

This is the original annual report for authority: 58-102243.0001

Note created: 2/13/2015

--- The document starts on the next page. ---

ANNUAL WATER WITHDRAWAL AND USE REPORT

ID SUMMARY 2014

OWNER OF GROUNDWATER RIGHT

WALLACE, LANNY D
PO BOX 263
COOLIDGE AZ 85128

TYPE OF RIGHT

IRRIGATION USE

RIGHT NUMBER

58-102243.0001

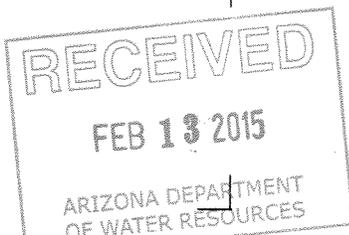


PINAL AMA (602) 771-8585

LOCATION: NE 06 7.0S 7.0E

ALLOTMENT: 706.12 AF ACRES: 156.00

REPORTING PARTY
58-102243.0001
WALLACE, LANNY D
PO BOX 263
COOLIDGE AZ 85128



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

WATER RECEIVED FROM IRRIGATION DISTRICTS - INSTRUCTIONS:

Irrigation Grandfathered Right Holders - Use for all water received from an irrigation district.

PRIMARY DISTRICT	TYPE OF WATER		ACRE-FEET RECEIVED
Provider no. 57-001104.0000	GROUNDWATER		
Name of Irrigation District SAN CARLOS	SURFACE WATER	Decreed/Appropriative	0
Your district user/account number 766-1		Normal Flow	0
Number of acres eligible to receive surface water		Spillwater	
		CAP	0
	IN-LIEU GROUND WATER	Permit Holder Number:	
		73 -	
		73 -	
		73 -	
SECONDARY DISTRICT	EFFLUENT		
Provider no.	GROUNDWATER		
Name	IN-LIEU GROUNDWATER		
OTHER	TAILWATER ESTIMATE		
CAP			
TOTAL WATER RECEIVED (a.f.)			0

LATE FEES

Complete if filing after March 31.

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

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

\$

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

Mail or hand deliver this report 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 Jenny Wallace AUTHORIZED SIGNATURE OWNER TITLE 2-10-15 DATE
Jenny Wallace PRINTED NAME 520-840-0001 TELEPHONE NUMBER

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