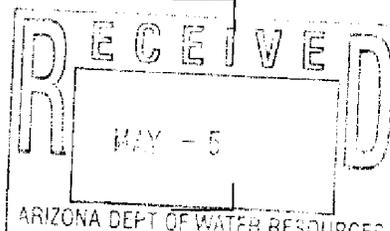
Service Area

RIGHT / PERMIT NO.

56-000352

REPORTING PARTY

Luz Social Services, Inc.
2797 N. Introspect Drive
Tucson, AZ 85745



If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 12 Schedule A attached

Complete this section only if you operate a non-exempt well.

\$

ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10 Schedule D attached

ACRE - FEET

PART III WATER RECEIVED FROM OTHER SOURCES

Total from Schedule E attached

ACRE - FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE - FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

ACRE - FEET

PART VI LATE FEES

Complete if filing after March 31.

Note: A portion of a month after March 31 is counted as a full month.

1) Enter number of months late (Maximum of 6)

2) Calculate Late Report Fee $\$25 \times 2$
(\$25.00 X number of months late)

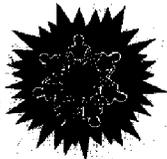
3) Calculate Late Payment Fee
(10 % X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI

Mail or hand deliver this report together with the

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES



LUZ SOCIAL SERVICES, INC.
2797 N. INTROSPECT DRIVE
TUCSON, ARIZONA 85745
(520) 882-6216

NATIONAL BANK OF ARIZONA
335 N. Wilmot Road
Tucson, AZ 85711-2601

91-532/1221

CHECK NUMBER

05/02/2003

13285

AZ Dept of Water Resources

DATE

**50.00

Fifty and 00/100*****

PAY

AZ Dept of Water Resources
400 West Congress Street
Suite 518
Tucson, AZ 85701

TO THE ORDER OF



Annual Water Withdrawal and use Report Provider Summary 0

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

11*

ANNUAL WATER WITHDRAWAL AND USE REPORT PROVIDER SUMMARY 2001

OWNER OF GROUNDWATER RIGHT

Lvz Social Services, Inc.
2797 N. Intraspect Dr.
Tucson, AZ 85745

INPUT

TYPE OF RIGHT

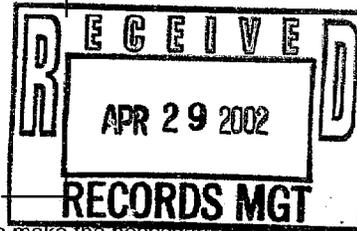
Service Area

RIGHT / PERMIT NO.

56-000352

REPORTING PARTY

Lvz Social Services
2797 N. Intraspect Dr.
Tucson, AZ 85745
Attn: Sandy



Tucson

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 12 Schedule A attached

Complete this section only if you operate a non-exempt well.

\$ _____ \$ _____

ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10 Schedule D attached

_____ ACRE - FEET

PART III WATER RECEIVED FROM OTHER SOURCES

Total from Schedule E attached

2.5 ACRE - FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

_____ ACRE - FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

2.5 ACRE - FEET

PART VI LATE FEES

Complete if filing after March 31.

Note: A portion of a month after March 31 is counted as a full month.

1) Enter number of months late 1 (Maximum of 6)

2) Calculate Late Report Fee \$25.00
(\$25.00 X number of months late)

3) Calculate Late Payment Fee \$
(10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI \$ _____

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 2002. If hand delivered, the report must be received by the Department's Records Management Unit or local AMA office no later than 5:00 PM on March 31, 2002.

REPORTS FILED AFTER MARCH 31, 2002 ARE SUBJECT TO LATE FEES (A.R.S. § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Pepe Barron CEO 4/26/02
AUTHORIZED SIGNATURE TITLE DATE

Dr. Pepe Barron 500-880-6216
PRINTED NAME TELEPHONE NUMBER

NOTE: THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

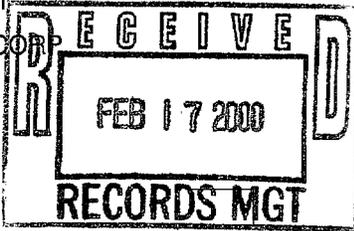
ARIZONA DEPARTMENT OF WATER RESOURCES
**ANNUAL WATER WITHDRAWAL
 AND USE REPORT - PROVIDER SUMMARY 1999**

500 NORTH THIRD STREET
 PHOENIX, AZ 85004-3921

A 1
 E 1
 F 1
 W1 1

OWNER OF GROUNDWATER RIGHT

INTROSPECT HEALTH CARE CORP.
 C/O KEN HYMER
 2797 N INTROSPECT DRIVE
 TUCSON AZ 85745



TYPE OF RIGHT

SMALL MUNICIPAL PROVIDER

RIGHT / PERMIT NO.

56-000352.0000

REPORTING PARTY

56-000352.0000
 INTROSPECT HEALTH CARE CORP.
 C/O KEN HYMER
 2797 N INTROSPECT DRIVE
 TUCSON AZ 85745



TUCSON

AMA

(520) 770-3800

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 12 Schedule A attached
 Complete this section only if you operate a non-exempt well.

\$ 3.00 \$

ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10 Schedule D attached

ACRE - FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

ACRE - FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

7.2 ACRE - FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

7.2 ACRE - FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month.

1) Enter number of months late (Maximum of 6)

2) Calculate Late Report Fee (\$25.00 X number of months late)

3) Calculate Late Payment Fee (10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 2000. If hand delivered, the report must be received by the Department's Records Management Unit or local AMA office no later than 5:00 PM on March 31, 2000.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 2000 ARE SUBJECT TO LATE FEES (ARS § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X David Cheesman
 AUTHORIZED SIGNATURE

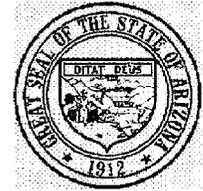
Acting Administrator
 TITLE

2-14-00
 DATE

David Cheesman
 PRINTED NAME

520-622-5457 #2316
 TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES



JANE DEE HULL
Governor

RITA P. PEARSON
Director

January 20, 2000

Dear Provider:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1999. The summary page is printed on the reverse side of this letter. This report is for service area right holders who have withdrawn groundwater from their own wells, who may have received water from others or may have delivered water to other right holders. The Department has preprinted certain information from our records onto these forms. Pay particular attention to the schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Note that a separate annual report form must be filed for each right you own. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw or use water during 1999 are required to return the form with zeros in the appropriate blanks and sign and date the summary page.

Reports must be received by the Department or postmarked no later than March 31, 2000.

The penalty for filing late is \$25.00 per month or part of month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the withdrawal fee on time, the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, then both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1999 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. Failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You should keep a copy of this report for your records.

If you need help or have questions, contact your AMA office listed at the top of the Summary page of the report.

Sincerely,

Jim Holway

Assistant Director
Groundwater Management Division

SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPARTMENT OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below)

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter total acre-feet of exchange groundwater pumped for each well, as calculated on attached worksheets, in

If applicable, adjust the total acre-feet of Exchange Groundwater for each well in . This applies to noticed groundwater for groundwater exchanges for which the exchange agreement requires payback within the same calendar year that groundwater is given.

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

DEVICE
TYPE

1. Pumpage measured by meter or other totalizer/recorder devices (use worksheet W-1)
2. Pipeflow with pumpage calculated using electrical energy records (use worksheet W-2)
3. Pipeflow with pumpage calculated using natural gas energy records (use worksheet W-3)
4. Open channel flow with pumpage calculated using electrical energy records (use worksheet W-4)
5. Open channel flow with pumpage calculated using natural gas energy records (use worksheet W-5)
6. Pumpage calculated using hour meters (use worksheet W-6)

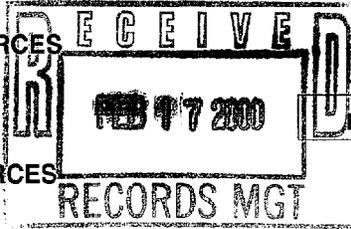
MEASURING DEVICE MALFUNCTION

Pursuant to A.A.C. R12-15-906, a measuring device that fails to perform for more than seventy-two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. Results of the two per year required flow-rate measurements must also be attached. A measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES
1999 ANNUAL REPORT



OWNER

INTROSPECT HEALTH CARE CORP.

RIGHT/PERMIT NO.

56-000352.0000

PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no.	<input type="text"/>	Your district user/ account number	<input type="text"/>
Name of Irrigation District	<input type="text"/>	Number of acres eligible to receive surface water	<input type="text"/>

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	
EXCHANGE GROUNDWATER	Notice No. 69-	
Total acre-feet water received		

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT
Provider no. Name :

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	
Total acre-feet water received		

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO.SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000			0
CAP				
DECREEED/APPROP.SURF.WTR.				
EFFLUENT				
TAILWATER				

Total acre-feet water received

Total acre-feet of received and diverted water(add amounts from PARTs I, II, and III.)

ENTER TOTAL ON PART III OF Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

WORKSHEET W-1 1999

GROUNDWATER RIGHT/PERMIT NO.56-000352.0000

1 DWR WELL REGISTRATION NO. 10 40 160 LOCATION
 Q Q Q Sec Twn Rng
 55-801646

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER *Y* OR *N* IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total in Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. 10 40 160 LOCATION
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER *Y* OR *N* IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total in Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. 10 40 160 LOCATION
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER *Y* OR *N* IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total in Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. 10 40 160 LOCATION
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER *Y* OR *N* IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS		
5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total in Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

**PUMPAGE MEASURED BY METER OR
OTHER TOTALIZER RECORDER DEVICES**

INSTRUCTIONS

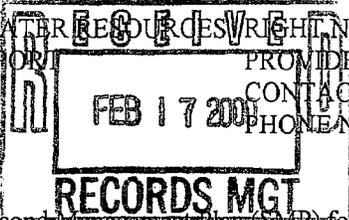
1. Enter DWR Well Registration No. & Location in 1 .
2. If the meter has been changed during the reporting year, enter type, make, model & size of measuring device used to measure discharge in 2 . If the device is permanent, enter date installed or last overhauled.
3. Enter power company name, account number, meter number and total energy consumption in 3 . Indicate units as KWH, therms or other measurement.
4. Indicate whether the energy meter serves other uses in 4 .
5. Enter initial totalizer reading as of January 1, in 5 . If your meter reads in 10's, 100's, or 1000's of units, be sure to add the correct number of zeroes.
6. Enter ending reading as of December 31, in 6 . If the totalizer dial has rolled over during the year, enter the number 1 in front of the reading, if twice, a 2, etc.
7. Subtract reading in 5 from reading in 6 and enter the difference in 7 .
8. Convert the Total Amount Pumped to acre feet by using the appropriate conversion; enter the results in 8 .
 - If meter reads in gallons, divide 7 by 325,851
 - If meter reads in cubic feet, divide 7 by 43,560
 - If meter reads in acre-feet, no conversion is necessary
9. If your meter malfunctioned during the year, enter the estimate of withdrawals in acre-feet made during the out-of-service period in 9 and attach the results of the two per year required flow rate measurements.
10. Add 8 and 9 and enter result in 10 .

ENTER THE FOLLOWING ON SCHEDULE A OR PART 1 OF SCHEDULE A-GSF

<u>WORKSHEET</u>	<u>SCHEDULE A</u>
Item 1	--- DWR Well Reg No. & Location in Col <input type="text"/> 2 <input type="text"/> . If not already shown.
Item 3	--- Power Co. Name, Acct. No. and Meter No. in Col <input type="text"/> 3 <input type="text"/> and Total Energy Consumption in Col <input type="text"/> 6 <input type="text"/> .
Item 4	--- Meter Serves other uses "Y" or "N" in Col <input type="text"/> 5 <input type="text"/> .
Item 10	--- Groundwater withdrawn in Col <input type="text"/> 9 <input type="text"/> .

THIS WORKSHEET MUST BE SUBMITTED WITH SCHEDULE A OR A-GSF.

ARIZONA DEPARTMENT OF WATER RESOURCES
1999 ANNUAL WATER USE REPORT
SCHEDULE F-1
SMALL WATER PROVIDER



RIGHT NUMBER: 56-000352.0000
PROVIDER NAME: INTROSPECT HEALTH
CONTACT PERSON: DAVID CHELSMAN
PHONE NUMBER: 520-622-5437 Ext 2316

Pursuant to Section 5-113 of the Second Management Plan (SMP) for the Tucson Active Management Area, small municipal water providers (those that supply 250 acre-feet/year or less) are required to supply the following information. Please contact the Tucson AMA at 770-3800 if assistance is needed.

PART 1 - DELIVERIES TO USE GROUPS

Please indicate the total quantity of water delivered (*both metered and unmetered*) to each of the following user groups for 1999.

a. Residential - include all uses of water related to service of residences (*housing units*) including both interior and exterior water use. This should include deliveries to multi-family housing complexes that are on master meters and deliveries to individually metered single family residences.

Metered _____ acre-feet
Unmetered _____ acre-feet
Total _____ acre-feet

b. Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (*item d below*). Do not include effluent or deliveries to irrigation rights or other service area rights.

Metered 7.2 acre-feet
Unmetered 0 acre-feet
Total 7.2 acre-feet

c. Total deliveries (*add amounts in a and b above*) _____ acre-feet

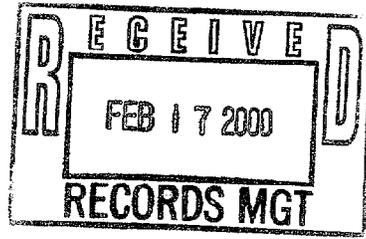
d. Turf-related facilities - include all *non-effluent* water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use (*item b above*). Please note that a Schedule G-2 must also be submitted for each turf-related facility receiving water from your system in 1998.

_____ acre-feet

e. Total effluent deliveries (*not included in GPCD or lost water calculations*) _____ acre-feet

Unmetered deliveries must be calculated using a generally accepted method of estimating water use. Explain below how any unmetered deliveries were calculated:

1999 Schedule F-1, Page 2
 Right #: 56-000352.0000
 Provider Name: INTROSPECT HEALTH CARE CORP.



PART 2 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from total water used. Effluent and deliveries to irrigation rights or other service areas are not included in the calculation.

- a) Total quantity of water used (from Part V of the Annual Report Summary Page): _____ acre-feet
- b) Total metered and unmetered (estimated) deliveries (Part 1c above): _____ acre-feet
- c) Lost and unaccounted for water (subtract Part 2b from 2a above): _____ acre-feet
- d) Percent of lost and unaccounted for water:

$$\frac{\text{lost and unaccounted for water (Part 2c)}}{\text{total used (Part 2a)}} \text{ AF} \div \text{AF} \times 100 = \text{Percent}$$

PART 3 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multifamily complex. Housing unit does not include a mobile home in an overnight or limited stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility.

a) "Single family housing unit" means a detached dwelling, including permanently setup mobile homes not in mobile home parks.

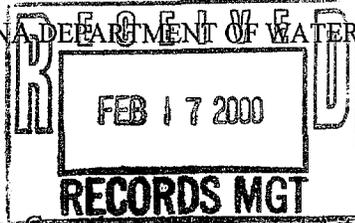
Indicate net change in single family housing units (*not service connections*) in your service area between July 1, 1998 and July 1, 1999: _____ units

b) "Multifamily housing unit" means a mobile home in a mobile home park and any permanent housing unit having one or more common walls with another housing unit located in a multifamily residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or apartment complex.

Indicate net change in multifamily housing units (*not service connections*) in your service area between July 1, 1998 and July 1, 1999: _____ units

ARIZONA DEPARTMENT OF WATER RESOURCES

1999 SERVICE AREA MAP UPDATE



Provider Name: INTROSPECT HEALTH CARE

Provider Number: 56-000352.0000

According to A.R.S. 45-498 of the Arizona Groundwater Management Act, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 1999, indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 1999, indicate this below and submit two copies of your revised service area map with your 1999 Annual Water withdrawal and Use Report no later than March 31, 2000. A duplicate copy of the service area map submitted to the Department shall be kept on file at your office.

Maps must be drawn to a scale of 1:31680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The location and names of major streets which carry traffic through and around the service area.
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the township(s) and range(s) covered by the map. Within the body of the map indicate the section(s) covered by the map.
5. Each map must be dated and signed by an authorized representative.

Service area boundaries and operating distribution system have not changed since January 1, 1999.

Service area boundaries or operating distribution system have changed since January 1, 1999. (Two copies of the revised map must be submitted with your annual report.)

David Chesman
Name (please print)

Acting Administrator
Title

Dad Chew
Signature/Date

520-622-5437 2316
Phone

****PLEASE ENCLOSE THIS SHEET WITH YOUR ANNUAL REPORT****

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix, Arizona 85004

Telephone 602 417-2410

Fax 602 417-2401



JANE DEE HULL
Governor

RITA P. PEARSON
Director

December 20, 1999

56-000352.0000

INTROSPECT HEALTH CARE CORP.

C/O KEN HYMER

2797 N INTROSPECT DRIVE

TUCSON, AZ 85745

Dear Small Municipal Provider:

This is an OFFICIAL NOTICE that the director of the Arizona Department of Water Resources (director) has issued a final order adopting the management plan for the Tucson Active Management Area (AMA) for the third management period, 2000 to 2010 (TMP). This is also an Official Notice of the conservation requirements, distribution system requirements and monitoring and reporting requirements established in the TMP for small municipal providers, which will become effective on January 1, 2002. **PLEASE CAREFULLY REVIEW THIS NOTICE AND THE ENCLOSED REQUIREMENTS.**

On December 13, 1999, the director issued a final order adopting the TMP. The TMP was adopted in accordance with Arizona's Groundwater Code, which requires the director to establish a continuing mandatory conservation program for all persons withdrawing, distributing or using groundwater within the AMA. For small municipal providers, the Groundwater Code requires the director to establish reasonable conservation requirements. The Code also requires the director to establish conservation measures as may be appropriate for individual users and economically reasonable conservation requirements for the distribution of groundwater by cities, towns, private water companies, and irrigation districts within their service areas.

