



Arizona Department of Water Resources
 Information Management Unit
 PO Box 36020 • Phoenix, Arizona 85067-36020
 (602) 771-8527 • 602-771-8500

**Well Driller Report
 and
 Well Log**

KC

THIS REPORT MUST BE FILED WITHIN **30 DAYS** OF COMPLETING THE WELL.
 PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

FILE NUMBER A(7-3) 30 CCB
WELL REGISTRATION NUMBER 55 - 919101
PERMIT NUMBER (IF ISSUED)

SECTION 1. DRILLING AUTHORIZATION

Drilling Firm		
Mail To:	NAME SKYTECH DRILLING	DWR LICENSE NUMBER 643
	ADDRESS P.O. BOX 41881	TELEPHONE NUMBER 602-541-2173
	CITY / STATE / ZIP PHOENIX, AZ, 85080-1881	FAX

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL VISCOL CO LLC		WELL LOCATION ADDRESS (IF ANY) 18 th Ave & Country Road					
MAILING ADDRESS 6330 E DESERT COVE AVE		TOWNSHIP (N/S) 7N	RANGE (E/W) 3E	SECTION 30	160 ACRE SW 1/4	40 ACRE SW 1/4	10 ACRE NW 1/4
CITY / STATE / ZIP SCOTTSDALE, AZ, 85254		LATITUDE		"N	LONGITUDE		"W
CONTACT PERSON NAME AND TITLE ERIC EDBERG		METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			<input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade		
TELEPHONE NUMBER 602 6771058	FAX	LAND SURFACE ELEVATION AT WELL Feet Above Sea Level					
WELL NAME (e.g., MW-1, PZ-3, lot 25 Well, Smith Well, etc.)		METHOD OF ELEVATION (CHECK ONE)			<input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade		
*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)							
		<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey					
		<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify)					
		COUNTY MARICOPA	ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)				
			BOOK 202	MAP 27	PARCEL 034		

RECEIVED
 FEB 18 2016
 ARIZONA DEPARTMENT
 OF WATER RESOURCES

SECTION 3. WELL CONSTRUCTION DETAILS

Drilling Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ONE <input checked="" type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify)	CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
	Condition of Well	Construction Dates
	CHECK ONE <input type="checkbox"/> Capped <input checked="" type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED 2.1.16
		DATE WELL CONSTRUCTION COMPLETED 2.8.16

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

SIGNATURE OF QUALIFYING PARTY 	DATE 2/12/16
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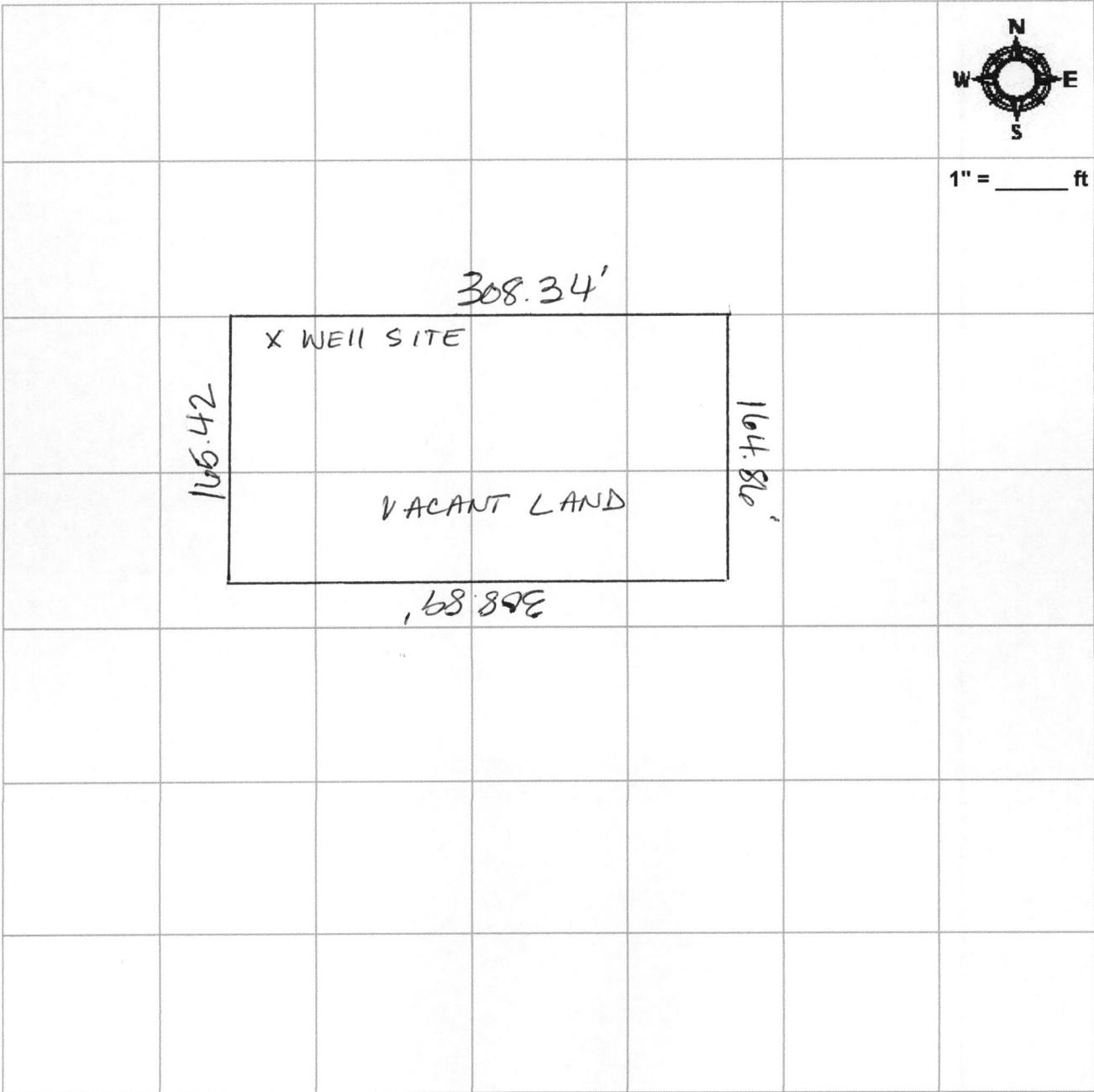
Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 919101

SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER VISCOL CO LLC	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) BOOK MAP PARCEL 202 27 034		
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- ❖ Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ❖ Please indicate the distance between the well location and any septic tank system or sewer system.



4/24/16



Arizona Department of Water Resources
Information Management Unit
PO Box 36020 , Phoenix, AZ 85067-36020
(602) 771-8527 • 1-800-352-8488

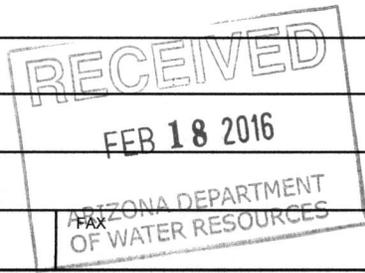
Pump Installation Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER
A(7-3) 30 CCB
WELL REGISTRATION NUMBER
55 - 919101

** PLEASE PRINT CLEARLY **

SECTION 1. REGISTRY INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL VISCOL CO LLC MAILING ADDRESS 6330 E DESERT COVE AVE CITY / STATE / ZIP SCOTTSDALE, AZ. 85254 CONTACT PERSON NAME AND TITLE TELEPHONE NUMBER 602 6771058	Location of Well WELL LOCATION ADDRESS (IF ANY) 18th AVE & COUNTRY RD TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 7N 3E 30 SW 1/4 SW 1/4 NW 1/4 COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) BOOK 202 MAP 27 PARCEL 034 COUNTY WHERE WELL IS LOCATED MARICOPA



SECTION 2. EQUIPMENT INSTALLED	
DATE PUMP INSTALLED	Pitless Adaptor CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION) Was a pitless adaptor installed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED _____ Feet
Pump Type CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (Please Specify):	Power Type CHECK ONE <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Other (Please Specify):
RATED PUMP CAPACITY <u>10</u> Gallons Per Minute	HORSE POWER RATING OF MOTOR

SECTION 3. PUMP TEST		
Pump Test Data DATE WELL TESTED <u>2.8.16</u> STATIC WATER LEVEL (A) <u>100</u> Feet Below Land Surface PUMPING WATER LEVEL (B) <u>100</u> Feet Below Land Surface DRAWDOWN (B) - (A) <u>0</u> Feet Below Land Surface TEST PUMPING RATE <u>1/2</u> Gallons Per Minute DURATION OF PUMP TEST (Minimum 4 Hours) <u>4</u> Hours TOTAL PUMPING LIFT _____ Feet FOR FLOWING WELL, MEASURED SHUT IN HEAD <input type="checkbox"/> FT <input type="checkbox"/> PSI	Method of Discharge Measurement CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket - Barrel - Stopwatch <input type="checkbox"/> Current <input checked="" type="checkbox"/> Estimated - Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir - Flume <input type="checkbox"/> Other (Please Specify):	Method of Measuring Water Level CHECK ONE <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line (Sounder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (Please Specify):

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER [Signature] DATE 2/12/16



Arizona Department of Water Resources
 Water Management Division
 P.O. Box 36020 Phoenix, Arizona 85067-6020
 (602) 771-8500 • (602) 771-8690 fax
 • www.azwater.gov •

\$150 or
\$100 FEE

**Notice of Intent to
 Drill, Deepen, Replace or Modify a Well**
 (except a Non-Exempt Well in an Active Management Area)

- Review instructions prior to completing form in black or blue ink.
- You must include with your Notice:
 - Check or money order in the amount of the appropriate filing fee.
 - For a well located within an AMA or INA, the fee is \$150.00.
 - For a well not located within an AMA or INA, the fee is \$100.00 if the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not more than 35 gallons per minute. Otherwise, the fee is \$150.00.
- Authority for fee: A.R.S. § 45-596 and A.A.C. R12-15-104.

AMA / INA PHX	B PHX	SB 5
RECEIVED	DATE	WS 06
ISSUED 2/1/16	DATE	WQARF /
LEGAL REVIEW IF APP	REASONING	CERCLA /

FILE NUMBER A(7-3)30 CCB
WELL REGISTRATION NUMBER 55 - 919101

SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL (if applicable)

If water from the proposed well will be used for domestic purposes on a parcel of land of 5 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. *(You must also attach a site plan (pg. 3).)*

CHECK ONE

County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F))

Field Inspection Performed

Site Plan Review Only

Insufficient Information to Make a Determination

COUNTY OR LOCAL AUTHORITY NAME AND TITLE
Dominic Nouvelli, RS

TELEPHONE NUMBER
602 506 6765

DATE
2-1-2016

Supervisor's Review
 Official County or Local Seal or Stamp

FEB 04 2016

By **Thomas Han** ENVIRONMENTAL SERVICES DEPARTMENT

COUNTY OR LOCAL AUTHORITY SIGNATURE
Dominic Nouvelli, RS

SECTION 2. REGISTRY INFORMATION

Well Type CHECK ONE	Proposed Action CHECK ONE
<input checked="" type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm and water is not used for irrigation purposes inside an AMA.) (See instructions.)	<input checked="" type="checkbox"/> Drill New Well
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm and the well is located outside an AMA.) (See instructions.)	<input type="checkbox"/> Deepen
DESIGN PUMP CAPACITY 10 Gallons Per Minute	<input type="checkbox"/> Replace
	<input type="checkbox"/> Modify
	If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER 55 -
	MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute
	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet

