

This is the original annual report for authority: 56-000008.0000

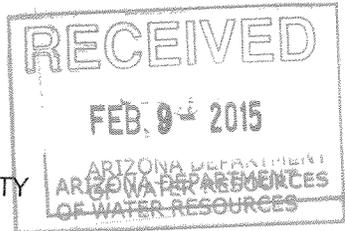
Note created: 2/9/2015

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ARIZONA DEPARTMENT OF WATER RESOURCES, 3550 NORTH CENTRAL AVENUE, PHOENIX, AZ 85012-2105
ANNUAL WATER WITHDRAWAL AND USE REPORT
PROVIDER SUMMARY 2014

A 1
 FIS 1
 S 1
 W1 1

OWNER OF GROUNDWATER RIGHT



REPORTING PARTY
 56-000008.0000
 NEWTON, DEAN
 CIMARRON PROPERTIES
 2460 W RUTHRAUFF, STE 196
 TUCSON AZ 85705

TYPE OF RIGHT
 SMALL MUNICIPAL PROVIDER

RIGHT / PERMIT NO.
 56-000008.0000



TUCSON AMA (602) 771-8585

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PART I GROUNDWATER WITHDRAWN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
 X \$ 3.00 = \$
 ACRE - FEET X Withdrawal Fee =

PART II WATER DELIVERED TO OTHER RIGHTS

From Box 24 Schedule D attached
 ACRE - FEET

PART III WATER RECEIVED FROM OTHER RIGHTS

Total from Schedule E attached
 ACRE - FEET

PART IV 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)

PART V TOTAL FEES DUE

Add amounts from Parts I and IV
 \$

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 mailed to P.O. Box 36020 Phoenix, AZ. 85067 and postmarked no later than March 31, 2015. If hand delivered, the report must be received by the Department's Annual Reports & Planning Section no later than 5:00 PM on March 31, 2015.

REPORTS FILED AFTER MARCH 31, 2015 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 AUTHORIZED SIGNATURE
 DEAN S. NEWTON PRINTED NAME
MANAGER TITLE
2/13/2015 DATE
520-888-3883 TELEPHONE NUMBER

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