As required by the Groundwater Code, the TMP contains reasonable conservation requirements for small municipal providers (TMP, section 5-110). The TMP also contains individual user conservation requirements for municipal providers (TMP, section 5-111), distribution system conservation requirements for municipal providers (TMP, section 5-112) and monitoring and reporting requirements for municipal providers (TMP, section 5-113).

As a municipal provider serving 250 acre-feet or less of water for non-irrigation use during a calendar year, you are a small municipal provider. Beginning on January 1, 2002, and continuing until the first compliance date for any substitute requirements in the Fourth Management Plan, you shall comply with the conservation requirements for small municipal providers in section 5-110 of the TMP, the individual user requirements in section 5-111 of the TMP, the distribution system conservation requirements for small municipal providers in section 5-112(2) of the TMP and the applicable monitoring and reporting requirements in section 5-113 of the TMP.

You should be aware that if you begin serving more than 250 acre-feet of water per year for non-irrigation use during the third management period, you will become a large municipal provider. In that event, you will be required to comply with the conservation requirements for new large municipal providers and the distribution system requirements for large municipal providers in the TMP beginning with the second full calendar year after you are given written notice of those requirements by the director.

Attachment A sets forth the conservation requirements and monitoring and reporting requirements established in the TMP for small and large municipal providers. Attachment A is incorporated into this notice by reference.

You have the right to seek administrative relief from the conservation requirements established in the TMP. You also have the right to seek judicial review of the director's order adopting the TMP. The following is a description of your rights.

Administrative Relief

The director has found the conservation requirements in the TMP to be equitable for most water users. However, there are two separate methods for seeking administrative relief from the conservation requirements if you believe you will be unable to comply with the requirements. You may request a VARIANCE or an ADMINISTRATIVE REVIEW.

1. VARIANCE

A person who requires additional time to comply with a conservation requirement or distribution system requirement may apply to the director for a VARIANCE from the requirement pursuant to A.R.S. § 45-574. The director may grant a variance for up to five years upon a showing of "compelling economic circumstances." An application for a variance must be filed within 90 days after the date you receive this notice.

2. ADMINISTRATIVE REVIEW

If you feel that a conservation requirement or distribution system requirement is unreasonable as applied to you, you may apply for an ADMINISTRATIVE REVIEW of the requirement pursuant to A.R.S. § 45-575(A). An application for administrative review under A.R.S. § 45-575(A) must be filed within 90 days after the date you receive this notice.

An administrative review may also be applied for at any time during the third management period if extraordinary circumstances not in existence as of the date of this notice make it unreasonable to require your compliance with a conservation requirement. If these circumstances should arise during the third management period, please contact the Tucson AMA for information and application procedures.

Judicial Review

In addition to seeking administrative relief through a request for variance or administrative review, you may seek judicial review of the director's order adopting the TMP pursuant to A.R.S. § 45-114(C). Any action for judicial review must be filed within thirty-five days after your receipt of this notice. You may review the entire TMP at the locations listed in Attachment B.

If you have any questions regarding your conservation requirements or if you need an application form and information on the Variance or Administrative Review procedures, please call the Tucson AMA at (520) 770-3800.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rita P. Pearson".

Rita P. Pearson
Director

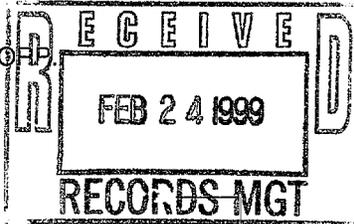
ARIZONA DEPARTMENT OF WATER RESOURCES
**ANNUAL WATER WITHDRAWAL
 AND USE REPORT - PROVIDER SUMMARY 1998**

500 NORTH THIRD STREET
 PHOENIX, AZ 85004-3921

A 1
 E 1
 F 1
 W1 1

OWNER OF GROUNDWATER RIGHT

INTROSPECT HEALTH CARE CORP.
 C/O KEN HYMER
 2797 N INTROSPECT DRIVE
 TUCSON, AZ 85745



TYPE OF RIGHT

MUNICIPAL PROVIDER (GW ONLY)

RIGHT / PERMIT NO.

56-000352.0000

REPORTING PARTY

56-000352.0000
 INTROSPECT HEALTH CARE CORP.
 C/O KEN HYMER
 2797 N INTROSPECT DRIVE
 TUCSON, AZ 85745

TUCSON AMA (520) 770-3800

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 12 Schedule A attached
 Complete this section only if you operate a non-exempt well.

\$ 3.00

ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10 Schedule D attached

ACRE - FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

1374 ACRE - FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE - FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

13.74 ACRE - FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month.

1) Enter number of months late (Maximum of 6)

2) Calculate Late Report Fee (\$25.00 X number of months late)

3) Calculate Late Payment Fee (10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1999. If hand delivered, the report must be received by the Department's Records Management Unit or local AMA office no later than 5:00 PM on March 31, 1999.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1999 ARE SUBJECT TO LATE FEES (ARS § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Ken Hymer AUTHORIZED SIGNATURE MARY T. SUPPERISON TITLE 2/22/99 DATE

Ken Hymer
 PRINTED NAME

622-5437
 TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES



JANE DEE HULL
Governor

RITA P. PEARSON
Director

January 20, 1999

Dear Provider:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1998. The summary page is printed on the reverse side of this letter. This report is for service area right holders who have withdrawn groundwater from their own wells, who may have received water from others or may have delivered water to other right holders. The Department has preprinted certain information from our records onto these forms. Please pay particular attention to the schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Please note that a separate annual report form must be filed for each right you own. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw or use water during 1998 are required to return the form with zeros in the appropriate blanks.

Reports must be received by the Department or postmarked no later than March 31, 1999.

The penalty for filing late is \$25.00 per month or part of month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the fee on time or did not pay the proper fee the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, then both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1998 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. The law does specify, however, that failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You may want to keep a copy of this report for your records.

If you need help or have questions, contact your AMA office listed at the top of the Summary page of the report.

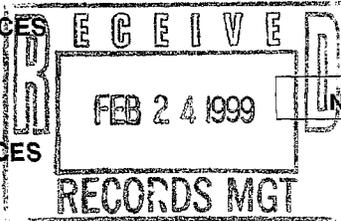
Sincerely,

Jim Holway

Assistant Director
Groundwater Management Division

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES 1998 ANNUAL REPORT



OWNER

INTROSPECT HEALTH CARE CORP.

RIGHT/PERMIT NO.

56-000352.0000

PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no.	<input type="text"/>	Your district user/ account number	<input type="text"/>
Name of Irrigation District	<input type="text"/>	Number of acres eligible to receive surface water	<input type="text"/>

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	
EXCHANGE GROUNDWATER	Notice No. 69-	
Total acre-feet water received		1373

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no.	57 -	Name :	<input type="text"/>
------------------------------------	------	--------	----------------------

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	
Total acre-feet water received		

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO.SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000			
CAP				
DECREE/APPROP.SURF.WTR.				
EFFLUENT				
TAILWATER				
Total acre-feet water received				

Total acre-feet of received and diverted water(add amounts from PARTs I, II, and III.)
ENTER TOTAL ON PART III OF Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPARTMENT OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below)

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter total acre-feet of exchange groundwater pumped for each well, as calculated on attached worksheets, in

If applicable, adjust the total acre-feet of Exchange Groundwater for each well in . This applies to noticed groundwater for groundwater exchanges for which the exchange agreement requires payback within the same calendar year that groundwater is given.

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

DEVICE
TYPE

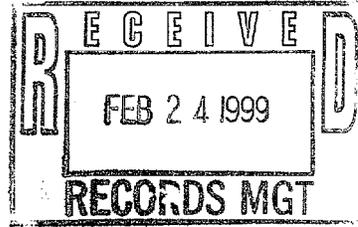
1. Pumpage measured by meter or other totalizer/recorder devices(use worksheet W-1)
2. Pipeflow with pumpage calculated using electrical energy records(use worksheet W-2)
3. Pipeflow with pumpage calculated using natural gas energy records(use worksheet W-3)
4. Open channel flow with pumpage calculated using electrical energy records(use worksheet W-4)
5. Open channel flow with pumpage calculated using natural gas energy records(use worksheet W-5)
6. Pumpage calculated using hour meters (use worksheet W-6)

MEASURING DEVICE MALFUNCTION

Pursuant to A.A.C. R12-15-906, a measuring device that fails to perform for more than seventy-two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. Results of the two per year required flow-rate measurements must also be attached. A measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

1998 Schedule F-1, Page 2
Right #56-000 _____
Provider Name: _____



PART 2 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from total water used. Effluent and deliveries to irrigation rights or other service areas are not included in the calculation.

- a) Total quantity of water used (from Part V of the Annual Report Provider Summary): 13.73 acre-feet
- b) Total metered and unmetered deliveries (Part 1c above): 13.23 acre-feet
- c) Lost and unaccounted for water (subtract Part 2b from 2a above): 0 acre-feet
- d) Percent of lost and unaccounted for water:

$$\frac{\text{lost and unaccounted for water (Part 2c)}}{\text{total used (Part 2a)}} \text{ AF} \div \text{AF} \times 100 = \frac{0}{13.73} \text{ Percent}$$

PART 3 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multifamily complex. Housing unit does not include a mobile home in an overnight or limited stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility.

- a) "Single family housing unit" means a detached dwelling, including permanently setup mobile homes not in mobile home parks.

Indicate net change in single family housing units (not service connections) in your service area between July 1, 1997 and July 1, 1998:

same units

- b) "Multifamily housing unit" means a mobile home in a mobile home park and any permanent housing unit having one or more common walls with another housing unit located in a multifamily residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or apartment complex.

Indicate net change in multifamily housing units (not service connections) in your service area between July 1, 1997 and July 1, 1998:

none units

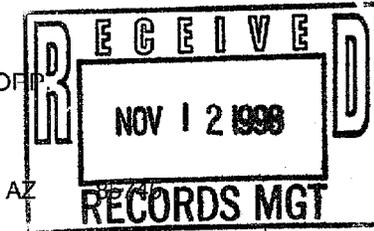
ARIZONA DEPARTMENT OF WATER RESOURCES
**1997 ANNUAL WATER WITHDRAWAL
 AND USE REPORT - PROVIDER SUMMARY**

500 NORTH THIRD STREET
 PHOENIX, AZ 85004-3921

A 1
 E 1
 F 1
 W1 1

OWNER OF GROUNDWATER RIGHT

INTROSPECT HEALTH CARE CORP.
 C/O KEN HYMER
 2797 N INTROSPECT DRIVE
 TUCSON



TYPE OF RIGHT

MUNICIPAL PROVIDER (GW ONLY)

RIGHT / PERMIT NO.

56-000352.0000

REPORTING PARTY

INTROSPECT HEALTH CARE CORP.
 C/O KEN HYMER
 2797 N INTROSPECT DRIVE
 TUCSON

TUCSON

AMA

(520) 770-3800

AZ 85745

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 10 Schedule A attached
 Complete this section only if you operate a non-exempt well.

\$ **3.00** \$

ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10 Schedule D attached

ACRE - FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

ACRE - FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE - FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

15.1 ACRE - FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month.

1) Enter number of months late (Maximum of 6)

2) Calculate Late Report Fee \$
 (\$25.00 X number of months late)

3) Calculate Late Payment Fee \$
 (10 % X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI \$

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1998. If hand delivered, the report must be received by the Department's Records Management Unit or local AMA office no later than 5:00 PM on March 31, 1998.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1998 ARE SUBJECT TO LATE FEES (ARS § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Ken Hymer
 AUTHORIZED SIGNATURE

MAINT SUPERVISOR
 TITLE

11/6/98
 DATE

KEN HYMER
 PRINTED NAME

622-5437
 TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES



Jane Dee Hull
Governor

Rita P. Pearson
Director

January 20, 1998

Dear Provider:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1997. These forms are printed on the reverse side of this letter. This report is for service area right holders who have withdrawn groundwater from their own wells, who may have received water from others or may have delivered water to other right holders. The Department has preprinted certain information from our records onto these forms. Please pay particular attention to the schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Please note that a separate annual report must be filed for each right you own. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw or use water during 1997 are required to return the forms with zeros in the appropriate blanks.

Reports must be received by the Department or postmarked no later than March 31, 1998.

The penalty for filing late is \$25.00 per month or part of month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the fee on time or did not pay the proper fee the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, then both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1997 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. The law does specify, however, that failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You may want to keep a copy of this report for your records.

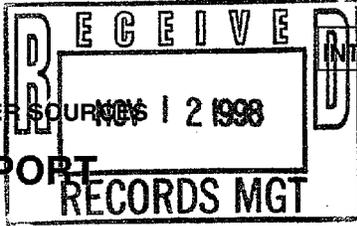
If you need help or have questions, contact your AMA office listed at the top of the Summary page of the report.

Sincerely,

Jim Holway

Assistant Director
Groundwater Management Division

SCHEDULE E



OWNER

INTROSPECT HEALTH CARE CORP.

WATER RECEIVED FROM OTHER SOURCES

RIGHT/PERMIT NO.

1997 ANNUAL REPORT

56-000352.0000

PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no. Your district user/ account number
 Name of Irrigation district Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spilwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no. Name :

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO.SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000			
CAP				
DECREED/APPROP.SURF.WTR.				
EFFLUENT				
TAILWATER				

Total acre-feet water received

Total acre-feet of received and diverted water(add amounts from PARTs I, II, and III.)

ENTER TOTAL ON PART III OF Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding Your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPARTMENT OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below)

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

DEVICE
TYPE

1. Pumpage measured by meter or other totalizer/recorder devices (use worksheet W-1)
2. Pipeflow with pumpage calculated using electrical energy records (use worksheet W-2)
3. Pipeflow with pumpage calculated using natural gas energy records (use worksheet W-3)
4. Open channel flow with pumpage calculated using electrical energy records (use worksheet W-4)
5. Open channel flow with pumpage calculated using natural gas energy records (use worksheet W-5)
6. Pumpage calculated using hour meters (use worksheet W-6)

MEASURING DEVICE MALFUNCTION

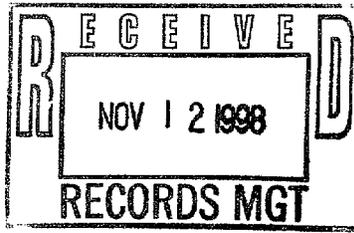
Pursuant to A.A.C. R12-15-906, a measuring device that fails to perform for more than seventy two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. A measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

1997 Schedule F-1, Page 2

Right #56-000 _____

Provider Name: _____



PART 2 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from total water used. Effluent and deliveries to irrigation rights or other service areas are not included in the calculation.

a) Total quantity of water used (from Part V of the Annual Report Provider Summary): 15.1 acre-feet

b) Total metered and unmetered deliveries (Part 1c above): 15.1 acre-feet

c) Lost and unaccounted for water (subtract Part 2b from 2a above): 0 acre-feet

d) Percent of lost and unaccounted for water:

$$\frac{\text{lost and unaccounted for water (Part 2c)}}{\text{total used (Part 2a)}} \text{ AF} \div \text{AF} \times 100 = \frac{0}{15.1} \text{ Percent}$$

PART 3 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multifamily complex. Housing unit does not include a mobile home in an overnight or limited stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility.

a) "Single family housing unit" means a detached dwelling, including permanently setup mobile homes not in mobile home parks.

Indicate net change in single family housing units (not service connections) in your service area between July 1, 1996 and July 1, 1997:

34 units

b) "Multifamily housing unit" means a mobile home in a mobile home park and any permanent housing unit having one or more common walls with another housing unit located in a multifamily residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or apartment complex.

Indicate net change in multifamily housing units (not service connections) in your service area between July 1, 1996 and July 1, 1997:

NONE units

ARIZONA DEPARTMENT OF WATER RESOURCES
1997 ANNUAL WATER USE REPORT
SCHEDULE F-1
SMALL WATER PROVIDER

RIGHT NUMBER: 56-000
PROVIDER NAME: DESERT HILLS
CONTACT PERSON: REN HAMER
PHONE NUMBER: 622-5737

Pursuant to Section 5-113 of the Second Management Plan (SMP) for the Tucson Active Management Area, small municipal water providers (those that supply 250 acre-feet/year or less) are required to supply the following information. **Please contact the Tucson AMA at 770-3800 if assistance is needed.**

PART 1 - DELIVERIES TO USE GROUPS

Please indicate the total quantity of water delivered (*both metered and unmetered*) to each of the following user groups for 1997.

a. Residential - include all uses of water related to service of residences (*housing units*) including both interior and exterior water use. This should include deliveries to multi-family housing complexes through master meters.

Metered 15.1 acre-feet
Unmetered _____ acre-feet
Total 15.1 acre-feet

b. Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (*item d below*). **Do not include effluent or deliveries to irrigation rights or other service area rights.**

Metered _____ acre-feet
Unmetered _____ acre-feet
Total _____ acre-feet

c. Total deliveries (*add amounts in a and b above*) _____ acre-feet

d. Turf-related facilities - include all *non-effluent* water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use (*item b above*). Please note that a Schedule G-2 must also be submitted for each turf-related facility receiving water from your system in 1997.

_____ acre-feet

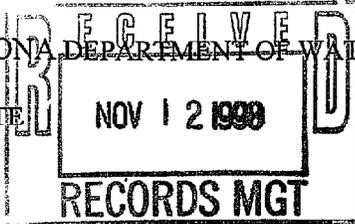
e. Total effluent deliveries (*not included in GPCD or lost water calculations*) _____ acre-feet

Unmetered deliveries must be calculated using a generally accepted method of estimating water use. Explain below how any unmetered deliveries were calculated:

(OVER)

ARIZONA DEPARTMENT OF WATER RESOURCES

1997 SERVICE AREA MAP UPDATE



Provider Name: DESERT HILLS

Provider Number: 56000352-0000

According to A.R.S. 45-498 of the Arizona Groundwater Management Act, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 1997, indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 1997, indicate this below and submit two copies of your revised service area map with your 1997 Annual Water withdrawal and Use Report no later than March 31, 1997. A duplicate copy of the service area map submitted to the Department shall be kept on file at your office.