Location of Well	
WELL LOCATION ADDRESS (IF ANY) 18th AVE + Country RD	COUNTY WHERE WELL IS LOCATED: MARICOPA
TOWNSHIP (N/S) 7N	RANGE (E/W) 3E
SECTION 30	160 ACRE SW 1/4
	40 ACRE SW 1/4
	10 ACRE NW 1/4
COUNTY ASSESSOR'S PARCEL ID NUMBER	
BOOK 202	MAP 27
PARCEL 034	# OF ACRES 1.17
Place of Water Use (Mandatory information, see instructions.)	
Is the groundwater basin where the well will be drilled the same as the place where the water will be used?	Yes No
	<input checked="" type="checkbox"/> <input type="checkbox"/>
TOWNSHIP (N/S) 7N	RANGE (E/W) 3E
SECTION 30	160 ACRE SW
	40 ACRE SW
	10 ACRE NW

SECTION 3. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL VISCOL CO LLC	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
MAILING ADDRESS 6330 E. DESERT COVE AVE	MAILING ADDRESS
CITY / STATE / ZIP CODE SCOTTSDALE, AZ 85254	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE ERIC ED BERG	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER 602 677 1058	TELEPHONE NUMBER



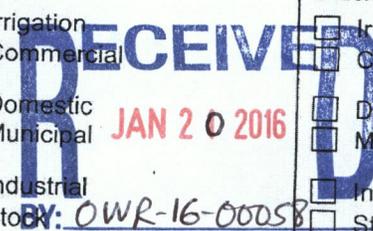
SECTION 4.

Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?		<input checked="" type="checkbox"/>	You must also request a variance (A.A.C. R12-15-818).
2. Is there another well name or identification number associated with this well (e.g., Lot 35 Well, Smith Well, etc.)?		<input checked="" type="checkbox"/>	PLEASE STATE
3. Is the proposed well a NEW well to be located within an Active Management Area? (See instructions.)	<input checked="" type="checkbox"/>		Unless the well is a replacement well and the total number of operable exempt wells on the land is not increasing, you must also file a supplemental form A.R.S. § 45-454(C) & (D).
4. Is the proposed well the second exempt well on this parcel for the same use?		<input checked="" type="checkbox"/>	If the proposed well is in an Active Management Area, you must also file a supplemental form A.R.S. § 45-454(I).

Notice of Intent to Drill, Deepen, Replace or Modify a Well

WELL REGISTRATION NUMBER
55-919101

SECTION 5. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
Drilling Firm		Principal Use of Water	Other Uses of Water
NAME SKYTECH DRILLING		CHECK ONE	CHECK ALL THAT APPLY
DWR LICENSE NUMBER 043	ROC LICENSE NUMBER 144685 053	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
TELEPHONE NUMBER 623 580 4984	FAX	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
MAILING ADDRESS PO BOX 41881		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
CITY / STATE / ZIP CODE PHOENIX, AZ 85080		<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
DATE CONSTRUCTION IS SCHEDULED TO BEGIN JAN 2016		<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
		<input type="checkbox"/> Remediation	<input type="checkbox"/> Remediation
		<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other* (please specify):	<input type="checkbox"/> Other* (please specify):



NOTE: If this is a Notice of Intent to construct a new well that will be used for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A), the authorization to drill the well issued in association with this Notice shall not be considered the approval to transport groundwater to an AMA. (see instructions.)

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed)															
Borehole			Casing												
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)			PERFORATION TYPE (T)				GROUTING MATERIAL		
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN		MILLS KNIFE	SLOTTED
0	20	12 1/2	0	20	8	X*									
20	300	7	20	300	4 1/2	X									Cement

* ADWR well construction standards require a surface seal consisting of a minimum of 20 feet of steel casing. Cement grout must be used to fill the annular space between the surface casing and the borehole. (A.A.C. R12-15-811(B))

The Department's issuance of an authorization to drill a well is not a determination of whether water withdrawn from the well is legally surface water or groundwater. The legal nature of the water withdrawn from the well may be the subject of court action in the future as part of a determination of surface water rights in your area. If there are court proceedings that could affect your well, you will be notified and be given the opportunity to participate. If you have questions regarding the legal nature of the water to be withdrawn from your proposed well, please consult with an experienced civil engineer, hydrologist or water rights attorney.

For the purposes of determining appropriate fees outside AMAs or INAs, "domestic purposes" is defined as "uses related to the supply, service and activities of households and private residences and includes the application of water to less than 2 acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry, as such terms are defined in A.R.S. § 3-1201."

SECTION 8. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY	
<input type="checkbox"/>	By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)
SECTION 9. WELL OWNER AND PROPERTY OWNER SIGNATURE	
I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE Viscol Co LLC - Eric A Ebbeg, Member	
SIGNATURE OF WELL OWNER <i>Eric A Ebbeg</i>	DATE 1-12-2016
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

Notice of Intent to Drill, Deepen, Replace or Modify a Well

WELL REGISTRATION NUMBER
55-919101

CHECK ONE: FILING MANUALLY
 FILING ELECTRONICALLY*

*DRILLER'S E-MAIL ADDRESS: INFORMATION@SKYTECHDRAWING.COM

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE

If applicant is filing this NOI electronically via the ADWR website and County approval is required, please indicate approval by providing a County Approval Code.

COUNTY APPROVAL CODE
1798767136

WELL SITE PLAN

NAME OF WELL OWNER

VISCOL

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK

202

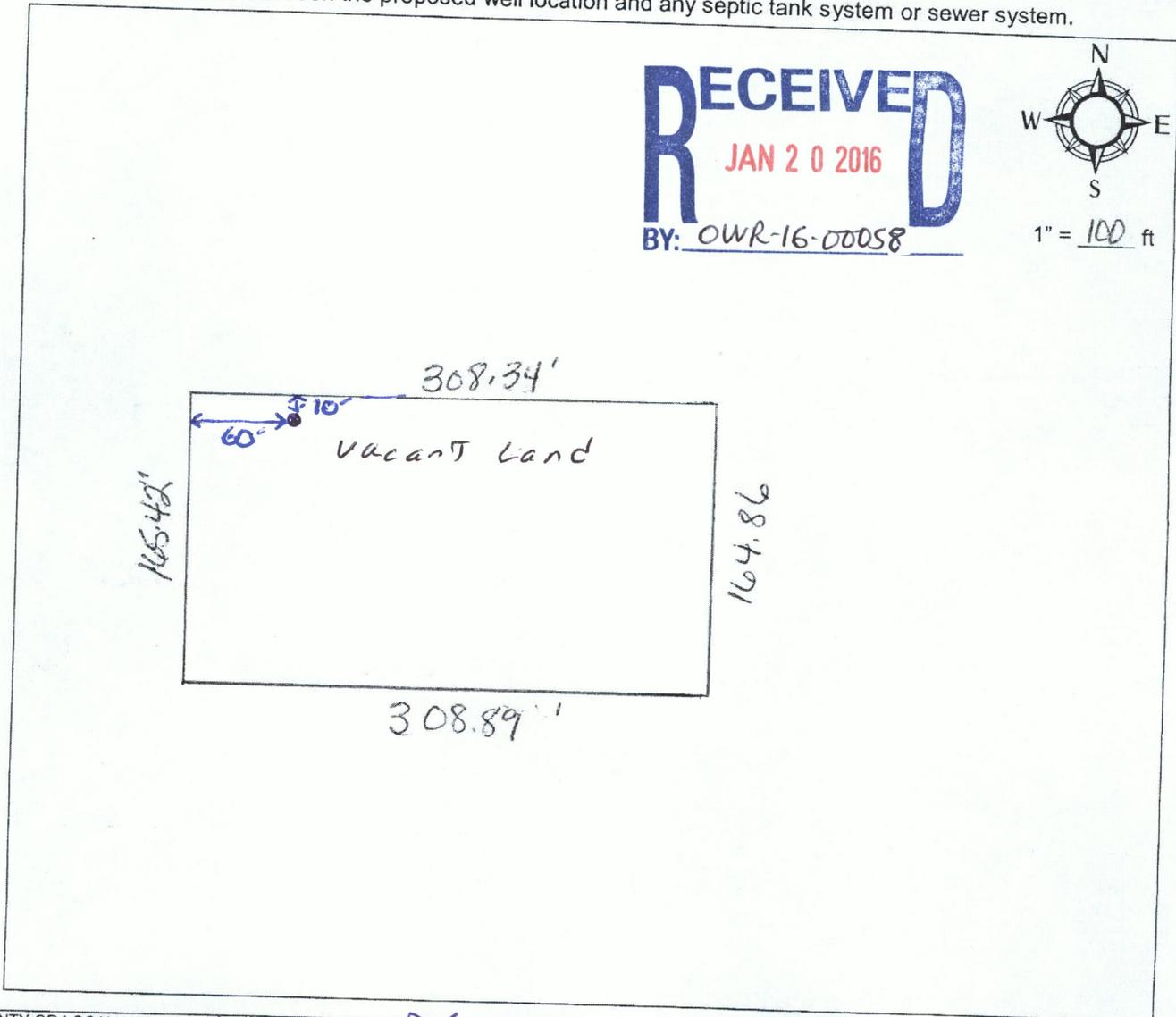
MAP

27

PARCEL

034

- ❖ If this well will be a domestic well on 5 acres or less, please draw the following: (1) the boundaries of your property; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well. If the parcel is vacant land or lacks a septic tank or sewer system, please indicate this.
- ❖ Indicate the distance between the proposed well location and any septic tank system or sewer system.



COUNTY OR LOCAL AUTHORITY NAME AND TITLE
Dominic Novielli, R.S.
COUNTY OR LOCAL AUTHORITY SIGNATURE
Dominic Novielli, R.S.
TELEPHONE NUMBER
602 506 6765
DATE
2-1-2016

Official County or Local Seal or Stamp



ENVIRONMENTAL SERVICES
DEPARTMENT
APPROVED



Arizona Department of Water Resources
 Water Management Support Section
 3550 N. Central Ave. Suite 200, Phoenix, Az 85012
 (602) 771-8500 — (800) 352-8488
 www.water.az.gov

**Certification to the Notice of Intention to Drill
 an Exempt Well within an Active Management
 Area Pursuant to A.R.S. § 45-454(C) & (D)**

**Exempt Well Certification of Compliance with A.R.S. § 45-454(C)
 or Request for Exemption Pursuant to A.R.S. § 45-454(D)**