Maps must be drawn to a scale of 1:31680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The location and names of major streets which carry traffic through and around the service area.
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the township(s) and range(s) covered by the map. Within the body of the map indicate the section(s) covered by the map.
5. Each map must be dated and signed by an authorized representative.

Service area boundaries and operating distribution system have not changed since January 1, 1997.

Service area boundaries or operating distribution system have changed since January 1, 1997. (Two copies of the revised map must be submitted with your annual report.)

KEN HYMER
Name (please print)

MAINT SUPERVISOR
Title

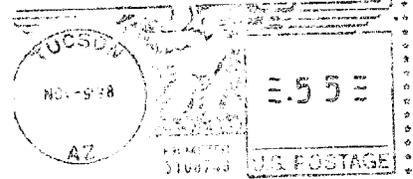
[Signature] 11/6/98
Signature/Date

622-5437
Phone

****PLEASE ENCLOSE THIS SHEET WITH YOUR ANNUAL REPORT****

**Arizona Department
of Water Resources**

Groundwater Management Support Section
500 North 3rd Street
Phoenix, Arizona 85004-3903



ARIZONA DEPARTMENT OF WATER RESOURCES
PO Box 458
Phoenix AZ 85001-0458



1996 ANNUAL WATER WITHDRAWAL AND USE REPORT - PROVIDER SUMMARY

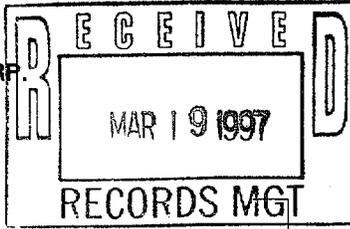
INPUT

A 1
E 1
F 1
W1 1

OWNER OF GROUNDWATER RIGHT

TYPE OF RIGHT

INTROSPECT HEALTH CARE CORP.
C/O KEN HYMER
2797 N INTROSPECT DRIVE
TUCSON AZ 85745



SERVICE AREA

RIGHT/PERMIT NO.
56-000352.0000

16

REPORTING PARTY

56-000352.0000

TUCSON AMA

INTROSPECT HEALTH CARE CORP.
C/O KEN HYMER
2797 N INTROSPECT DRIVE
TUCSON AZ 85745



TUCSON AMA

(602) 628-6758

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 10, Schedule A attached

Complete this section only if you operate a non-exempt well.

ACRE-FEET X Withdrawal Fee = \$

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10, Schedule D attached

ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

ACRE-FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE-FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

ACRE-FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month

- 1) Enter number of months late (Maximum of 6)
- 2) Calculate Late Report Fee (\$25.00 X number of months late)
- 3) Calculate Late Payment Fee (10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI \$

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1997. If hand delivered, the report must be received by the Department's Records Management Unit or local AMA office no later than 5:00 PM on March 31, 1997.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1997 ARE SUBJECT TO LATE FEES (ARS § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Ken Hymer
AUTHORIZED SIGNATURE

MAINTENANCE SUPERVISOR 3/17/97
TITLE DATE

Ken Hymer
PRINTED NAME

622-5437
TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES



FIFE SYMINGTON
Governor

RITA P. PEARSON
Director

January 15, 1997

Dear Provider:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1996. These forms are printed on the reverse side of this letter. This report is for service area right holders who withdraw groundwater from their own wells, who may receive water from others, and who may deliver water to other right holders or individual users. The Department has preprinted certain information from our records onto these forms. Please pay particular attention to schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Please note that a separate annual report must be filed for each right you own or lease. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw water during 1996 are required to return the forms with zeros in the appropriate blanks.

Reports must be received by the Department or postmarked no later than March 31, 1997. The penalty for filing late is \$25.00 per month or part of a month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the fee on time or did not pay the proper fee, the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1996 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. The law does specify, however, that failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You may want to copy this report for your records.

If you need help or have questions, contact your AMA office listed on the Summary page of your report.

Sincerely,

Jim Holway
Assistant Director
Groundwater Management Division

OWNER

SCHEDULE E

INTROSPECT HEALTH CARE CORP.

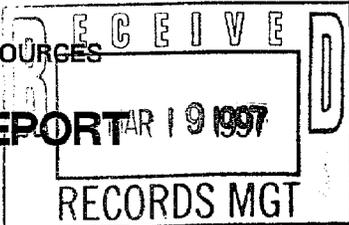
WATER RECEIVED FROM OTHER SOURCES

RIGHT/PERMIT NO.

1996 ANNUAL REPORT

56-000352.0000

23



PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no. 57-	Your district user/ account number
Name of Irrigation district	Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received **13.6**

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no. 57-	Name
--	------

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55-000000		
CAP				
DECREE/APPROP. SURF. WTR.				
EFFLUENT				
TAILWATER				

Total acre-feet water received

Total acre-feet of received and diverted water (add amounts from PARTS I, II, and III.)
 ENTER TOTAL ON PART III of Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below).

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

- | | |
|----------------|--|
| DEVICE
TYPE | <ol style="list-style-type: none">1. Pumpage measured by meter or other totalizer/recorder devices (use worksheet W-1)2. Pipeflow with pumpage calculated using electrical energy records (use worksheet W-2)3. Pipeflow with pumpage calculated using natural gas energy records (use worksheet W-3)4. Open channel flow with pumpage calculated using electrical energy records (use worksheet W-4)5. Open channel flow with pumpage calculated using natural gas energy records (use worksheet W-5)6. Pumpage calculated using hour meters (use worksheet W-6) |
|----------------|--|

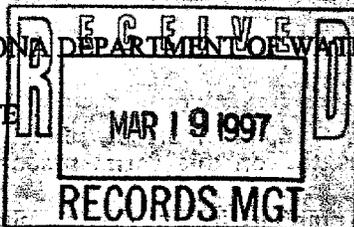
MEASURING DEVICE MALFUNCTION

Pursuant to A.C.R.R. R12-15-906, a measuring device that fails to perform for more than seventy two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. A Measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

ARIZONA DEPARTMENT OF WATER RESOURCES

1996 SERVICE AREA MAP UPDATE



Provider Name: DEBERT HILLS

Provider Number: _____

According to A.R.S. 45-498 of the Arizona Groundwater Management Act, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 1996, indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 1996, indicate this below and submit two copies of your revised service area map with your 1996 Annual Water withdrawal and Use Report no later than March 31, 1997. A duplicate copy of the service area map submitted to the Department shall be kept on file at your office.

Maps must be drawn to a scale of 1:31680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The location and names of major streets which carry traffic through and around the service area.
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the township(s) and range(s) covered by the map. Within the body of the map indicate the section(s) covered by the map.
5. Each map must be dated and signed by an authorized representative.

Service area boundaries and operating distribution system have not changed since January 1, 1996.

Service area boundaries or operating distribution system have changed since January 1, 1996. (Two copies of the revised map must be submitted with your annual report.)

KEN NYMER
Name (please print)

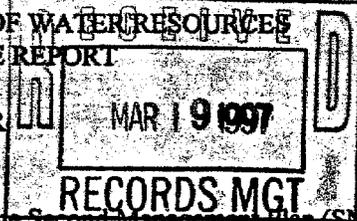
MAINT SUPERVISOR
Title

[Signature]
Signature/Date

622-5437
Phone

****PLEASE ENCLOSE THIS SHEET WITH YOUR ANNUAL REPORT****

ARIZONA DEPARTMENT OF WATER RESOURCES
1996 ANNUAL WATER USE REPORT
SCHEDULE F-1
SMALL WATER PROVIDER



RIGHT NUMBER: 56-000
PROVIDER NAME: DESERT HILLS
CONTACT PERSON: REN HANDEL
PHONE NUMBER: 629-5437

Pursuant to Section 5-113 of the Second Management Plan (SMP) for the Tucson Active Management Area, small municipal water providers (those that supply 250 acre-feet/year or less) are required to supply the following information. Please contact the Tucson AMA at 770-3800 if assistance is needed.

PART 1 - DELIVERIES TO USE GROUPS

Please indicate the total quantity of water delivered (both metered and unmetered) to each of the following user groups for 1996.

a. Residential - include all uses of water related to service of residences (housing units) including both interior and exterior water use. This should include deliveries to multi-family housing complexes through master meters.

Metered 13,296 acre-feet
Unmetered _____ acre-feet
Total 13,296 acre-feet

b. Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (item d below). Do not include effluent or deliveries to irrigation rights or other service area rights.

Metered _____ acre-feet
Unmetered _____ acre-feet
Total _____ acre-feet

c. Total deliveries (add amounts in a and b above) _____ acre-feet

d. Turf-related facilities - include all non-effluent water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use (item b above). Please note that a Schedule G-2 must also be submitted for each turf-related facility receiving water from your system in 1996.

_____ acre-feet

e. Total effluent deliveries (not included in GPCD or lost water calculations) _____ acre-feet

Unmetered deliveries must be calculated using a generally accepted method of estimating water use. Explain below how any unmetered deliveries were calculated:

(OVER)

1995 ANNUAL WATER WITHDRAWAL AND USE REPORT - PROVIDER SUMMARY

A 1
E 1
F 1
W1 1

OWNER OF GROUNDWATER RIGHT

TYPE OF RIGHT

INPUT

INTROSPECT HEALTH CARE CORP.
C/O KEN HYMER
~~5245 N. CAMINO DE OESTE~~ 2797 N. INTROSPECT
TUCSON AZ 85745

SERVICE AREA

RIGHT/PERMIT NO.
56-000352.0000

16

REPORTING PARTY
56-000352.0000 TUCSON AMA
INTROSPECT HEALTH CARE CORP.
C/O KEN HYMER
~~5245 N. CAMINO DE OESTE~~ 2797 N. INTROSPECT
TUCSON AZ 85745



TUCSON AMA (602) 628-6758

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 10, Schedule A attached
Complete this section only if you operate a non-exempt well.

ACRE-FEET X Withdrawal Fee = \$

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10, Schedule D attached

ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

ACRE-FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE-FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

ACRE-FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month

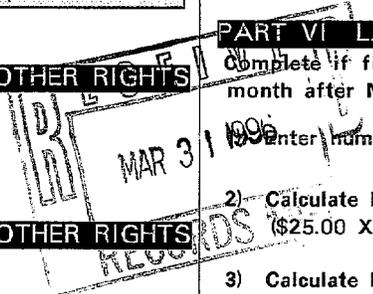
Enter number of months late (Maximum of 5)

2) Calculate Late Report Fee \$
(\$25.00 X number of months late)

3) Calculate Late Payment Fee \$
(10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI \$



Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1996. If hand delivered, the report must be received by the Department's Records Management Unit or local AMA office no later than 5:00 PM on March 31, 1996.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1996 ARE SUBJECT TO LATE FEES (ARS § 45-632) AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Ken Hymer
AUTHORIZED SIGNATURE
KEN HYMER
PRINTED NAME

MAINTENANCE SUPERVISOR 3/28/96
TITLE DATE
622-5437
TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES



FIFE SYMINGTON
Governor

RITA P. PEARSON
Director

January 15, 1996

Dear Provider:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1995. These forms are printed on the reverse side of this letter. This report is for service area right holders who withdraw groundwater from their own wells, who may receive water from others, and who may deliver water to other right holders or individual users. The Department has preprinted certain information from our records onto these forms. Please pay particular attention to schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Please note that a separate annual report must be filed for each right you own or lease. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw water during 1995 are required to return the forms with zeros in the appropriate blanks.

Since the deadline of March 31 occurs on a Sunday this year, reports received by the Department or postmarked no later than April 1, 1996 will be considered timely. The penalty for filing late is \$25.00 per month or part of a month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the fee on time or did not pay the proper fee, the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1995 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. The law does specify, however, that failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You may want to copy this report for your records.

If you need help or have questions, contact your AMA office listed on the Summary page of your report.

Sincerely,

Herb Dishlip
Assistant Director
Statewide Water Planning &
Legal Services Division

SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below).

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

- | | |
|----------------|--|
| DEVICE
TYPE | <ol style="list-style-type: none">1. Pumpage measured by meter or other totalizer/recorder devices (use worksheet W-1)2. Pipeflow with pumpage calculated using electrical energy records (use worksheet W-2)3. Pipeflow with pumpage calculated using natural gas energy records (use worksheet W-3)4. Open channel flow with pumpage calculated using electrical energy records (use worksheet W-4)5. Open channel flow with pumpage calculated using natural gas energy records (use worksheet W-5)6. Pumpage calculated using hour meters (use worksheet W-6) |
|----------------|--|

MEASURING DEVICE MALFUNCTION

Pursuant to A.C.R.R. R12-15-906, a measuring device that fails to perform for more than seventy two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. A Measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

Water Rec'd - TW

SCHEDULE E

OWNER

INTROSPECT HEALTH CARE CORP.

WATER RECEIVED FROM OTHER SOURCES

RIGHT/PERMIT NO.

1995 ANNUAL REPORT

56-000352.0000

23



PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no. Your district user/ account number

Name of Irrigation district Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no. Name

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55-000000		
CAP				
DECREED/APPROP. SURF. WTR.				
EFFLUENT				
TAILWATER				

Total acre-feet water received

Total acre-feet of received and diverted water (add amounts from PARTS I, II, and III.) ENTER TOTAL ON PART III of Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

ARIZONA DEPARTMENT OF WATER RESOURCES

1995 SERVICE AREA MAP UPDATE

Provider Name: INTROSPECT HEALTHCARE

Provider Number: 56-000 352

According to A.R.S. § 45-498 of the Arizona Groundwater Management Act, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 1995, indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 1995, indicate this below and submit two copies of your revised service area map with your 1995 Annual Water Withdrawal and Use Report no later than March 31, 1996. A duplicate copy of the service area map submitted to the Department shall be kept on file at your offices.

Maps must be drawn at a scale of 1:31,680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The location and names of major streets which carry traffic through and around the service area.
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the townships and ranges covered by the map. Within the body of the map indicate the sections covered by the map.
5. Each map must be signed and dated by an authorized representative.

Service area boundaries and operating distribution system have not changed since January 1, 1995.

Service area boundaries or operating distribution system have changed since January 1, 1995.
(Two copies of the revised map must be submitted with your annual report.)

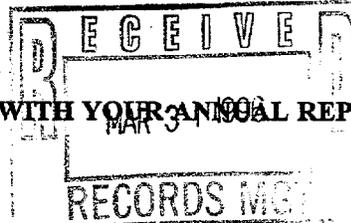
KEN HYMER
Name (please print)

[Signature] 3/28/96
Signature/Date

MAINTENANCE SUPERVISOR
Title

622-5437
Phone

**** PLEASE ENCLOSE THIS SHEET WITH YOUR ANNUAL REPORT. ****



ARIZONA DEPARTMENT OF WATER RESOURCES

Tucson Active Management Area
400 West Congress Street
Suite #518
Tucson, Arizona 85701
Telephone (520) 628-6758
Fax (520) 628-6759



FIFE SYMINGTON
Governor

RITA P. PEARSON
Director

August 15, 1995

Sandy Elder
Tucson Water
P.O. Box 27210
Tucson, AZ 85726

Dear Sandy:

One of our small providers, Introspect Health Care, Desert Hills facility, service area right number 56-000352, reported on it's 1994 Annual Water Use and Withdrawal Report a receipt from Tucson Water of 11.1 acre-feet. Tucson Water reported only 5.3 acre-feet delivered to the right in 1994. Desert Hills reported new meters added which you may not have included as serving the 56-000352 service area right.

Unless I hear otherwise I will assume that the amount reported should have been 11.1 acre-feet delivered to 56-00352. The small amount of water involved does not warrant an amendment of the annual reports, but I will make the adjustment to the total delivered by Tucson Water and resultant reduction in the amount used pursuant to Tucson Water's service area right. I have attached the page from Desert Hill's annual report with the Tucson Water account numbers for your information.

Please feel free to call me at 770-3813 if you have any questions or comments.

Sincerely,

A handwritten signature in cursive script that reads 'Virginia'.

Virginia Welford
Tucson AMA

AMENDED



March 31, 1995

Ms. Linda Stitzer
Arizona Department of Water Resources
400 W. Congress
Suite 518
Tucson, AZ 85701

Dear Ms. Stitzer,

Attached is our "Annual Water Withdrawal and Use Report" for the 1994 calendar year and our cover letter to Ms. Pearson.

During start-up of the Tucson Area Remediation Project (TARP), 316 acre-feet was pumped from wells R-001 A through R-009 A prior to September 8, 1994. As outlined in correspondence from ADWR dated July 8, 1994, up to 500 acre-feet could be withdrawn during the TARP initial testing period without withdrawal fees or inclusion in the City of Tucson's 1994 gpcd performance. No groundwater fees will apply to the 316 acre-feet. However, all pumpage on and after September 8 is reported and subject to gpcd calculations and withdrawal fees.

We are also including amended summary pages and Schedules D and F-1 for the 1992 and 1993 Annual Groundwater Withdrawal and Use Reports. For these two years, Tucson Water deliveries to Veteran's Medical Center were not reported. Amended values are marked with asterisks.

Please contact Bruce Johnson at 791-2689 if you have any questions.

Sincerely,

Charles K. McClain
Director

Enclosures

p:\94ppgrpt\94cvltr2.txt

cc: James R. Stump
Bruce Johnson
Hydrology File

OWNER

SCHEDULE E

RECEIVED

INTROSPECT HEALTH CARE CORP.

WATER RECEIVED FROM OTHER SOURCES

JUL 19 1995

RIGHT/PERMIT NO.

56-000352.0000

23

1994 ANNUAL REPORT



PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no. Your district user/ account number

Name of Irrigation district Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no. Name

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	APR 26 1995

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55-000000	Meters (3)	11.1
			DECEMBER 15 METERS	7.1

- Meters/South and Hospital:
- Meter 1 - 106050112 South Campus Water/Sewer
- Meter 2 - 106051322 South Campus Irrigation
- Meter 3 - 106052000 South Campus Playing Field
- Account - 106051950 Hospital Water/Sewer
- Account - 106051960 Hospital Fire Protection

Total acre-feet water received

Total acre-feet of received and diverted water (add amounts from PARTS I, II, and III.) ENTER TOTAL ON PART III of Summary Page.

ARIZONA DEPARTMENT OF WATER RESOURCES

Tucson Active Management Area
400 West Congress Street
Suite #518
Tucson, Arizona 85701
Telephone (520) 628-6758
Fax (520) 628-6759



FIFE SYMINGTON
Governor

RITA P. PEARSON
Director

August 15, 1995

Sandy Elder
Tucson Water
P.O. Box 27210
Tucson, AZ 85726

Dear Sandy:

One of our small providers, Introspect Health Care, Desert Hills facility, service area right number 56-000352, reported on it's 1994 Annual Water Use and Withdrawal Report a receipt from Tucson Water of 11.1 acre-feet. Tucson Water reported only 5.3 acre-feet delivered to the right in 1994. Desert Hills reported new meters added which you may not have included as serving the 56-000352 service area right.

Unless I hear otherwise I will assume that the amount reported should have been 11.1 acre-feet delivered to 56-00352. The small amount of water involved does not warrant an amendment of the annual reports, but I will make the adjustment to the total delivered by Tucson Water and resultant reduction in the amount used pursuant to Tucson Water's service area right. I have attached the page from Desert Hill's annual report with the Tucson Water account numbers for your information.

Please feel free to call me at 770-3813 if you have any questions or comments.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Virginia'.

Virginia Welford
Tucson AMA

OWNER

SCHEDULE E

RECEIVED

INTROSPECT HEALTH CARE CORP.

WATER RECEIVED FROM OTHER SOURCES

JUL 19 1995

RIGHT/PERMIT NO.

56-000352.0000

23

1994 ANNUAL REPORT



PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no.

Your district user/ account number

Name of Irrigation district

Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no.

Name

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	APR 26 1995

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55-000000	Meters (2)	11.1
			DECREED PERMIT (5) METERS	11.1

- Meters/South and Hospital:

- Meter 1 - 106050112 South Campus Water/Sewer
- Meter 2 - 106051322 South Campus Irrigation
- Meter 3 - 106052000 South Campus Playing Field
- Account - 106051950 Hospital Water/Sewer
- Account - 106051960 Hospital Fire Protection

Total acre-feet water received

Total acre-feet of received and diverted water (add amounts from PARTs I, II, and III.)
ENTER TOTAL ON PART III of Summary Page.

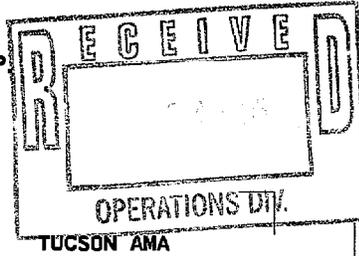
1994 ANNUAL WATER WITHDRAWAL AND USE REPORT - PROVIDER SUMMARY

INPUT
A 1
E 1
F 1
W1 1

OWNER OF GROUNDWATER RIGHT

TYPE OF RIGHT

INTROSPECT HEALTH CARE CORP.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745



SERVICE AREA

RIGHT/PERMIT NO.
56-000352.0000

REPORTING PARTY

56-000352.0000

INTROSPECT HEALTH CARE CORP.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745



TUCSON AMA (602) 628-6758

16

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 10, Schedule A attached

Complete this section only if you operate a non-exempt well.

3.00 \$

ACRE-FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10, Schedule D attached

ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

ACRE-FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE-FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

ACRE-FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month

1) Enter number of months late (Maximum of 6)

2) Calculate Late Report Fee
(\$25.00 X number of months late)

3) Calculate Late Payment Fee
(10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1995. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1995.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1995 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS § 45-632.L)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Ken Hymer AUTHORIZED SIGNATURE MAINT. SUPERVISOR TITLE 4/21/95 DATE
KEN HYMER PRINTED NAME 622-5437 x 2360 TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES

15 South 15th Avenue, Phoenix, Arizona 85007



FIFE SYMINGTON
Governor

RITA P. PEARSON
Director

January 15, 1995

Dear Groundwater Right Owner:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1994. These forms are printed on the reverse side of this letter. This report is for service area right holders and irrigation districts who withdraw groundwater from their own wells, who may receive water from others, and who may deliver water to other right holders or individual users. The Department has preprinted certain information from our records onto these forms. Please pay particular attention to schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Please note that a separate annual report must be filed for each right you own or lease. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw water during 1994 are required to return the forms with zeros in the appropriate blanks.

Reports must be received by the Department or postmarked no later than March 31, 1995. The penalty for filing late is \$25.00 per month or part of a month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the fee on time or did not pay the proper fee, the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1994 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. The law does specify, however, that failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You may want to copy this report for your records.

If you need help or have questions, contact your AMA office listed on the Summary page of your report.

Sincerely,

A handwritten signature in cursive script that reads "Herb Dishlip".

Herb Dishlip
Deputy Director
Water Management

SCHEDULE E

OWNER

INTROSPECT HEALTH CARE CORP.

WATER RECEIVED FROM OTHER SOURCES

RIGHT/PERMIT NO.

1994 ANNUAL REPORT

56-000352.0000

23



PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT Provider no. Your district user/ account number

Name of Irrigation district Number of acres eligible to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT Provider no. Name

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		
CAP		
IN-LIEU GROUNDWATER	Permit Holder	

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55-000000	Meters (3)	11.1
CAP				
DECREED/APPROP. SURF. WTR.				
EFFLUENT				
TAILWATER				

Total acre-feet water received

Total acre-feet of received and diverted water (add amounts from PARTs I, II, and III.) ENTER TOTAL ON PART III of Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

WORKSHEET W-1

1994

GROUNDWATER RIGHT/PERMIT NO. **56-000352.0000**

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A
WATER TOTALIZING METER READINGS
5 INITIAL **6** ENDING **7** DIFFERENCE
 IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET **9** BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in **10** in Column 9 of Schedule A **10** TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A
WATER TOTALIZING METER READINGS
5 INITIAL **6** ENDING **7** DIFFERENCE
 IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET **9** BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in **10** in Column 9 of Schedule A **10** TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. LOCATION
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 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A
WATER TOTALIZING METER READINGS
5 INITIAL **6** ENDING **7** DIFFERENCE
 IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET **9** BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in **10** in Column 9 of Schedule A **10** TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE
 RECEIVED APR 24 1995

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS
 OPERATIONS DIV.

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A
WATER TOTALIZING METER READINGS
5 INITIAL **6** ENDING **7** DIFFERENCE
 IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET **9** BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in **10** in Column 9 of Schedule A **10** TOTAL IN ACRE-FEET

**PUMPAGE MEASURED BY METER OR
OTHER TOTALIZER RECORDER DEVICES**

INSTRUCTIONS

1. Enter DWR Well Registration No. & Location in .
2. Enter type, make & model of measuring device used to measure flow in .
If the measuring device is permanent, enter date installed or last overhauled.
3. Enter power company name, account number, meter number and total energy consumption in . Indicate units as KWH, therms or other measurement.
4. Indicate whether the energy meter serves other uses in .
5. Enter initial totalizer reading as of January 1, in . If your meter reads in 10's, 100's, or 1000's of units, be sure to add the correct number of zeroes.
6. Enter ending reading as of December 31, in . If the totalizer dial has rolled over during the year, enter the number 1 in front of the reading, if twice, a 2, etc.
7. Subtract reading in from reading in and enter the difference in .
8. Convert the Total Amount Pumped to acre feet by using the appropriate conversion; enter the result in .
 - If meter reads in gallons, divide by 325,851
 - If meter reads in cubic feet, divide by 43,560
 - If meter reads in acre-feet, no conversion is necessary
9. If your meter malfunctioned during the year, enter the estimate of withdrawals in acre-feet made during the out-of-service period in .
10. Add and and enter result in .

ENTER THE FOLLOWING ON SCHEDULE A OR PART I OF SCHEDULE A-ISR

<u>WORKSHEET</u>	<u>SCHEDULE A</u>
Item 1	- DWR Well Reg No. & Location in Col <input type="text" value="2"/> , if not already shown.
Item 3	- Power Co. Name, Acct. No. and Meter No. in Col <input type="text" value="3"/> and Total Energy Consumption in Col <input type="text" value="6"/> .
Item 4	- Meter Serves other uses "Y" or "N" in Col <input type="text" value="5"/> .
Item 10	- Groundwater withdrawn in Col <input type="text" value="9"/> .

THIS WORKSHEET MUST BE SUBMITTED WITH SCHEDULE A OR A-ISR.

ARIZONA DEPARTMENT OF WATER RESOURCES

1994 SERVICE AREA MAP UPDATE

Provider Name: INTROSPECT HEALTHCARE

Provider Number: 56-000 352

According to A.R.S. § 45-498 of the Arizona Groundwater Management Act, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 1994, indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 1994, indicate this below and submit two copies of your revised service area map with your 1994 Annual Water Withdrawal and Use Report no later than March 31, 1995. A duplicate copy of the service area map submitted to the Department shall be kept on file at your offices.

Maps must be drawn at a scale of 1:31,680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The location and names of major streets which carry traffic through and around the service area.
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the townships and ranges covered by the map. Within the body of the map indicate the sections covered by the map.
5. Each map must be signed and dated by an authorized representative.

X Service area boundaries and operating distribution system have not changed since January 1, 1994.

_____ Service area boundaries or operating distribution system have changed since January 1, 1994. (Two copies of the revised map must be submitted with your annual report.)

KEN HYMER

Name

MAINT. SUPERVISOR

Title

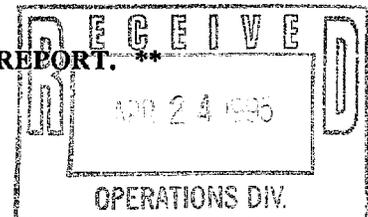
[Signature] 4/21/95

Signature/Date

622-5437 x2360

Phone

** PLEASE ENCLOSE THIS SHEET WITH YOUR ANNUAL REPORT. **



SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below).

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

DEVICE TYPE	<ol style="list-style-type: none">1. Pumpage measured by meter or other totalizer/recorder devices (use worksheet W-1)2. Pipeflow with pumpage calculated using electrical energy records (use worksheet W-2)3. Pipeflow with pumpage calculated using natural gas energy records (use worksheet W-3)4. Open channel flow with pumpage calculated using electrical energy records (use worksheet W-4)5. Open channel flow with pumpage calculated using natural gas energy records (use worksheet W-5)6. Pumpage calculated using hour meters (use worksheet W-6)
----------------	--

MEASURING DEVICE MALFUNCTION

Pursuant to A.C.R.R. R12-15-905, a measuring device that fails to perform for more than seventy two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. A Measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

Right #56- 000 35 2

Sm Provider Name _____

PART 2 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from total water used. Effluent and deliveries to irrigation rights or other service area rights are not included in the calculation.

- a) Total quantity of water used (from Part V of the Annual Report Provider Summary): 0 acre-feet
- b) Total metered and unmetered deliveries (Part 1c above): 0 acre-feet
- c) Lost and unaccounted for water (subtract Part 2b from 2a above): 0 acre-feet
- d) Percent of lost and unaccounted for water:

$$\frac{\text{lost and unaccounted for water (Part 2c)}}{\text{total used (Part 2a)}} \text{ AF} \div \text{AF} \times 100 = \text{Percent}$$

PART 3 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multifamily complex. Housing unit does not include a mobile home in an overnight or limited-stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility.

a) "Single family housing unit" means a detached dwelling, including permanently setup mobile homes not in mobile home parks.

Indicate net change in single family housing units (not service connections) in your service area between July 1, 1993 and July 1, 1994: 0 units

b) "Multifamily housing unit" means a mobile home in a mobile home park and any permanent housing unit having one or more common walls with another housing unit located in a multifamily residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or apartment complex.

Indicate net change in multifamily housing units (not service connections) in your service area between July 1, 1993 and July 1, 1994: 0 units

ARIZONA DEPARTMENT OF WATER RESOURCES
1994 ANNUAL WATER USE REPORT
SCHEDULE F-1
SMALL WATER PROVIDER

RIGHT NUMBER: 56-000 352
PROVIDER NAME: INTROSPECT HEALTHCARE
CONTACT PERSON: KEN HYMETR
PHONE NUMBER: 622-5437 x2360

Pursuant to Section 5-113 of the Second Management Plan (SMP) for the Tucson Active Management Area, small municipal water providers (those that supply 250 acre-feet/year or less) are required to supply the following information. Please contact the Tucson AMA at 628-6758 if assistance is needed.

PART 1 - DELIVERIES TO USER GROUPS

Please indicate the total quantity of water delivered (both metered and unmetered) to each of the following user groups for 1994.

a. Residential - include all uses of water related to service of residences (housing units) including both interior and exterior water uses. This should include deliveries to multi-family housing developments through master meters.

Metered _____ acre-feet
Unmetered _____ acre-feet
Total 0 acre-feet

b. Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (item d below). Do not include effluent or deliveries to irrigation rights or other service area rights.

Metered _____ acre-feet
Unmetered _____ acre-feet
Total 0 acre-feet

c. Total deliveries (add amounts in a and b above) 0 acre-feet

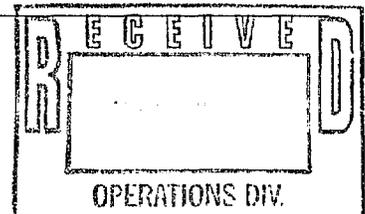
d. Turf-related facilities - include all water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use (item b above). Please note that a Schedule G-2 must be submitted for each turf-related facility receiving water from your system in 1994.

0 acre-feet

e. Total effluent deliveries (not included in per-capita or lost water calculations) 0 acre-feet

Unmetered deliveries must be calculated using a generally accepted method of estimating water use. Explain below how any unmetered deliveries were calculated:

(OVER)



1993 ANNUAL WATER WITHDRAWAL AND USE REPORT - PROVIDER SUMMARY

A 1
E 1
F 1
W1 1

OWNER OF GROUNDWATER RIGHT

TYPE OF RIGHT

INTROSPECT HEALTH CARE CORP.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745

MAR 29 1994

SERVICE AREA

RIGHT/PERMIT NO.

56-000352.0000

INPUT

REPORTING PARTY

INTROSPECT HEALTH CARE CORP.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745



TUCSON AMA (602) 628-6758

If any of the information preprinted on this report is incorrect, please make the necessary changes.

PART I GROUNDWATER WITHDRAWN

From Box 10, Schedule A attached

Complete this section only if you operate a non-exempt well.

3.15

ACRE-FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 10, Schedule D attached

ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached

ACRE-FEET

PART IV WATER DELIVERED TO INDIV USERS

From Schedule F1 or Schedule F2 attached

ACRE-FEET

PART V TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

ACRE-FEET

PART VI LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month

1) Enter number of months late (Maximum of 6)

2) Calculate Late Report Fee (\$25.00 X number of months late)

3) Calculate Late Payment Fee (10% X number of months late X withdrawal fee calculated in Part I above)

PART VII TOTAL FEES DUE

Add amounts from Parts I and VI

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1994. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1994.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED PURSUANT TO THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1994 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS § 45-632.L)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Cindy Crotinger
AUTHORIZED SIGNATURE

Plant Operations Director 3/25/94
TITLE DATE

Cindy Crotinger
PRINTED NAME

(602) 622-5437
TELEPHONE NUMBER

ARIZONA DEPARTMENT OF WATER RESOURCES

15 South 15th Avenue, Phoenix, Arizona 85007



FIFE SYMINGTON
Governor

RITA P. PEARSON
Director

January 15, 1994

Dear Groundwater Right Owner:

Enclosed are your Annual Water Withdrawal and Use Report forms for calendar year 1993. This report is for service area right holders and irrigation districts who withdraw groundwater from their own wells, who may receive water from others, and who may deliver water to other right holders or individual users. The Department has preprinted certain information from our records onto these forms. Please pay particular attention to schedules and worksheets. If any of the preprinted information is incorrect, please make the necessary changes. Please note that a separate annual report must be filed for each right you own or lease. Separate checks should be enclosed to cover the fees associated with each right and the right number should be written on the check.

The Groundwater Code requires that each person who owns a right to withdraw groundwater in an **Active Management Area** must file an annual report, even if no groundwater was used. Persons who did not withdraw water during 1993 are required to return the forms with zeros in the appropriate blanks.

Reports must be received by the Department or postmarked no later than March 31, 1994. The penalty for filing late is \$25.00 per month or part of a month that the report is late up to \$150.00. In addition, if you withdrew groundwater, and did not pay the fee on time or did not pay the proper fee, the penalty is 10% of the unpaid fee per month or part of a month that the fees are delinquent, up to a maximum of 60% of the unpaid balance.

If your water right has been sold, both the buyer and seller are responsible for notifying the Department of the conveyance. **The owner of the right as of December 31, 1993 is responsible for filing an annual report covering the entire calendar year.** Please contact your AMA office for conveyance forms and instructions.

We have tried to provide you with the proper forms according to information in our files. The law does specify, however, that failure to receive the proper forms does not relieve a person of the responsibility of keeping the required records or filing the required reports. You may want to copy this report for your records.

If you need help or have questions, contact your AMA office listed on the Summary page of your report.

Sincerely,

Herb Dishlip
Deputy Director
Water Management

OWNER

SCHEDULE E

INTROSPECT HEALTH CARE CORP.

WATER RECEIVED FROM OTHER SOURCES

RIGHT/PERMIT NO.