FILE NUMBER A(7-3)30 CCB
WELL REGISTRATION NUMBER 55 - 919101

Effective January 1, 2006, Arizona Revised Statute (A.R.S.) § 45-454(C) prohibits the drilling of an exempt well (a well that has a maximum pump capacity of not more than thirty-five gallons per minute and that is used only for non-irrigation purposes) on land if any part of the land is within 100 feet of the operating water distribution system of a municipal water provider that has an assured water supply designation (designated water provider) within the boundaries of an Active Management Area (AMA) as shown on a digitized service area map provided to the Director by the municipal provider and updated by the municipal provider as specified by the Director. A.R.S. § 45-454(D) provides that the Director shall provide an exemption from this prohibition if one of the following applies:

1. The landowner submitted a written request for service to the municipal provider that operates the distribution system and the municipal provider did not provide written verification to the landowner within thirty calendar days after receipt of the request that water service is available to the landowner after payment of any applicable fee to the municipal provider.
2. The total capital cost and fees for connecting to the operating water distribution system exceed the total capital cost and fees for drilling and fully equipping the exempt well.
3. If the applicant must obtain an easement across other land to connect to the water distribution system of the municipal provider, the applicant sent the owner of the land a request for the easement by certified mail, return receipt requested, and either the applicant did not receive a response to the request within thirty calendar days of mailing the request or the request was denied.
4. The landowner does not qualify for an exemption pursuant to 1, 2 or 3 above and the landowner provides written verification from the municipal provider that the landowner shall not receive or request water service from the municipal provider while the exempt well is operational. The exemption for the well is revoked if the landowner or any subsequent landowner receives water service from the municipal provider. **In determining whether to approve or reject an application to drill a non-exempt well under A.R.S. § 45-599, the director shall not consider any impacts the proposed non-exempt well may have on the exempt well drilled pursuant to this paragraph.**

RECEIVED
 OUR-16-00058
 JAN 20 2016

In order to obtain authority to drill an exempt well within an AMA, you must fill out the appropriate box below certifying compliance with A.R.S. § 45-454(C) or requesting an exemption pursuant to A.R.S. § 45-454(D).

CERTIFICATION OF COMPLIANCE WITH A.R.S. § 45-454(C)

I certify that no portion of the land on which the proposed exempt well is to be drilled is within one hundred feet of the operating water distribution system of a municipal water provider with an assured water supply designation as shown on the provider's most recent digitized service area map on file with the Arizona Department of Water Resources. I understand that this condition may change prior to the commencement of well drilling and that if, at the time drilling is to commence, the land is within one hundred feet of the operating water distribution system of a municipal water provider with an assured water supply designation as shown on the provider's most recent digitized service area map on file with the Department, the well may not be drilled unless I apply for and am granted an exemption pursuant to A.R.S. § 45-454(D). *(If your exempt well falls into this category, skip to and complete "Signature" on the reverse side)*

Continued on Reverse

REQUEST FOR EXEMPTION PURSUANT TO A.R.S. § 45-454(D)

The land on which the proposed exempt well is to be drilled is within one hundred feet of the operating water distribution system of a municipal water provider with an assured water supply designation as shown on the most recent service area map provided by the municipal provider to the Director of the Arizona Department of Water Resources. Name of municipal provider: _____

In accordance with A.R.S. § 45-454(D), I am:

Requesting exemption # 1 2 3 pursuant to A.R.S. § 45-454(D)(1), (2) or (3) as applicable.
(Check One)

I certify that I meet the requirements for the exemption.

NOTE: If you check this box requesting exemption #1, 2, or 3, you must attach to this form evidence of the applicability of the exemption as follows:

Exemption #1: A copy of the letter you sent to the designated water provider requesting water service and a copy of any written response from the provider.

Exemption #2: A cost comparison of the capital cost and fees associated with drilling and equipping the exempt well versus the capital cost and fees associated with connecting to the designated water provider's operating water distribution system. Please list the name of drilling firm that provided the cost estimate for drilling and equipping the well.

Exemption #3: A copy of the letter sent to the landowner from whom an easement must be obtained, a copy of the receipt showing that the letter was received by the landowner and a copy of any written response received from the landowner.

Requesting exemption #4 pursuant to A.R.S. § 45-454(D)(4), with the understanding that in determining whether to approve or reject an application to drill a non-exempt well under A.R.S. § 45-599 (applicable to wells designed to pump greater than 35 GPM and located within an AMA) the director shall not consider any impacts the proposed non-exempt well may have on the exempt well for which this exemption is granted.

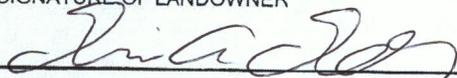
NOTE: If you checked this box requesting exemption #4, please demonstrate the applicability of the exemption by attaching to this form written verification from the municipal provider that you shall not receive or request water service from the municipal provider while the exempt well is operational.

SIGNATURE

TYPE OR PRINT NAME OF LANDOWNER

Viscol Co LLC - Eric A Edbey, Member

SIGNATURE OF LANDOWNER



DATE SIGNED

1-12-2016

NOTE: A current listing of designated water providers may be found at: http://www.azwater.gov/dwr/Content/Find_by_Category/Permits_Forms_Applications/Files/AssuredWaterSupply/List_of_Designated_Providers_2005.pdf.