1993 ANNUAL REPORT

MAR 29 1994

56-000352.0000



PART I - WATER RECEIVED FROM PRIMARY IRRIGATION DISTRICTS

PRIMARY DISTRICT

Provider no.

57-

Your district user/
account number

Name of
Irrigation
district

Number of acres eligible
to receive surface water

TYPE OF WATER		ACRE-FEET RECEIVED
GROUNDWATER		
SURFACE WATER	Decreed/Appropriative	
	Normal Flow	
	Spillwater	
	CAP	

Total acre-feet water received

PART II - WATER RECEIVED FROM SECONDARY IRRIGATION DISTRICTS

SECONDARY DISTRICT

Provider no.

57-

Name

TYPE OF WATER		ACRE-FEET RECEIVED
EFFLUENT		
GROUNDWATER		

Total acre-feet water received

PART III - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55-000000	Meters (3)	11.1
CAP				
DECREED/APPROP. SURF. WTR.				
EFFLUENT				
TAILWATER				

Total acre-feet water received

Total acre-feet of received and diverted water (add amounts from PARTs I, II, and III.)
ENTER TOTAL ON PART III of Summary Page.

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already pre-printed on this form, please follow the directions below.

Irrigation Grandfathered Right Holders - Use Part I for all water received from an irrigation district. Spill water will not be charged to your flexibility account. If you have any questions regarding your flexibility account, contact DWR for more information.

Municipal Providers - Use Part I for the water received from an irrigation district, including CAP water from an irrigation district. Use Part III for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported. Other sources of water need to be reported on a supplemental schedule.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit. Other sources of water need to be reported on a supplemental schedule.

SCHEDULE A

REPORT OF GROUNDWATER WITHDRAWALS

ARIZONA DEPT. OF WATER RESOURCES

INSTRUCTIONS

If any information pre-printed on this form is incorrect, please make the needed corrections. For that information not already preprinted on this form, please follow the directions below.

Enter owner name and groundwater right number, if not already shown, in

Enter DWR well registration number and location of each well, if not already shown, in

Enter power company name, account number and meter number, if not already shown, in

Enter device type used to measure withdrawals, if not already shown, in (see list below).

If energy meter serves uses other than the well, indicate "Y" in ; if energy meter does not serve other uses (meter is dedicated to the well) indicate "N" in

Enter energy consumed by well and units of measure from appropriate worksheet in

If device types 2 through 6 are used, indicate the average discharge and divider or total hours from the appropriate worksheet in and

Enter total acre-feet of groundwater withdrawn for each well, as calculated on attached worksheets, in

Enter grand total acre-feet withdrawn in and in Part I of the Summary Page.

DEVICE
TYPE

1. Pumpage measured by meter or other totalizer/recorder devices (use worksheet W-1)
2. Pipeflow with pumpage calculated using electrical energy records (use worksheet W-2)
3. Pipeflow with pumpage calculated using natural gas energy records (use worksheet W-3)
4. Open channel flow with pumpage calculated using electrical energy records (use worksheet W-4)
5. Open channel flow with pumpage calculated using natural gas energy records (use worksheet W-5)
6. Pumpage calculated using hour meters (use worksheet W-6)

MEASURING DEVICE MALFUNCTION

Pursuant to A.C.R.R. R12-15-905, a measuring device that fails to perform for more than seventy two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. A Measuring Device Malfunction Report is available on request.

NOTE: A WORKSHEET MUST BE ATTACHED FOR EACH WELL FROM WHICH WATER WAS WITHDRAWN.

WORKSHEET W-1 1993

GROUNDWATER RIGHT/PERMIT NO. **56-000352.0000**

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS

5 INITIAL	6 ENDING	7 DIFFERENCE

WATER TOTALIZING METER READINGS

5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

1 DWR WELL REGISTRATION NO. LOCATION
 10 40 160
 Q Q Q Sec Twn Rng

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

2 TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

3 POWER CO. NAME ACCOUNT NO. POWER METER NO.
 Enter Total Energy Consumption in Column 6 of Schedule A ENERGY CONSUMPTION UNITS

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

4 DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP ? YES NO
 ENTER "Y" OR "N" IN COLUMN 5 OF SCHEDULE A

WATER TOTALIZING METER READINGS

5 INITIAL	6 ENDING	7 DIFFERENCE

WATER TOTALIZING METER READINGS

5 INITIAL	6 ENDING	7 DIFFERENCE

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

IF METER WAS REPLACED DURING THE YEAR, INDICATE BEGINNING AND ENDING READING FOR EACH METER IN THE BOXES ABOVE.

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

8 ACRE FEET 9 BREAKDOWN ESTIMATE
 Enter total Acre-feet Shown in 10 in Column 9 of Schedule A 10 TOTAL IN ACRE-FEET

**PUMPAGE MEASURED BY METER OR
OTHER TOTALIZER RECORDER DEVICES**

INSTRUCTIONS

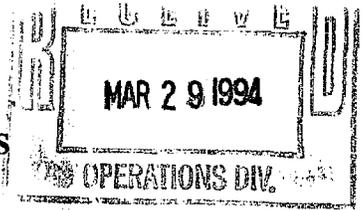
1. Enter DWR Well Registration No. & Location in 1 .
2. Enter type, make & model of measuring device used to measure flow in 2 .
If the measuring device is permanent, enter date installed or last overhauled.
3. Enter power company name, account number, meter number and total energy consumption in 3 . Indicate units as KWH, therms or other measurement.
4. Indicate whether the energy meter serves other uses in 4 .
5. Enter initial totalizer reading as of January 1, in 5 . If your meter reads in 10's, 100's, or 1000's of units, be sure to add the correct number of zeroes.
6. Enter ending reading as of December 31, in 6 . If the totalizer dial has rolled over during the year, enter the number 1 in front of the reading, if twice, a 2, etc.
7. Subtract reading in 5 from reading in 6 and enter the difference in 7 .
8. Convert the Total Amount Pumped to acre feet by using the appropriate conversion; enter the result in 8 .
 - If meter reads in gallons, divide 7 by 325,851
 - If meter reads in cubic feet, divide 7 by 43,560
 - If meter reads in acre-feet, no conversion is necessary
9. If your meter malfunctioned during the year, enter the estimate of withdrawals in acre-feet made during the out-of-service period in 9 .
10. Add 8 and 9 and enter result in 10 .

ENTER THE FOLLOWING ON SCHEDULE A OR PART I OF SCHEDULE A-ISR

<u>WORKSHEET</u>	<u>SCHEDULE A</u>
Item 1	- DWR Well Reg No. & Location in Col <input type="text"/> 2 <input type="text"/> , if not already shown.
Item 3	- Power Co. Name, Acct. No. and Meter No. in Col <input type="text"/> 3 <input type="text"/> and Total Energy Consumption in Col <input type="text"/> 6 <input type="text"/> .
Item 4	- Meter Serves other uses "Y" or "N" in Col <input type="text"/> 5 <input type="text"/> .
Item 10	- Groundwater withdrawn in Col <input type="text"/> 9 <input type="text"/> .

THIS WORKSHEET MUST BE SUBMITTED WITH SCHEDULE A OR A-ISR.

ARIZONA DEPARTMENT OF WATER RESOURCES



1993 SERVICE AREA MAP UPDATE

Provider Name: Introspect Health Care

Provider Number: 56-000 352

According to A.R.S. § 45-498 of the Arizona Groundwater Management Act, each city, town, private water company and irrigation district within an Active Management Area is required to maintain an accurate and current map delineating its service area and water distribution system.

If your service area boundaries or operating distribution system have not changed since January 1, 1993, indicate this below. If your service area boundaries or operating distribution system have changed since January 1, 1993, indicate this below and submit two copies of your revised service area map with your 1993 Annual Water Withdrawal and Use Report no later than March 31, 1994. A duplicate copy of the service area map submitted to the Department shall be kept on file at your offices.

Maps must be drawn at a scale of 1:31,680 (2 inches to the mile) or larger and must contain all of the elements listed below:

1. The principal features of the operating distribution system including wells, water treatment plants, pumping stations, reservoirs and storage tanks, canals and water mains of a diameter greater than or equal to four (4) inches.
2. The diameter and linear miles of the mains and the capacity of other features of the operating distribution system.
3. The location and names of major streets which carry traffic through and around the service area.
4. Notations of the legal description of the area covered by the service area map. Such notations should include on the borders of the map the townships and ranges covered by the map. Within the body of the map indicate the sections covered by the map.
5. Each map must be signed and dated by an authorized representative.

Service area boundaries and operating distribution system have not changed since January 1, 1993.

Service area boundaries or operating distribution system have changed since January 1, 1993. (Two copies of the revised map must be submitted with your annual report.)

Candy Crotinger
Name

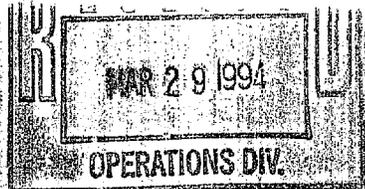
Plant Operations Director
Title

Candy Crotinger 3/25/94
Signature/Date

(602) 622-5437
Phone

**** PLEASE ENCLOSE THIS SHEET WITH YOUR ANNUAL REPORT. ****

ARIZONA DEPARTMENT OF WATER RESOURCES



CALENDAR YEAR 1993
 ANNUAL WATER USE REPORT
 SCHEDULE F-1
 SMALL WATER PROVIDERS

WATER PROVIDER NUMBER: 56-000 352
 PROVIDER NAME: Introspect Health Care Corp.
 CONTACT PERSON: Cindy Crotinger
 PHONE NUMBER: (602) 770-2330

Pursuant to section 5-113 of the Second Management Plan for the Tucson Active Management Area, small water providers are required to supply the following information. Please contact the Tucson AMA at 628-6758 if assistance is needed.

PART 1 - HOUSING UNITS SERVED

A housing unit means a group of rooms or a single room occupied as separate living quarters. Housing unit includes a single family home, a patio home, a townhouse, a condominium, an apartment, a permanently setup mobile home or a unit in a multifamily complex. Housing unit does not include a mobile home in an overnight or limited-stay mobile home park or a unit in a campground, motel, hotel, or other temporary lodging facility. A housing unit may be occupied by a family, a family and unrelated persons living together, two or more unrelated persons living together, or by one person.

a) "Single family housing unit" means a detached dwelling, including permanently setup mobile homes not in mobile home parks.

Total single family housing units (not service connections) as of July 1, 1990 0 units
 Single family housing units (not service connections) as of July 1, 1992: 0 units
 Single family housing units (not service connections) added to your service area between July 1, 1992 and July 1, 1993: — units
 Total single family housing units (not service connections) as of July 1, 1993: 0 units

b) "Multifamily housing unit" means a mobile home in a mobile home park and any permanent housing unit having one or more common walls with another housing unit located in a multifamily residential structure, and includes a unit in a duplex, triplex, fourplex, condominium development, townhome development or apartment complex.

Total multifamily housing units (not service connections) as of July 1, 1990 3 units
 Multifamily housing units (not service connections) as of July 1, 1992: 3 units
 Multifamily housing units (not service connections) added to your service area between July 1, 1992 and July 1, 1993: — units
 Total multifamily housing units (not service connections) as of July 1, 1993: 3 units

PART 2 - DELIVERIES TO USER GROUPS

Please indicate the total quantity of water delivered (both metered and unmetered) to each of the following user groups for calendar year 1993.

Unmetered deliveries must be calculated using a generally accepted method of estimating water use. Explain below how any unmetered deliveries were calculated:

a. Residential - include all uses of water related to service of residences (housing units) including both interior and exterior water uses. This should include deliveries to multi-family housing developments through master meters.

Metered 0 acre-feet
Unmetered 0 acre-feet
Total 0 acre-feet

b. Non-residential - include all water delivered for purposes other than residential, including turf-related facilities (item d below). Do not include effluent deliveries, deliveries to irrigation rights or deliveries to other service areas.

Metered _____ acre-feet
Unmetered _____ acre-feet
Total 0 acre-feet

c. Total deliveries (add amounts in a and b above) 0 acre-feet

d. Turf-related facilities - include all water delivered to facilities with ten or more acres of turf. These deliveries should be included in non-residential use (item b above). Please note that a Schedule G-2 must be submitted for each turf-related facility receiving water from your system in 1993.

 0 acre-feet

e. Total effluent deliveries (not included in per capita calculation) 0 acre-feet

PART 3 - LOST AND UNACCOUNTED FOR WATER

Lost and unaccounted for water is calculated by subtracting total deliveries from withdrawn and received water. Effluent and deliveries to irrigation rights or service area rights are not included in the calculation.

a) Total quantity of water used (from Part V of the Annual Report Provider Summary): 0 acre-feet

b) Total metered and unmetered deliveries (from Part 2c above): 0 acre-feet

c) Lost and unaccounted for water (subtract Part 3b from 3a above): 0 acre-feet

d) Percent of lost and unaccounted for water:

$$\frac{\text{lost and unaccounted for water (Part 3c)}}{\text{total used (Part 3a)}} \text{ AF} \div \text{AF} \times 100 = \text{Percent}$$

1992 ANNUAL WATER WITHDRAWAL AND USE REPORT SUMMARY PAGE

ARIZONA DEPARTMENT OF WATER RESOURCES

15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-542-1581

DWR-AR-1-92

AMA TUCSON

PART I GROUNDWATER WITHDRAWN

From Line 10, Schedule A attached

Complete this section only if you operate a non-exempt well. If not, go to Part III below.

0
ACRE-FEET

X

3.00
Withdrawal
Fee

=

\$

PART II WATER DELIVERED TO OTHER RIGHTS

From Line 10, Schedule D attached

0
ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Part 1, 2 and 3, Schedule E attached

4.3
ACRE-FEET

PART IV TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

0
ACRE-FEET

PART V LATE FEES

Complete if filing after March 31. Note: A portion of a month after March 31 is counted as a full month

1) Enter number of months late _____ (Maximum of 6)

2) Calculate Late Report Fee _____
(\$25.00 x number of months late)

3) Calculate Late Payment Fee _____
(10% x number of months late x withdrawal fee from Part I above)

TOTAL FEES DUE (add amounts in this column _____)

GROUNDWATER RIGHT DESCRIPTION AND NUMBER

TYPE OF RIGHT

RIGHT/PERMIT NO.

SERVICE AREA

56-000 352.0000

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1993. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1993.

THIS REPORT MUST BE FILED EVEN IF NO WATER WAS USED ON THIS RIGHT.

REPORTS FILED AFTER MARCH 31, 1993 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS §45-632K)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Cindy Crotinger Plant Operations Dir. 3-3-93
AUTHORIZED SIGNATURE TITLE DATE
Cindy Crotinger (602) 770-2330
PRINTED NAME TELEPHONE NUMBER

OWNER OF GROUNDWATER RIGHT

**INTROSPECT HEALTH CARE CORP.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745**

REPORTING PARTY

56-000 352.0000

**INTROSPECT HEALTH CARE CORP.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745**

MAR 4 1993

If any of the information preprinted on this report is incorrect, please make the necessary changes.

A (1) E (1) F (1)
W (1)

ORIGINAL, RETURN TO ADWR

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES AMA - TUCSON

ARIZONA DEPT. OF
WATER RESOURCES
DWR-AR-6-92

INSTRUCTIONS

Irrigation Grandfathered Right Holders - Use Part 1 for all water received from an irrigation district. Spill water will not be charged to your flexibility account. The amount of effluent and surface water charged to your flexibility account may differ from the amounts actually received. Contact DWR for more information.

Municipal Providers - Use Part 1 for the water received from an irrigation district, including CAP water from an irrigation district. Use Part 3 for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit.

GROUNDWATER RIGHT/PERMIT NO.
56-000352-0000

OWNER
INTROSPECT HEALTH CARE CORP.

PART 1 - WATER RECEIVED FROM IRRIGATION DISTRICTS

PRIMARY DISTRICT	TYPE OF WATER	ACRE-FEET RECEIVED	
Provider no. 57 - _____	SURFACE WATER		
Name of irrigation district _____			Decreed/Appropriative
Your district user/account number _____			Normal Flow
Number of acres eligible to receive surface water _____			Spillwater
			CAP

PART 2

SECONDARY DISTRICT	EFFLUENT	ACRE-FEET RECEIVED
Provider no. 57 - _____	GROUNDWATER	
Name _____		

PART 3 - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE-FEET RECEIVED
GROUNDWATER	56-000001.0000	55- Tucson Water	Meter	4.3
		55-		
		55-		
		55-		
CAP				
DECREEED/APPROP. SURF. WTR				
EFFLUENT				
TAILWATER				

Total acre-feet of received and diverted water
(add amounts from PARTS 1, 2, and 3.
ENTER TOTAL ON PART III of Summary Page.

4.3

ORIGINAL, RETURN TO ADWR

MAR 4 1993

WORKSHEET W-1

DWR-AR-9-89

READ INSTRUCTIONS CAREFULLY

1. Enter DWR Well Registration No. & Location.

DWR WELL REGISTRATION NO.	LOCATION		
	Q	Q	Q
	Sec	Twn	Rng

2. Enter type, make & model of measuring device used to measure flow. If measuring device is permanent, enter date installed or last overhauled.

TYPE OF MEASURING DEVICE	MAKE
MODEL	SIZE
UNITS MEASURED	INSTALLATION OR OVERHAUL DATE

3. Enter Power Co. Name, Account No., Meter No. and total energy consumption. Indicate units as KWH, therms or other measurement.

POWER CO. NAME	ACCOUNT NO.	POWER METER NO.
ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A		ENERGY CONSUMPTION UNITS

4. Does Energy Meter serve uses other than the well pump? YES NO
Enter "Y" or "N" in column 7 of Schedule A

5. Enter water reading as of January 1, in ⑤. If your meter reads in 10s, 100s, or 1000s of units, be sure to add the correct number of zeros.

6. Enter ending reading as of December 31, in ⑥. If the totalizer dial has rolled over during the year, enter the number 1 in front of the reading, if twice, a 2, etc.

7. Subtract reading in ⑤ from reading in ⑥ and enter the difference in ⑦.

WATER TOTALIZING METER READINGS		
⑤ INITIAL	⑥ ENDING	⑦ DIFFERENCE

If meter was replaced during the year, indicate beginning and ending reading for each meter.

8. Convert the Total Amount Pumped to acre feet by using the appropriate conversion.

- If meter reads in gallons, divide ⑦ by 325,851 and enter the result below.
- If meter reads in cubic feet, divide ⑦ by 43,560 and enter the result below.
- If meter reads in acre-feet, no conversion is necessary.

ACRE FEET	
-----------	--

9. If your meter malfunctioned during the year, enter the estimate of withdrawals in acre-feet made during the out-of-service period, as indicated on Meter Malfunction report.

BREAKDOWN ESTIMATE	
--------------------	--

10. Add ⑧ and ⑨ and enter result below and in column 4 of Schedule A for each well measured.

TOTAL IN ACRE-FEET	
--------------------	--

MAR 4 1993
THIS WORKSHEET MUST BE SUBMITTED WITH SCHEDULE A

ORIGINAL, RETURN TO ADWR

1991 ANNUAL WATER WITHDRAWAL AND USE REPORT SUMMARY PAGE

AMA TUCSON

ARIZONA DEPARTMENT OF WATER RESOURCES

15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-542-1581



GROUNDWATER RIGHT DESCRIPTION AND NUMBER

TYPE OF RIGHT

SERVICE AREA

RIGHT/PERMIT NO.

56-000352.0000

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1992. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1992.

This report must be filed even if no water was used on this right.

REPORTS FILED AFTER MARCH 31, 1992 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS §45-632K)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

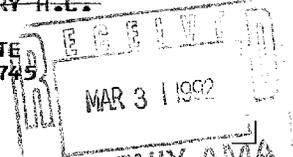
X Cindy Crotinger Plant Operations Director 3/27/92
AUTHORIZED SIGNATURE TITLE DATE

CINDY CROTINGER (602) 770-2330
PRINTED NAME TELEPHONE NUMBER

OWNER OF GROUNDWATER RIGHT INTROSPECT HEALTH CARE CORP.
~~DIVERSIFICATION CENTURY H.C.~~ dba Desert Hills
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745

REPORTING PARTY 56-000352.0000

Introspect Healthcare Corp. dba Desert Hills
~~DIVERSIFICATION CENTURY H.C.~~
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745



If any of the information preprinted on this report is incorrect, please make the necessary changes.

A (1) E (1) F (1)
W (1)

ORIGINAL RETURN TO ADWR

PART I GROUNDWATER WITHDRAWN

From Line 10, Schedule A attached

Complete this section only if you operate a non-exempt well. If not, go to Part III below.

0 ACRE-FEET X 2.90 Withdrawal Fee = \$ 0

PART II WATER DELIVERED TO OTHER RIGHTS

From Line 9, Schedule D attached

0 ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

From Line 8, Schedule E attached

00003.13 ACRE-FEET

PART IV TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

00003.13 ACRE-FEET X Water Quality Assurance Fee = \$ 0

PART V LATE FEES

Complete if filing after March 31

1) Enter number of months late

Note: A portion of a month after March 31 is accounted for as a full month

2) Calculate Late Report Fee _____ \$ —
(\$25.00 x number of months late)

3) Calculate Late Payment Fee _____ \$ —
(10% per month of the withdrawal fee calculated in Part I above)

TOTAL FEES DUE (add amounts in this column) _____ \$ —0—

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES AMA - TUCSON

ARIZONA DEPT. OF
WATER RESOURCES
DWR-AR-6-91

INSTRUCTIONS

Irrigation Grandfathered Right Holders - Use Part A for all water received from an irrigation district. Spill water will not be charged to your flexibility account. The amount of effluent and surface water charged to your flexibility account may differ from the amounts actually received. Contact DWR for more information.

Municipal Providers - Use Part A for the water received from an irrigation district, including CAP water from an irrigation district. Use Part B for CAP water received from CAWCD or from another municipal provider. Spill water and effluent will not be used to determine compliance with your GPCD target.

Type 1 Rights - Do not report sources other than groundwater. If you receive groundwater from a source other than an irrigation district, the amount of water received from each well must be reported.

Type 2 Rights and Groundwater Withdrawal Permits - Do not report sources other than groundwater. The amount of groundwater received from each well must be reported. Any well used must be reported. Any well used must be listed on your Type 2 certificate or groundwater withdrawal permit.

GROUNDWATER RIGHT/PERMIT NO.
56-000352.0000

OWNER
INTROSPECT HEALTHCARE CORP. dba Desert Hills
~~DIVERSIFICATION CENTURY TRUST~~

PART A - WATER RECEIVED FROM IRRIGATION DISTRICTS

PRIMARY DISTRICT	TYPE OF WATER		ACRE FEET RECEIVED
Provider no. 57 - _____	GROUNDWATER		
Name of irrigation district _____	SURFACE WATER	Decreed/Appropriative	
Your district user/account number _____		Normal Flow	
Number of acres eligible to receive surface water _____		Spillwater	
		CAP	
SECONDARY DISTRICT	EFFLUENT		
Provider no. 57 - _____	GROUNDWATER		
Name _____			

PART B - WATER RECEIVED OR DIVERTED FROM SOURCES OTHER THAN IRRIGATION DISTRICTS

TYPE OF WATER	RIGHT NO. SUPPLYING WATER	DWR WELL NUMBER	HOW MEASURED OR ESTIMATED	ACRE FEET RECEIVED
GROUNDWATER	56-000001.0000	55- Tucson Water	Meter	3.13
		55-		
		55-		
		55-		
		55-		
CAP				
DECREEED/APPROP. SURF. WTR				
EFFLUENT				
TAILWATER				

Total acre-feet of received and diverted water
(add amounts from PARTs A and B)
ENTER TOTAL ON PART III of Summary Page.

3.13

ORIGINAL, RETURN TO ADWR

WORKSHEET W-1

DWR-AR-9-89

READ INSTRUCTIONS CAREFULLY

1. Enter DWR Well Registration No. & Location.

DWR WELL REGISTRATION NO.	LOCATION					
	Q	Q	Q	Sec	Twn	Rng

2. Enter type, make & model of measuring device used to measure flow. If measuring device is permanent, enter date installed or last overhauled.

TYPE OF MEASURING DEVICE	MAKE
MODEL	SIZE
UNITS MEASURED	INSTALLATION OR OVERHAUL DATE

3. Enter Power Co. Name, Account No., Meter No. and total energy consumption. Indicate units as KWH, therms or other measurement.

POWER CO. NAME	ACCOUNT NO.	POWER METER NO.
ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A		ENERGY CONSUMPTION UNITS

4. Does Energy Meter serve uses other than the well pump? YES NO
Enter "Y" or "N" in column 7 of Schedule A

5. Enter water reading as of January 1, in ⑤. If your meter reads in 10s, 100s, or 1000s of units, be sure to add the correct number of zeros.

6. Enter ending reading as of December 31, in ⑥. If the totalizer dial has rolled over during the year, enter the number 1 in front of the reading, if twice, a 2, etc.

7. Subtract reading in ⑤ from reading in ⑥ and enter the difference in ⑦.

WATER TOTALIZING METER READINGS		
⑤ INITIAL	⑥ ENDING	⑦ DIFFERENCE

If meter was replaced during the year, indicate beginning and ending reading for each meter.

8. Convert the Total Amount Pumped to acre feet by using the appropriate conversion.

- If meter reads in gallons, divide ⑦ by 325,851 and enter the result below.
- If meter reads in cubic feet, divide ⑦ by 43,560 and enter the result below.
- If meter reads in acre-feet, no conversion is necessary.

ACRE FEET	
-----------	--

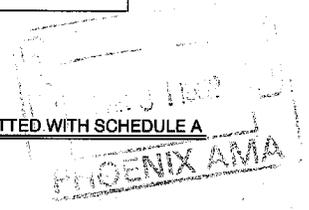
9. If your meter malfunctioned during the year, enter the estimate of withdrawals in acre-feet made during the out-of-service period, as indicated on Meter Malfunction report.

BREAKDOWN ESTIMATE	
--------------------	--

10. Add ⑧ and ⑨ and enter result below and in column 4 of Schedule A for each well measured.

TOTAL IN ACRE-FEET	
--------------------	--

THIS WORKSHEET MUST BE SUBMITTED WITH SCHEDULE A



ORIGINAL RETURN TO ADWR

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

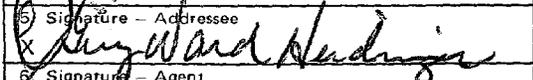
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. 55 000352 0000
DIVERSIFICATION
CENTURY HEALTH CARE
C/O BUD SIMMONS
5245 N CAMINO DE OESTE
TUCSON AZ 85745

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	852 689 913 P 475 385 852

Always obtain signature of addressee or agent and **PAID DELIVERED.**

5. Signature - Addressee
X 

6. Signature - Agent
 X

7. Date of Delivery
 12 - 28 - 89

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

RETURN RECEIPT
SMP NOTICING



June 26, 1989

ARIZONA
DEPARTMENT
OF WATER
RESOURCES

Rose Mofford, Governor
N. W. Plummer
Director

Div-Cent Health Care
c/o Bud Simmons
5245 N. Camino De Oeste
Tucson, AZ 85745

15 South 15th Avenue
Phoenix, Arizona 85007

Dear Rightholder:

The 1988 Annual Groundwater Withdrawal and Use Report for the right number 56-000352.0000 was filed after statutory March 31, 1989 deadline. The penalty for not filing the report on time under A.R.S. §45-632, subsection K, is \$25.00 each month, or portion of a month. The total penalty shall not exceed One Hundred Fifty Dollars.

The penalties for the Right Number 56-000352.0000 have been assessed as follows:

\$25.00 per month late filing fee	
x 3 months	\$75.00
Total	\$75.00

Please send your check in the amount of \$75.00 to this office by June 30, 1989. Be sure to write the groundwater right number on the face of the check to assure proper credits. If you need any assistance, please call Al Ramsey at (602) 542-1581.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard A. Gessner", written over a horizontal line.

Richard A. Gessner
Chief, Operations Division

AMA Tucson

RECEIVED

1991 ANNUAL WATER WITHDRAWAL AND USE REPORT SUMMARY PAGE

ARIZONA DEPARTMENT OF WATER RESOURCES

15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-542-1581

DWR-AR-1-90

AMA Tucson

GROUNDWATER RIGHT DESCRIPTION AND NUMBER	
TYPE OF RIGHT <u>service area</u>	RIGHT/PERMIT NO. <u>56-000352-0000</u>
AMENDED <i>meas 4/4/91</i>	

PART I GROUNDWATER WITHDRAWN

From Line 10, Schedule A attached

Complete this section only if you operate a non-exempt well. If not, go to Part III below.

<u>0</u>	x	<u>2.00</u>	=	\$ <u>0</u>
ACRE-FEET		Withdrawal Fee		

PART II WATER DELIVERED TO OTHER RIGHTS

From Line 9, Schedule D attached

<u>0</u>	ACRE-FEET
----------	-----------

PART III WATER RECEIVED FROM OTHER RIGHTS

From Line 8, Schedule E, or Line 5 Schedule E-1 attached

<u>3.3</u>	ACRE-FEET
------------	-----------

PART IV TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

<u>3.3</u>	ACRE-FEET
------------	-----------

PART V LATE FEES

Complete if filing after March 31

1) Enter number of months late

Note: A portion of a month after March 31 is accounted for as a full month

2) Calculate Late Report Fee _____
(\$25.00 x number of months late)

\$ —

3) Calculate Late Payment Fee _____
(10% per month of the withdrawal fee calculated in Part I above)

\$ —

TOTAL FEES DUE (add amounts in this column) _____

\$ 0

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1991. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1991.

This report must be filed even if no water was used on this right.

REPORTS FILED AFTER MARCH 31, 1991 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS §45-632K)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Cindy Crotinger Plant Operations Div 4/10/91
AUTHORIZED SIGNATURE TITLE DATE
Cindy Crotinger (602) 622-5431
PRINTED NAME TELEPHONE NUMBER

OWNER OF GROUNDWATER RIGHT

Diversification Century H.C.
5245 N. Camino de Oeste
Tucson, AZ 85745

REPORTING PARTY

Diversification Century H.C.
% Cindy Crotinger
5245 N. Camino de Oeste
Tucson, AZ 85745

If any of the information preprinted on this report is incorrect, please make the necessary changes.

ORIGINAL

SCHEDULE E-1

WATER RECEIVED FROM OTHER SOURCES

RECEIVED

APR 18 1991

ARIZONA DEPT. OF
WATER RESOURCES
DWR-AR-3-90

MUNICIPAL PROVIDERS AND INDIVIDUAL USERS

INSTRUCTIONS

Enter in ① Groundwater Right No. receiving water from other sources and the owner's name.
 Enter in ② the Right No. delivering the Groundwater, the DWR well Registration No. for the well delivering water, how the water was measured or estimated and the acre-feet received. If you do not know the registration no., contact DWR for this information.
 Enter in ③ & ④ the name of the entity delivering the surface water, the type of surface water received, how the water was measured or estimated, and the acre-feet received.
 Enter in ⑥ + ⑦ according to each water type, the entity delivering the water, how the water was measured or estimated and the acre-feet received.

① GROUNDWATER RIGHT NO.
56-000352.0000

① OWNER
Diversification Century H.C.

② GROUNDWATER RECEIVED				⑥ SPILL WATER RECEIVED		
Delivered By:	DWR Well Reg. No.	How Meas'd or Est'd	Acre-Feet Rec'd	Delivered By:	How Meas'd or Est'd	Acre-Feet Rec'd
56-000001	Tucson Water		3.3			
TOTAL ACRE-FEET RECEIVED			3.3	TOTAL ACRE-FEET RECEIVED		
③ SURFACE WATER RECEIVED				TOTAL ACRE-FEET RECEIVED		
Delivered By:	Type of Right	How Meas'd or Est'd	Acre-Feet Rec'd			
				⑦ EFFLUENT RECEIVED		
TOTAL ACRE-FEET RECEIVED			0	Delivered By:	How Meas'd or Est'd	Acre-Feet Rec'd
④ CAP WATER RECEIVED				TOTAL ACRE-FEET RECEIVED		
Delivered By:	How Meas'd or Est'd	Acre-Feet Rec'd				
TOTAL ACRE-FEET RECEIVED			0	TOTAL ACRE-FEET OF SPILL WATER or EFFLUENT RECEIVED (⑥ + ⑦)		
⑤ TOTAL ACRE-FEET OF WATER RECEIVED (② + ③ + ④)				0		
			3.3	Total Spill or Effluent received are NOT applied to the GPCD calculations.		

Enter Total Acre-Feet of Water received in Part III On Summary Page

ORIGINAL

1990 ANNUAL WATER WITHDRAWAL AND USE REPORT SUMMARY PAGE

MAR 29 1991

ARIZONA DEPARTMENT OF WATER RESOURCES

15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-542-1581

INPUT

DWR-AR-1-90

AMA TUCSON

GROUNDWATER RIGHT DESCRIPTION AND NUMBER	
TYPE OF RIGHT SERVICE AREA	RIGHT/PERMIT NO. 56-000352.0000

PART I GROUNDWATER WITHDRAWN	
From Line 10, Schedule A attached	
Complete this section only if you operate a non-exempt well. If not, go to Part III below.	
<input type="text" value="0"/> ACRE-FEET	x 2.00 Withdrawal Fee = \$ <input type="text" value="0"/>
PART II WATER DELIVERED TO OTHER RIGHTS	
From Line 9, Schedule D attached	
<input type="text" value="0"/> ACRE-FEET	
PART III WATER RECEIVED FROM OTHER RIGHTS	
From Line 8, Schedule E, or Line 5 Schedule E-1 attached	
<input type="text" value="0"/> ACRE-FEET	
PART IV TOTAL WATER USED BY THIS RIGHT	
Calculate as follows: Part I + Part III - Part II	
<input type="text" value="0"/> ACRE-FEET	
PART V LATE FEES	
Complete if filing after March 31	
1) Enter number of months late <input type="checkbox"/>	
Note: A portion of a month after March 31 is accounted for as a full month	
2) Calculate Late Report Fee _____	\$ <input type="text" value="0"/>
((\$25.00 x number of months late)	
3) Calculate Late Payment Fee _____	\$ <input type="text" value="0"/>
(10% per month of the withdrawal fee calculated in Part I above)	
TOTAL FEES DUE (add amounts in this column) _____	\$ <input type="text" value="0"/>

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1991. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1991.

This report must be filed even if no water was used on this right.

REPORTS FILED AFTER MARCH 31, 1991 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS §45-632K)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

x Cindy Crotinger Plant Operations Div. 3/28/91
AUTHORIZED SIGNATURE TITLE DATE
Cindy Crotinger (602) 770-2330
PRINTED NAME TELEPHONE NUMBER

OWNER OF GROUNDWATER RIGHT
DIVERSIFICATION CENTURY H.C.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745

REPORTING PARTY **56-000352.0000**

DIVERSIFICATION CENTURY H.C.
C/O CINDY CROTINGER
5245 N. CAMINO DE OESTE
TUCSON AZ 85745

If any of the information preprinted on this report is incorrect, please make the necessary changes.

A(1)E(1)F(1)
 W(1)

ORIGINAL

19 ANNUAL WATER WITHDRAWAL AND USE REPORT SUMMARY PAGE

AMA TUCSON

ARIZONA DEPARTMENT OF WATER RESOURCES

15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-542-1581

INPUT

RECEIVED APR 2 1990

DWR-AR-1-89

GROUNDWATER RIGHT DESCRIPTION AND NUMBER

TYPE OF RIGHT

RIGHT/PERMIT NO.