RECEIVED
JAN 20 2016
BY: OWR-16-00058

ARIZONA DEPARTMENT OF WATER RESOURCES

Phoenix, Arizona 85012

DRILLING CARD

THIS AUTHORIZATION SHALL BE IN POSSESSION OF THE DRILLER DURING ALL DRILLING OPERATIONS

WELL REGISTRATION NO: **55-919101**

AUTHORIZED DRILLER: **SKYTECH DRILLING**

LICENSE NO: **643**

NOTICE OF INTENT TO **DRILL AN EXEMPT WELL** HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: **VISCOL CO LLC**

ADDRESS: **6330 E DESERT COVE AVE, SCOTTSDALE, AZ, 85254**

THE WELL(S) IS/ARE TO BE LOCATED IN THE:

NW 1/4 of the SW 1/4 of the SW 1/4 Section 30 Township 07 N Range 03 E

NO. OF WELLS IN THIS PROJECT: **1** ASSESSOR'S PARCEL NO: **202-27-034**

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE DAY OF **2/1/2017**

THE DRILLER MUST FILE A WELL DRILLER REPORT AND WELL LOG WITHIN 30 DAYS OF COMPLETION OF DRILLING



This drilling or abandonment authority was granted based upon the certifications made by the above-named Driller in the notice of intent to drill or abandon. Those certifications, along with any variances granted, are listed below. By drilling or abandoning the well pursuant to this authorization, the above-named driller acknowledges the accuracy of the driller certifications. If the certifications are in error, this authorization is invalid and driller must contact the Department of Water Resource's NOI Section in writing at the address above to correct.

NOTICE! This well is located within an Active Management Area. Pursuant to A.R.S. § 45-454(C), this well may not be drilled if, at the time well drilling commences, any portion of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a municipal provider with a designation of assured water supply as shown on the most recent digitized service area map filed by the municipal provider with the director of ADWR.

Variance(s) Granted To Driller: **None**

Certification(s) Made By Driller:

- By checking this box, I certify that I have all necessary Registrar of Contractor (ROC) licenses in all necessary license categories for this drilling or abandonment project and that those licenses are current.
- By checking this box, I certify that I have been authorized by the above-named well owner to submit this Notice of Intent on the well owner's behalf.
- By checking this box, I certify that I have received county health authority approval for the proposed well location associated with this NOI application within the past year.
- By checking this box, I certify that I shall submit the well site plan, showing written approval and endorsement by the county or local health authority, to ADWR with the Well Driller Report/Log within 30 days of completion of drilling.

b By checking this box, I certify that the information above is complete and correct, and that the well shall be drilled or abandoned in compliance with all pertinent statutes and rules, including any special standards that may be required to protect the aquifer or other water sources.

b By checking this box, I certify that the proposed well meets the criteria of an exempt well as outlined in A.R.S. § 45-454.

b By checking this box, I certify that the proposed well site is not within 100 feet of any septic tank system, sewage disposal area, landfill, hazardous waste facility, storage area of hazardous materials or petroleum storage areas and tanks.

b By checking this box, I certify that the proposed well's water use meets the criteria of domestic purposes as outlined in the A.R.S. §45-454 and that the water will be used solely for domestic purposes.

b By checking this box, I certify that there are no water production wells located on this parcel.

b By checking this box, I certify that this NOI application is not an application to replace, deepen, or modify an existing well.

b By checking this box, I certify, on behalf of the landowner, that no portion of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a municipal provider with an assured water supply designation as shown on the municipal provider's most recent digitized service area map filed by the municipal provider with the director of ADWR.

b By checking this box, I understand that the Authorization to drill this well DOES NOT constitute or guarantee an approval to use the well for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A) without official prior approval from the Department.

b I certify the point of use for the water to be pumped from this well is the same ground water basin as this well.

b It is understood that the location of the water distribution system may change between now and the time of drilling. Prior to drilling the well, it is the responsibility of the landowner to come to ADWR's offices and review the most up-to-date digitized service area maps of nearby municipal providers with a designation of assured water supply on file with ADWR, to verify whether any portion of the land on which the well will be drilled is within 100 feet of the operating water distribution system of a municipal provider with a designation of assured water supply. If any portion of the land is within 100 feet of the operating water distribution system of a water provider with a designation of assured water supply, as shown on the provider's most recent digitized service area map on file with ADWR, the drilling of the well is prohibited unless an exemption to A.R.S. § 45-454(C) is requested and granted.

ARIZONA DEPARTMENT OF WATER RESOURCES
Electronic Filing - NOI Report

Phoenix, Arizona

NOI Type: Notice of Intent to Drill, Deepen, Replace or Modify a Well

Well Type: EXEMPT

Date Received at ADWR Website: 2/1/2016

Fee Paid: \$150.00

Order Number: -4885

Well Registration Number: 55 - 919101

Number of Wells/Holes: 1

Drilling Authority Expires On: 2/1/2017

Driller's ADWR License Number: 643

Authorized Driller: SKYTECH DRILLING

ROC License Number Entered By Driller: 144685

Qualifying Party License Categories: C-53

Well Owner Name: VISCOL CO LLC

Well Owner Address: 6330 E DESERT COVE AVE

Well Owner City, State - Zip: SCOTTSDALE, AZ - 85254

Well Owner Phone: 602 6771058

Book: 202

Map:27

Parcel: 034

Is the Land Owner the same as the Well Owner?: Yes

Well Location: **NW** 1/4 of the **SW** 1/4 of the **SW** 1/4 Section **30** Township **7 N** Range **3 E**

AMA: PHOENIX AMA

County: MARICOPA

Contamination Site: NOT IN A REMEDIAL ACTION SITE

Design Pumping Capacity: **<= 35 GPM**

Primary Water Use: **DOMESTIC**

Secondary Water Use(s): **N/A**

Was written approval obtained from the applicable county or local health authority to drill the proposed well?:

Obtained

County Approval Pin: **1798767136**

Is this application for an exempt well which will be used to serve the same non-irrigation use at the same location as (i.e., same parcel) as another exempt well?: **No**