SERVICE AREA

56-000352.0000

GENERAL LOCATION:

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1990. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1990.

This report must be filed even if no water was used on this right.

REPORTS FILED AFTER MARCH 31, 1990 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS §45-632K)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Cindy Crotnager Part Operations Divn 3/30/90
AUTHORIZED SIGNATURE TITLE DATE

Cindy CROTNAGER
PRINTED NAME

(602) 743-7400
TELEPHONE NUMBER

OWNER OF GROUNDWATER RIGHT
DIVERSIFICATION
C/O BUD SIMMONS
5245 N CAMINO DE OESTE
TUCSON AZ 85745

REPORTING PARTY 56-000352.0000

DIVERSIFICATION
C/O BUD SIMMONS
5245 N CAMINO DE OESTE
TUCSON AZ 85745



If any of the information preprinted on this report is incorrect, please make the necessary changes.

A(1) E(1) F(1)
W(1)

ORIGINAL

PART I GROUNDWATER WITHDRAWN

From Line 10, Schedule A attached

Complete this section only if you operate a non-exempt well. If not, go to Part III below.

 ACRE-FEET X 1.50 = \$
Withdrawal Fee

PART II WATER DELIVERED TO OTHER RIGHTS

From Line 9, Schedule D attached

 ACRE-FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

From Line 8, Schedule E attached

2.7 ACRE-FEET

PART IV TOTAL WATER USED BY THIS RIGHT

Calculate as follows: Part I + Part III - Part II

 ACRE-FEET

PART V LATE FEES

Complete if filing after March 31

1) Enter number of months late

Note: A portion of a month after March 31 is accounted for as a full month

2) Calculate Late Report Fee _____ \$ _____
(\$25.00 x number of months late)

3) Calculate Late Payment Fee _____ \$ _____
(10% per month of the withdrawal fee calculated in Part I above)

TOTAL FEES DUE (add amounts in this column) _____ \$ _____

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES AMA - TUCSON

RECEIVED APR 2 1990

ARIZONA DEPT. OF
WATER RESOURCES
DWR-AR-6-89

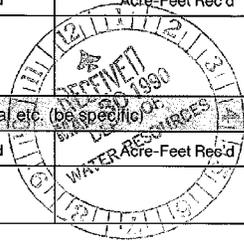
INSTRUCTIONS

Enter Groundwater Right No. which received groundwater from other sources and the Owner's Name of this Right No. in ①
Enter the Right No. of the person delivering the water, the DWR well registration number of the well delivering water, how measured or estimated and the acre feet received in ②. If you do not know the registration number, contact DWR for this information. Do not include irrigation district wells.
Enter in ③ the name of the irrigation district, the provider number of the district, your district user/account number, the acreage eligible to receive surface water and the amount of each type of water received
Enter in items ④ through ⑦ the information requested in those sections.
Add the total annual acre feet received from items ② through ⑦ to obtain the total water received from other sources, and enter in Item ⑧
Enter annual total acre feet of received and diverted water from ⑧ in PART III on Summary Page.

① GROUNDWATER RIGHT NO.
56-000352.0000

① OWNER
DIVERSIFICATION

② GROUNDWATER RECEIVED FROM OTHER THAN IRRIGATION DISTRICTS				④ TAILWATER - Do not include pumpback water from your own farm.		
Right No. Supplying Water	DWR Well Reg. No.	How Meas'd or Est'd	Acre-Feet Rec'd	Source	How Meas'd or Est'd	Acre-Feet Rec'd
56-000001.0000						
TOTAL ACRE-FEET RECEIVED						
③ WATER RECEIVED FROM AN IRRIGATION DISTRICT				⑤ EFFLUENT - Do not include irrigation district deliveries		
Name of Irrigation district <u>City of Tucson</u> Provider No. 57- _____				Source		
Your district user/account number <u>106050112</u>				How Meas'd or Est'd		
Acreage eligible to receive surface water <u>25</u> Acres				Acre-Feet Rec'd		
Type of Water	Acre-Feet Received					
GROUNDWATER _____						
SURFACE WATER						
Decreed and appropriative _____						
Normal Flow _____						
Spill or Free _____						
CAP _____						
OTHER WATER						
Effluent _____	<u>2.7</u>					
TOTAL ACRE-FEET FROM AN IRRIGATION DISTRICT						
				⑥ SURFACE WATER diverted by you - Do not include irrigation district deliveries		
				Source		
				How Meas'd or Est'd		
				Acre-Feet Rec'd		
				⑦ OTHER - Such as Co-ops, associations, municipal, etc. (be specific)		
				Source		
				How Meas'd or Est'd		
				Acre-Feet Rec'd		
				Entity Name _____		
				Provider Number _____		
				⑧ TOTAL ACRE-FEET OF RECEIVED AND DIVERTED WATER		
				Enter Total Acre-Feet of Received and Diverted Water In PART III On Summary Page		



ORIGINAL

WR1100 ARIZONA DEPARTMENT OF WATER RESOURCES TODAYS DATE 06/26/89
NEXT SCREEN: WATER PROVIDERS

56 000352 0000
WATER PROVIDER # 56 000352 0000 CALENDAR YEAR: 1988
ACTIVE - ACTIVE STATUS DATE: 01/01/85
NAMES(S) MAILING ADDRESS
DIVERSIFICATION C/O BUD SIMMONS
AND CENTURY HEALTH CARE 5245 N CAMINO DE OFSTE
AND TUCSON AZ 85745
AND TELE:

AMA: TUCSON SUB BASIN: UPPER SANTA CRUZ

POPULATION SERVED: 0 TARGET PER CAPITA RATE: .00
CALCULATED PER CAPITA RATE: .00 USER CATEGORY:

CERTIFICATE OF CONVENIENCE NECESSITY:

SERVICE AREA MAP DATE: 00/00/00

1988 ANNUAL WATER WITHDRAWAL AND USE REPORT SUMMARY PAGE

ARIZONA DEPARTMENT OF WATER RESOURCES
15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-542-1581

DWR-AR-1-88

AMA TULSON

GROUNDWATER RIGHT DESCRIPTION AND NUMBER	
TYPE OF RIGHT <u>Service Area</u>	RIGHT/PERMIT NO. <u>86-000352</u>
RECEIVED JUN 13 1989	

PART I GROUNDWATER WITHDRAWN	
From Line 10, Schedule A attached	
Complete this section only if you operate a non-exempt well. If not, go to Part III below.	
<u>7</u> ACRE-FEET	X <u>1.50</u> Withdrawal Fee = \$ <u>10.50</u>
PART II GROUNDWATER DELIVERED TO OTHER RIGHTS	
From Line 9, Schedule D attached	
<u>0</u> ACRE-FEET	<i>No water wtd</i>
PART III WATER RECEIVED FROM OTHER RIGHTS	
From Line 8, Schedule E attached	
<u>3.40</u> ACRE-FEET	<i>Rec ched # 3460</i>
PART IV TOTAL WATER USED BY THIS RIGHT	
Calculate as follows: Part I + Part III - Part II	
<u>3.40</u> ACRE-FEET	<i>for \$ 85.00</i>
PART V LATE FEES	
Complete if filing after March 31	
1) Enter number of months late <u>3</u> Note: A portion of a month after March 31 is accounted for as a full month	
2) Calculate Late Report Fee (\$25.00 x number of months late)	\$ <u>75.00</u>
3) Calculate Late Payment Fee (10% per month of the withdrawal fee calculated in Part I above)	\$ <u>0.00</u>
TOTAL FEES DUE (add amounts in this column)	\$ <u>75.00</u>

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources. If mailed, the report must be postmarked no later than March 31, 1989. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1989.

This report must be filed even if no water was used on this right. REPORTS FILED AFTER MARCH 31, 1989 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS. (ARS §45-632K)

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Julius Simmons PAY PLANT 6-13-89
 AUTHORIZED SIGNATURE TITLE DATE
Julius Simmons 743-7400-EXT-20
 BOB PRINTED NAME TELEPHONE NUMBER
 OWNER OF GROUNDWATER RIGHT

REPORTING PARTY
 Div - Cont Health Care
 40 Bob Simmons
 5245 N Camino De Oeste
 Tucson Az 85745

If any of the information preprinted on this report is incorrect, please make the necessary changes.

ORIGINAL

ENTERED JUN 29 1989

SCHEDULE E

WATER RECEIVED FROM OTHER SOURCES

ARIZONA DEPT. OF
WATER RESOURCES
DWR-AR6-88

INSTRUCTIONS

Enter Groundwater Right No. which received groundwater from other sources and the Owner's Name of this Right No. in ①
 Enter the Right No. of the person delivering the water, the DWR well registration number of the well delivering water, how measured or estimated and the acre feet received in ②. If you do not know the registration number, contact DWR for this information. Do not include irrigation district wells.
 Enter in ③ the name of the irrigation district, the provider number of the district, your district user/account number, the acreage eligible to receive surface water and the amount of each type of water received
 Enter in items ④ through ⑦ the information requested in those sections.
 Add the total annual acre feet received from items ② through ⑦ to obtain the total water received from other sources, and enter in Item ⑧.
 Enter annual total acre feet of received and diverted water from ⑧ in PART III on Summary Page.

① GROUNDWATER RIGHT NO.
56-000352

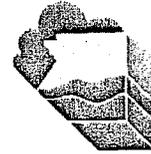
① OWNER
Diversification / Century Health care

RECEIVED JUN 13 1989

② GROUNDWATER RECEIVED FROM OTHER THAN IRRIGATION DISTRICTS				④ TAILWATER - Do not include pumpback water from your own farm		
Right No. Supplying Water	DWR Well Reg. No.	How Meas'd or Est'd	Acre-Feet Rec'd	Source	How Meas'd or Est'd	Acre-Feet Rec'd
TOTAL ACRE-FEET RECEIVED						
② WATER RECEIVED FROM AN IRRIGATION DISTRICT				⑤ EFFLUENT - Do not include irrigation district deliveries		
Name of irrigation district _____ Provider No. 57- _____				Source		
Your district user/account number _____				How Meas'd or Est'd		
Acreage eligible to receive surface water _____ Acres				Acre-Feet Rec'd		
Type of Water						
Acre-Feet Received						
GROUNDWATER				⑦ OTHER - Such as Co-ops, associations, municipal etc. (be specific)		
SURFACE WATER	Decreed and appropriate _____			Source	How Meas'd or Est'd	Acre-Feet Rec'd
	Normal Flow _____			Entity Name <u>City of Tulsa</u>		
	CAP _____			Provider Number <u>56-001</u>	<u>surface</u>	<u>3.4</u>
	Spill or Free _____					
OTHER WATER	Effluent _____					
TOTAL ACRE-FEET FROM AN IRRIGATION DISTRICT				⑧ TOTAL ACRE-FEET OF RECEIVED AND DIVERTED WATER <u>3.4</u>		

Enter Total Acre-Feet of Received and Diverted Water In PART III On Summary Page

ORIGINAL



June 26, 1989

ARIZONA
DEPARTMENT
OF WATER
RESOURCES

Rose Mofford, Governor
N. W. Plummer
Director

Div-Cent Health Care
c/o Bud Simmons
5245 N. Camino De Oeste
Tucson, AZ 85745

15 South 15th Avenue
Phoenix, Arizona 85007

Dear Rightholder:

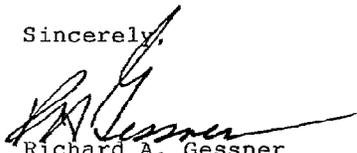
The 1988 Annual Groundwater Withdrawal and Use Report for the right number 56-000352.0000 was filed after statutory March 31, 1989 deadline. The penalty for not filing the report on time under A.R.S. §45-632, subsection K, is \$25.00 each month, or portion of a month. The total penalty shall not exceed One Hundred Fifty Dollars.

The penalties for the Right Number 56-000352.0000 have been assessed as follows:

\$25.00 per month late filing fee	
x 3 months	\$75.00
Total	\$75.00

Please send your check in the amount of \$75.00 to this office by June 30, 1989. Be sure to write the groundwater right number on the face of the check to assure proper credits. If you need any assistance, please call Al Ramsey at (602) 542-1581.

Sincerely,


Richard A. Gessner
Chief, Operations Division

AMA Tucson

1987 ANNUAL WATER WITHDRAWAL AND USE REPORT

ARIZONA DEPARTMENT OF WATER RESOURCES

15 SOUTH 15th AVENUE
PHOENIX, ARIZONA 85007
602-255-1581

INPUT
DWR-AR-1-87

SUMMARY PAGE

AMA TUCSON

attachment

PART I GROUNDWATER WITHDRAWN	
From Line 10, Schedule A attached	
NOTE: Complete this section only if you operate a non-exempt well. If not, go to Part III below.	
<input type="text" value="0"/> ACRE-FEET	x Withdrawal Fee = \$ <input type="text" value="0"/>
PART II GROUNDWATER DELIVERED TO OTHER RIGHTS	
From Line 9, Schedule D attached	
<input type="text"/> ACRE-FEET	
PART III WATER RECEIVED FROM OTHER SOURCES	
From Line 8, Schedule E attached	
<input type="text"/> ACRE-FEET	
PART IV TOTAL WATER USED BY THIS RIGHT	
Calculate as follows: Part I + Part III - Part II	
<input type="text"/> ACRE-FEET	
LATE FEE CALCULATION (For Reports Filed after March 31)	
Number of months late (maximum of 6 months)	<input type="text"/>
Note: A portion of a month after March 31 is accounted for as a full month	
Late Report Fee (\$25.00 x number of months late)	= \$ <input type="text" value="8125.00"/>
Late Payment Fee (1% per month of the withdrawal fee calculated in part 1 above)	= \$ <input type="text"/>
TOTAL FEES DUE (add amounts in this column)	= \$ <input type="text" value="8125.00"/>



GROUNDWATER RIGHT DESCRIPTION AND NUMBER	
<input type="text" value="Service Area"/>	<input type="text" value="56-352"/>
TYPE	NUMBER

Mail or hand deliver this report, together with the appropriate schedules, worksheets and fees to the Arizona Department of Water Resources, to the address shown in the upper right. If mailed, the report must be postmarked no later than March 31, 1988. If hand delivered, the report must be received by the Department's Operation Division or local AMA office no later than 5:00 PM on March 31, 1988.

REPORTS FILED AFTER MARCH 31, 1988 ARE SUBJECT TO LATE FEES AND PAYMENT OF PREVIOUSLY WAIVED MONETARY PENALTIES ASSOCIATED WITH PRIOR GROUNDWATER CODE VIOLATIONS.

I hereby certify, under penalty of perjury, that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

X Julius F. Simmons P-P-C 8-15-88
 AUTHORIZED SIGNATURE TITLE DATE
Julius F. Simmons 743-7400
 PRINTED NAME TELEPHONE NUMBER

OWNER OF GROUNDWATER RIGHT

REPORTING PARTY

DIV-CENT
5245 N. Camino de Oeste
TUCSON, AZ 85745

If any of the information preprinted on this report is incorrect, please make the necessary changes.

WORKSHEET W-1

56-352

PUMPAGE MEASURED BY METER OR OTHER TOTALIZER RECORDER DEVICES

DWRAR 9-84

INSTRUCTIONS

1. Enter DWR Well Registration No. & Location. Enter in (1).
2. Enter type, make & model of measuring device used to measure flow in (2). If measuring device is permanent, enter date installed or last overhauled in (2).
3. Enter power company name, account number, meter number and total energy consumption in (3). Indicate units as KWH, therms or other measurement. Enter total energy consumption in column 5 of schedule A for each well.
4. Indicate whether the energy meter serves other uses in (4) and in column 7 of Schedule A.
5. Enter initial totalizer reading as of January 1, in (5). If your meter reads in 10s, 100s, or 1000s of units, be sure to add the correct number of zeros.
6. Enter ending reading as of December 31, in (6). If the totalizer dial has rolled over during the year, enter the number 1 in front of the reading, if twice, a 2, etc.
7. Subtract reading in (5) from reading in (6) and enter the difference in (7).
8. Convert the Total Amount Pumped to acre feet by using the appropriate conversion after the result in (8).
 - If meter reads in gallons, divide (7) by 325,851 and enter the result in (8).
 - If meter reads in cubic feet, divide (7) by 43,560 and enter result in (8).
 - If meter reads in acre-feet, no conversion is necessary.
9. If your meter malfunctioned during the year, enter the estimate of withdrawals in acre-feet made during the out-of-service period in (9).
10. Add (8) and (9) and enter result in (10) and in column 4 of Schedule A for each well measured.

THIS WORKSHEET MUST BE SUBMITTED WITH SCHEDULE A.