Is the proposed water use for domestic purposes on <= 5 acres?: **Yes**

Is any portion of the land, on which the well is to be located, within 100 feet of a designated municipal provider's operating water distribution system as shown on the municipal provider's most recent digitized service area map filed by the municipal provider with the director of ADWR. **No**

Will the installed pump have a pumping capacity of greater than 35 GPM, or will the well will be used to withdraw greater than 10 Acre Feet per year?: **N/A**

Variance(s) Granted To Driller: **None**

Certification(s) Made By Driller:

- By checking this box, I certify that I have all necessary Registrar of Contractor (ROC) licenses in all necessary license categories for this drilling or abandonment project and that those licenses are current.
- By checking this box, I certify that I have been authorized by the above-named well owner to submit this Notice of Intent on the well owner's behalf.
- By checking this box, I certify that I have received county health authority approval for the proposed well location associated with this NOI application within the past year.
- By checking this box, I certify that I shall submit the well site plan, showing written approval and endorsement by the county or local health authority, to ADWR with the Well Driller Report/Log within 30 days of completion of drilling.
- By checking this box, I certify that the information above is complete and correct, and that the well shall be drilled or abandoned in compliance with all pertinent statutes and rules, including any special standards that may be required to protect the aquifer or other water sources.
- By checking this box, I certify that the proposed well meets the criteria of an exempt well as outlined in A.R.S. § 45-454.
- By checking this box, I certify that the proposed well site is not within 100 feet of any septic tank system, sewage disposal area, landfill, hazardous waste facility, storage area of hazardous materials or petroleum storage areas and tanks.
- By checking this box, I certify that the proposed well's water use meets the criteria of domestic purposes as outlined in the A.R.S. §45-454 and that the water will be used solely for domestic purposes.
- By checking this box, I certify that there are no water production wells located on this parcel.
- By checking this box, I certify that this NOI application is not an application to replace, deepen, or modify an existing well.
- By checking this box, I certify, on behalf of the landowner, that no portion of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a municipal provider with an assured water supply designation as shown on the municipal provider's most recent digitized service area map filed by the municipal provider with the director of ADWR.
- By checking this box, I understand that the Authorization to drill this well DOES NOT constitute or guarantee an approval to use the well for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A) without official prior approval from the Department.
- I certify the point of use for the water to be pumped from this well is the same ground water basin as this well.
- It is understood that the location of the water distribution system may change between now and the time of drilling. Prior to drilling the well, it is the responsibility of the landowner to come to ADWR's offices and review the most up-to-date digitized service area maps of nearby municipal providers with a designation of assured water supply on file with ADWR, to verify whether any portion of the land on which the well will be drilled is within 100 feet of the operating water distribution system of a municipal provider with a designation of assured water supply. If any portion of the land is within 100 feet of the operating water distribution system of a water provider with a designation of assured water supply, as shown on the provider's most recent digitized service area map on file with ADWR, the drilling of the well is prohibited unless an exemption to A.R.S. § 45-454(C) is requested and granted.



Arizona Department of Water Resources
 Information Management Unit
 PO Box 36020 | Phoenix, Arizona 85067-36020
 (602) 771-8527 | 602-771-8500

Well Driller Report and Well Log

THIS REPORT MUST BE FILED WITHIN 30 DAYS OF COMPLETING THE WELL.

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

FILE NUMBER A(7-3) 30 CCB
WELL REGISTRATION NUMBER 55 - 919101
PERMIT NUMBER (IF ISSUED)

SECTION 1. DRILLING AUTHORIZATION	
Drilling Firm	
Mail To:	NAME SKYTECH DRILLING
	ADDRESS P.O. BOX 41881
	CITY / STATE / ZIP PHOENIX, AZ, 85080-1881
DWR LICENSE NUMBER 643	TELEPHONE NUMBER 602-541-2173
FAX	

SECTION 1. REGISTRY INFORMATION						
Well Owner			Location of Well			
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL VISCOL CO LLC			WELL LOCATION ADDRESS (IF ANY)			
MAILING ADDRESS 6330 E DESERT COVE AVE			TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4
CITY / STATE / ZIP SCOTTSDALE, AZ, 85254			LATITUDE °		"N	LONGITUDE °
CONTACT PERSON NAME AND TITLE			METHOD OF LATITUDE/LONGITUDE (CHECK ONE)			
TELEPHONE NUMBER 602 6771058			<input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade			
FAX			LAND SURFACE ELEVATION AT WELL Feet Above Sea Level			
WELL NAME (e.g., MW-1, PZ-3, lot 25 Well, Smith Well, etc.)			METHOD OF ELEVATION (CHECK ONE)			
			<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade			
			*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)			
			<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify)			
			COUNTY	ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)		
				BOOK 202	MAP 27	PARCEL 034

SECTION 3. WELL CONSTRUCTION DETAILS		
Drilling Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ONE <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify)	CHECK ONE <input type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
	Condition of Well	Construction Dates
	CHECK ONE <input type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED
		DATE WELL CONSTRUCTION COMPLETED

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

SIGNATURE OF QUALIFYING PARTY	DATE

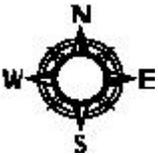
Well Driller Report and Well Log

WELL REGISTRATION NUMBER 55 - 919101
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SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER VISCOL CO LLC	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)		
	BOOK 202	MAP 27	PARCEL 034

- ✓ Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ✓ Please indicate the distance between the well location and any septic tank system or sewer system.