①	DWR WELL REGISTRATION NO. 55-801646	LOCATION Q Q Q Sec Twn Rng 33 13S 13E
②	TYPE OF MEASURING DEVICE TOTALIZER	MAKE ROCKWELL
	MODEL 1135613	SIZE
	UNITS MEASURED Gals	INSTALLATION OR OVERHAUL DATE
③	POWER CO. NAME TEP	ACCOUNT NO. 0630-67604
		POWER METER NO. DC 549
	ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A	
④	DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ENTER "Y" OR "N" IN COLUMN 7 OF SCHEDULE A	
	TOTALIZING METER READINGS	
	⑤ INITIAL ⑥ ENDING ⑦ DIFFERENCE	
	[] [] []	
	ENTER TOTAL ACRE-FEET SHOWN IN ⑩ IN COLUMN 4 OF SCHEDULE A	
	⑧ ACRE FEET	⑨ BREAKDOWN ESTIMATE
	[]	[]
	⑩ TOTAL IN ACRE-FEET	[]

①	DWR WELL REGISTRATION NO.	LOCATION Q Q Q Sec Twn Rng
②	TYPE OF MEASURING DEVICE	MAKE
	MODEL	SIZE
	UNITS MEASURED	INSTALLATION OR OVERHAUL DATE
③	POWER CO. NAME	ACCOUNT NO.
		POWER METER NO.
	ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A	
④	DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ENTER "Y" OR "N" IN COLUMN 7 OF SCHEDULE A	
	TOTALIZING METER READINGS	
	⑤ INITIAL ⑥ ENDING ⑦ DIFFERENCE	
	[] [] []	
	ENTER TOTAL ACRE-FEET SHOWN IN ⑩ IN COLUMN 4 OF SCHEDULE A	
	⑧ ACRE FEET	⑨ BREAKDOWN ESTIMATE
	[]	[]
	⑩ TOTAL IN ACRE-FEET	[]

① DWR WELL REGISTRATION NO. LOCATION
 Q Q Q Sec Twn Rng

② TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

③ POWER CO. NAME ACCOUNT NO. POWER METER NO.
 ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A ENERGY CONSUMPTION UNITS

④ DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? YES NO
 ENTER "Y" OR "N" IN COLUMN 7 OF SCHEDULE A

TOTALIZING METER READINGS		
⑤ INITIAL	⑥ ENDING	⑦ DIFFERENCE

ENTER TOTAL ACRE-FEET SHOWN IN ⑩ IN COLUMN 4 OF SCHEDULE A

⑧ ACRE FEET	
⑨ BREAKDOWN ESTIMATE	
⑩ TOTAL IN ACRE-FEET	

① DWR WELL REGISTRATION NO. LOCATION
 Q Q Q Sec Twn Rng

② TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

③ POWER CO. NAME ACCOUNT NO. POWER METER NO.
 ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A ENERGY CONSUMPTION UNITS

④ DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? YES NO
 ENTER "Y" OR "N" IN COLUMN 7 OF SCHEDULE A

TOTALIZING METER READINGS		
⑤ INITIAL	⑥ ENDING	⑦ DIFFERENCE

ENTER TOTAL ACRE-FEET SHOWN IN ⑩ IN COLUMN 4 OF SCHEDULE A

⑧ ACRE FEET	
⑨ BREAKDOWN ESTIMATE	
⑩ TOTAL IN ACRE-FEET	

① DWR WELL REGISTRATION NO. LOCATION
 Q Q Q Sec Twn Rng

② TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

③ POWER CO. NAME ACCOUNT NO. POWER METER NO.
 ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A ENERGY CONSUMPTION UNITS

④ DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? YES NO
 ENTER "Y" OR "N" IN COLUMN 7 OF SCHEDULE A

TOTALIZING METER READINGS		
⑤ INITIAL	⑥ ENDING	⑦ DIFFERENCE

ENTER TOTAL ACRE-FEET SHOWN IN ⑩ IN COLUMN 4 OF SCHEDULE A

⑧ ACRE FEET	
⑨ BREAKDOWN ESTIMATE	
⑩ TOTAL IN ACRE-FEET	

① DWR WELL REGISTRATION NO. LOCATION
 Q Q Q Sec Twn Rng

② TYPE OF MEASURING DEVICE MAKE
 MODEL SIZE
 UNITS MEASURED INSTALLATION OR OVERHAUL DATE

③ POWER CO. NAME ACCOUNT NO. POWER METER NO.
 ENTER TOTAL ENERGY CONSUMPTION IN COLUMN 6 OF SCHEDULE A ENERGY CONSUMPTION UNITS

④ DOES ENERGY METER SERVE USES OTHER THAN THE WELL PUMP? YES NO
 ENTER "Y" OR "N" IN COLUMN 7 OF SCHEDULE A

TOTALIZING METER READINGS		
⑤ INITIAL	⑥ ENDING	⑦ DIFFERENCE

ENTER TOTAL ACRE-FEET SHOWN IN ⑩ IN COLUMN 4 OF SCHEDULE A

⑧ ACRE FEET	
⑨ BREAKDOWN ESTIMATE	
⑩ TOTAL IN ACRE-FEET	



October 13, 1988

ARIZONA
DEPARTMENT
OF WATER
RESOURCES

Diversification Century Health Care
C/O Bud Simmons
5245 North Camino De Deste
Tucson, Arizona 85745

Rose Mofford, Governor
C. Laurence Linser,
Acting Director

15 South 15th Avenue
Phoenix, Arizona 85007

Dear Rightholder:

The 1987 Annual Groundwater Withdrawal and Use Report for right number 56-352 was filed after the statutory March 31, 1988 deadline. The penalty for not filing the report on time is \$25.00 per month or portion of a month. Your report was filed on October 4, 1988.

The law also provides for a penalty of 10% per month of the unpaid withdrawal fees for not paying the proper fees by the filing deadline.

The penalties for Right Number 56-352 have been assessed as follows:

\$25.00 per month late filing fee X 6 months	\$	150.00
Withdrawal Fee	\$	
10% per month late payment fee X months	\$	
Total	\$	150.00
Paid Check No.	\$	
Fees unpaid	\$	150.00

Please send your check in the amount of \$150.00 to office by December 1, 1988, to avoid being assessed further penalties. Be sure to write the groundwater right number on the face of the check to assure proper credits.

Sincerely,

Sharon J. Fulton
State Examiner
Groundwater Section

AMA: TUC

DATA ENTRY WORKSHEET - GROUNDWATER

TO: Operations Division

FROM: Tucson AMA

Initials: ajms

Date: 10/24/86

Add _____ Name ~~_____~~ Entire File _____

Change X Address X As shown below X

Delete _____ Data _____ As shown on attached _____

For Calendar Year _____ 1984 _____ 1985 X 1986

55- _____ 58- _____ 61- _____

56- 000352 59- _____ OTHER _____

57- _____ 60- _____

REMARKS:

Change to:
C/O Bill Ash

Input _____ **ENTERED NOV 20 1986**
Initials Date

Checked all _____ Date Tucson ACT
2-27-87 Century Health Care

DATA ENTRY WORKSHEET - GROUNDWATER

TO: Operations Division

FROM: Tucson AMA

Initials: *z*

Date: 11/25/86

Add Name _____ Entire File _____

Change _____ Address _____ As shown below

Delete _____ Data As shown on attached _____

For Calendar Year _____ 1984 _____ 1985 _____ 1986

55- _____ 58- _____ 61- _____

56- 060352 59- _____ OTHER _____

57- _____ 60- _____

REMARKS:

 ADD well # 801646
 (TO SCREEN 8)

 DEVICE TYPE (7)

 POWER CO (045)

Input _____
 Initials

ENTERED DEC 10 1986
Date

Checked _____

Date

TUCSON-A

DELETE FROM ACTIVE FILE:

→ 56-000352

DIVERSIFICATION / CENTURY HEALTH CARE

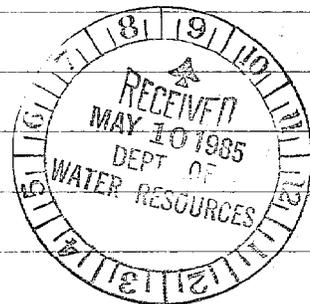
Pump has been removed from well (see
ATTACHED LETTER)

Change status to INACTIVE-INACTIVE

Make no change on Well Reg # 801646

R/S

5-13-85





RECEIVED FEB 19 1985

February 13, 1985

Mr. Fernando Molina
Department of Water Resources
371 South Meyer
Tucson, AZ 85701

Dear Fernando:

Per our phone conversation, I'm writing to inform you of our plans for dismantling our well at 2801 N. Silverbell.

DWR well registration # 55-801646
Groundwater right # 56-000352

I have been in contact with Ken Tetrault at Gilbert Pump. On Thursday, 2/14/85 the following will be done.

1. Fuses pulled from panel.
2. Line from pump to tank will be removed.
3. The well will be capped with a water tight cap.

If you wish to make a visit, feel free to contact me.

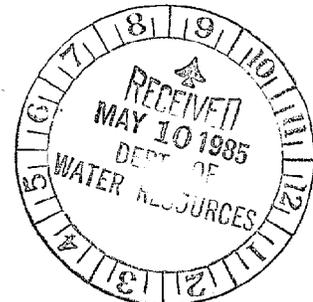
Thank you for your assistance in this matter.

Sincerely,

Guy W. Heidinger 2/13/85
GUY W. HEIDINGER, M.S.W.
ASSOCIATE DIRECTOR

lr

Enclosure



1986 ANNUAL WATER WITHDRAWAL AND USE REPORT

AMA TUCSON

ARIZONA DEPARTMENT OF WATER RESOURCES

OPERATIONS DIVISION
99 E. VIRGINIA AVE • (602) 255-1581
PHOENIX, ARIZONA 85004

SUMMARY PAGE

INPUT
DWR-AR1-86

TYPE OF GROUNDWATER RIGHT
(CHECK APPROPRIATE BOXES)

TYPE 1 NON-IRRIGATION GRANDFATHERED RIGHT NO. 56-000352.0000

TYPE 2 NON-IRRIGATION GRANDFATHERED RIGHT NO. _____

IRRIGATION GRANDFATHERED RIGHT NO. _____

GROUNDWATER WITHDRAWAL PERMIT NO. _____

SERVICE AREA RIGHT NO. 56-000352.0000

OTHER _____

RECEIVED FEB 19 1987

MAIL OR HAND DELIVER THIS REPORT, TOGETHER WITH APPROPRIATE SCHEDULES AND WORKSHEETS TO ARIZONA DEPARTMENT OF WATER RESOURCES, TO THE ADDRESS SHOWN IN THE UPPER RIGHT. IF MAILED, THE REPORT MUST BE POSTMARKED NO LATER THAN MARCH 31, 1987. IF HAND DELIVERED, THE REPORT MUST BE RECEIVED BY THE DEPARTMENT'S OPERATIONS DIVISION OR LOCAL AMA OFFICE NO LATER THAN 5:00 PM ON MARCH 31, 1987.

REPORTS FILED LATE WILL BE ASSESSED A LATE PENALTY

PART I GROUNDWATER WITHDRAWN
FROM LINE 9 — SCHEDULE A, ATTACHED

NOTE: COMPLETE THIS SECTION ONLY IF YOU OPERATE A NON-EXEMPT WELL. IF YOU DO NOT, GO TO PART III BELOW.

ACRE-FEET X 1.50 = \$ AMOUNT DUE

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

X William M. Ash Director-Operations 2-17-87
AUTHORIZED SIGNATURE TITLE DATE

William M. Ash 602-743-7400
PRINTED NAME TELEPHONE NUMBER

PART II GROUNDWATER DELIVERED TO OTHER RIGHTS HOLDERS
FROM LINE 7 — SCHEDULE D OR FROM SCHEDULE B ATTACHED

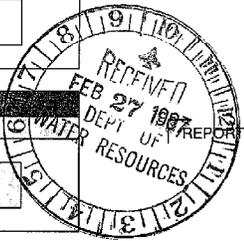
TOTAL ACRE-FEET DELIVERED TO OTHER RIGHTS ACRE-FEET

OWNER OF GROUNDWATER RIGHT

DIVERSIFICATION
C/O BILL ASH
5245 N CAMINO DE OESTE
TUCSON AZ 85745

PART III OTHER SOURCES OF WATER SUPPLYING THIS RIGHT
FROM LINE 8 — SCHEDULE E, ATTACHED

TOTAL ACRE-FEET RECEIVED FROM OTHER SOURCES ACRE-FEET



REPORTING PARTY

DIV-CENT HEALTH CARE
BILL ASH
5245 N CAMINO DE OESTE
TUCSON AZ 85745

PART IV TOTAL WATER USED BY THIS RIGHT

CALCULATE AS FOLLOWS: PART I + PART II - PART III = ACRE-FEET

IF ANY OF THE DATA PRE-PRINTED ON THIS REPORT ARE INCORRECT, PLEASE MAKE NECESSARY CHANGES.

A(1) F(1)
W(1)

WORKSHEET W-1

PUMPAGE MEASURED BY METER OR OTHER TOTALIZER/RECORDER DEVICES

DWRAR9-84

INSTRUCTIONS

1. Enter DWR Well Registration No. & Location in ①.
2. Enter type, make, model, size, & units of measuring device used to measure flow in ②. If measuring device is permanent, enter date installed or last overhauled in ②.
3. Enter Power Co. Name, Acct. No., & Meter No. in ③.
4. Enter Initial Reading as of January 1 in ④.
5. Enter Ending Reading as of December 31 in ⑤ unless totalizer dial has rolled over. If totalizer has rolled over enter all 9's in ⑤.
6. Subtract reading in ④ from reading in ⑤ and enter difference in ⑥.
7. If totalizer has rolled over, enter Dec. 31 reading in ⑦.
8. If entry is made in ⑦, add ⑥ and ⑦ and enter total in ⑧.
9. Convert the Total Amount Pumped to acre-feet by using the appropriate conversion and enter result in ⑨.
 - If meter reads in acre-feet make no conversion.
 - If meter reads in gallons divide ⑧ by 325,851 and enter result in ⑨.
 - If meter reads in 1000 gallons divide ⑧ by 325.9 and enter result in ⑨.
 - If meter reads in cubic feet divide ⑧ by 43,560 and enter result in ⑨.
10. If meter malfunctioned during the year, enter in ⑩ the estimate of withdrawals in acre-feet made during the out of service period.
11. Add ⑨ and ⑩ and enter result in ⑪ and in Col. 4 of Schedule A for each well measured.

INPUT



① DWR WELL REGISTRATION NO. 55-801646		LOCATION Q Q Q Sec. Twn Rng 33 130S130 E			
② TYPE OF MEASURING DEVICE FLOW METER		MAKE ROCKWELL			
MODEL 1135613		SIZE UNKNOWN			
UNITS MEASURED GALS. PER MIN.		INSTALLATION OR OVERHAUL DATE UNKNOWN			
③ POWER CO. NAME TUC. ELECT. PWR.		ACCOUNT NO. 0630-6760-4		POWER METER NO. DC 549	
④ INITIAL 00766800	⑤ ENDING 00766800	⑥ DIFFERENCE Ø	⑨ ACRE FEET Ø	⑩ BREAKDOWN ESTIMATE Ø	⑪ TOTAL IN ACRE-FEET Ø
	⑦ ROLL OVER N/A		ENTER TOTAL ACRE-FEET SHOWN IN ⑪ IN COL 4 OF SCHEDULE A		
	⑧ TOTAL PUMPED Ø				

① DWR WELL REGISTRATION NO.		LOCATION Q Q Q Sec. Twn Rng			
② TYPE OF MEASURING DEVICE		MAKE			
MODEL		SIZE			
INSTALLATION OR OVERHAUL DATE					
③ POWER CO. NAME		ACCOUNT NO.		METER NO.	
④ INITIAL	⑤ ENDING	⑥ DIFFERENCE	⑨ ACRE FEET	⑩ BREAKDOWN ESTIMATE	⑪ TOTAL IN ACRE-FEET
	⑦ ROLL OVER		ENTER TOTAL ACRE-FEET SHOWN IN ⑪ IN COL 4 OF SCHED A		
	⑧ TOTAL PUMPED				

① DWR WELL REGISTRATION NO.	LOCATION					
	Q	Q	Q	Sec.	Twtn	Rng

② TYPE OF MEASURING DEVICE	MAKE
MODEL	SIZE
UNITS MEASURED	INSTALLATION OR OVERHAUL DATE

③ POWER CO. NAME	ACCOUNT NO.	POWER METER NO.
------------------	-------------	-----------------

④ INITIAL	⑤ ENDING	⑥ DIFFERENCE	⑨ ACRE FEET
	⑦ ROLL OVER		⑩ BREAKDOWN ESTIMATE
	⑧ TOTAL PUMPED		⑪ TOTAL IN ACRE-FEET

ENTER TOTAL ACRE-FEET SHOWN IN ⑪ IN COL 4 OF SCHEDULE A

① DWR WELL REGISTRATION NO.	LOCATION					
	Q	Q	Q	Sec.	Twtn	Rng

② TYPE OF MEASURING DEVICE	MAKE
MODEL	SIZE
UNITS MEASURED	INSTALLATION OR OVERHAUL DATE

③ POWER CO. NAME	ACCOUNT NO.	POWER METER NO.
------------------	-------------	-----------------

④ INITIAL	⑤ ENDING	⑥ DIFFERENCE	⑨ ACRE FEET
	⑦ ROLL OVER		⑩ BREAKDOWN ESTIMATE
	⑧ TOTAL PUMPED		⑪ TOTAL IN ACRE-FEET

ENTER TOTAL ACRE-FEET SHOWN IN ⑪ IN COL 4 OF SCHEDULE A

① DWR WELL REGISTRATION NO.	LOCATION					
	Q	Q	Q	Sec.	Twtn	Rng

② TYPE OF MEASURING DEVICE	MAKE
MODEL	SIZE
INSTALLATION OR OVERHAUL DATE	

③ POWER CO. NAME	ACCOUNT NO.	METER NO.
------------------	-------------	-----------

④ INITIAL	⑤ ENDING	⑥ DIFFERENCE	⑨ ACRE FEET
	⑦ ROLL OVER		⑩ BREAKDOWN ESTIMATE
	⑧ TOTAL PUMPED		⑪ TOTAL IN ACRE-FEET

ENTER TOTAL ACRE-FEET SHOWN IN ⑪ IN COL 4 OF SCHED A

① DWR WELL REGISTRATION NO.	LOCATION					
	Q	Q	Q	Sec.	Twtn	Rng

② TYPE OF MEASURING DEVICE	MAKE
MODEL	SIZE
INSTALLATION OR OVERHAUL DATE	

③ POWER CO. NAME	ACCOUNT NO.	METER NO.
------------------	-------------	-----------

④ INITIAL	⑤ ENDING	⑥ DIFFERENCE	⑨ ACRE FEET
	⑦ ROLL OVER		⑩ BREAKDOWN ESTIMATE
	⑧ TOTAL PUMPED		⑪ TOTAL IN ACRE-FEET

ENTER TOTAL ACRE-FEET SHOWN IN ⑪ IN COL 4 OF SCHED A