						
						1" = _____ ft



Well Driller Report and Well Log

Introduction

These instructions are a guide to filling out Form DWR 55-55 (Rev. 06/15/2010), entitled "Well Driller Report and Well Log." Please review the instructions prior to completing the form in black or blue ink. Forms may be obtained at any Arizona Department of Water Resources (ADWR) office and at ADWR's web site, <http://www.azwater.gov>. For information about the form or these instructions, contact Groundwater Permitting & Wells at (602) 771-8500. There is no fee for filing this form.

When Form DWR 55-55 Must be Filed

Within 30 days after completion of the drilling, deepening or modification of a well, the licensed well driller who performed the work must file a Well Driller Report and Log with ADWR. Because the information in the report describes the well as it was actually constructed, and comes from the person who constructed the well, the information is very valuable to ADWR. For that reason, it is very important to fill out the report with the most accurate information possible.

Instructions for Filling out the Form

Well Registration and Permit Numbers

Fill in the registration number of the well and any ADWR permit number associated with the well in the upper right-hand corner of the first page. Also fill in the well registration number in the upper right-hand corner of all other pages so that the well information on those pages can be identified when the pages are separated during computer imaging.

Section 1 - Drilling Authorization

Fill in the name, address, DWR license number and telephone and fax numbers of the drilling firm filing the report.

Section 2 - Registry Information

Well Owner

Fill in the name, mailing address, telephone number and fax number (if available) of the well owner. If the well owner is a corporation, governmental unit or other entity, provide the name of a contact person.

Location of Well

Fill in the following information relating to the location of the well:

- The street address of the property where the well is located. For monitor wells or other wells associated with contaminant investigations or remedial projects, this will usually be the same as the facility address.
- The legal description of the well site. The legal description is the township, range, section, and in decreasing order, the quarters of that section so that the well location falls in a 10-acre block within that section. Normally, the legal description will be the same as that given in the original Notice of Intent to drill the well, but occasionally a more accurate description is discovered after the Notice is filed.
- The latitude and longitude (in degrees-minutes-seconds format) and land surface elevation at the well, and the method used to determine these data. **Please note this information is mandatory.** Use of a Global Positioning System (GPS) receiver is the only method accepted by the Department. The GPS unit should be adjusted to use the NAD-83 datum. Please indicate if the geographic coordinate datum used was NAD-83, and if not, which datum was used.
- The name of the county and the tax assessor's parcel identification number for the land where the well is located. This information can normally be taken from the original Notice of Intent to drill the well, and may also be obtained from the county tax assessor's office. Federal or State land will not have a parcel identification number.

Section 3 - Well Construction Details

Section 3 requires details on the construction of the well. Indicate the drill method by checking the appropriate box. If the drill method is not listed, check the "Other" box and describe the method. To the right of that, indicate the method of well development by checking the

appropriate box. Next, indicate the method of sealing at reduction points. If the method used is not listed, check "Other" and provide a brief explanation. Under *Well Driller Completion Report and Well Log Form 55-55 Instructions (Rev. 06/2010) Page 2*

Condition of Well, indicate whether the well was capped, or a pump was installed, when you left it. Then fill in the date when well construction started, and the date when well construction was completed.

Signature Block

The form must be signed and dated by the qualifying party of the drilling firm.

Section 4 - Well Construction Design (As Built)

Section 4 contains tables to fill in information on the existing borehole, the installed casing and the installed annular material. The tables are broken down by depth interval.

In the first set of boxes, fill in the depth of the boring and the depth of the completed well, as measured in feet below the land surface.

Under **Water Level Information** please indicate the static water level in the well, as measured in feet below the land surface, and the date and time the water level was measured. If the well is a flowing well, include the method by which the artesian flow is regulated.

In the **Borehole** table, fill in the diameter of the borehole in inches, and indicate the depth interval for each change in diameter. In the **Installed Casing** table, fill in the outer diameter of the casing in inches, check the appropriate boxes indicating the type of casing material and the type of perforations, and fill in the slot size of any perforations. Fill in the depth interval for each change in information. Please note that not every interval will be perforated. Check the "Blank or None" box for non-perforated depth intervals. If the type of casing material or perforations is not listed, describe the type in the appropriate box.

In the **Installed Annular Material** table, check the appropriate boxes indicating the type of annular material or filter pack installed at each depth interval. Fill in the size of the filter pack used. Provide the depth interval for each change in information. If the type of annular material is not listed, describe the material in the appropriate box.

Section 5 - Geologic Log of Well

Section 5 requires the geologic or lithologic log of the well. Describe the various units encountered during drilling. Provide as much description as possible. The

log description must be broken down by depth intervals below ground surface, and every interval where groundwater, including perched groundwater, was encountered must be checked. If a consulting firm was involved with the well construction, the consultant's lithologic log may be submitted in lieu of completing Section 5.

Section 6 - Well Site Plan

In the boxes at the top of Section 6, fill in the name of the well owner and the county tax assessor's parcel identification number for the land where the well is located. Below that, provide a scale drawing of where the well was actually constructed on the parcel, illustrating the property boundaries, the well location and any structures on the property. The drawing must also show the location of any septic tank or sewer systems on the property or within 100 feet of the well, even if on neighboring property, and the distance between the well and the septic tank or sewer system. The drawing should closely match the drawing on the original Notice of Intent to drill the well, but the purpose of this drawing is to show where the well was actually drilled, especially if the location is different than originally planned. This information will be shared with the county.

Where to File Form

Completed forms may be mailed to ADWR at the following address:

Arizona Department of Water Resources
Groundwater Permitting and Wells
PO Box 36020
Phoenix, AZ 85067-36020

Completed forms may also be submitted to ADWR's main office at 3550 North Central Avenue, Second Floor., Phoenix, AZ 85012.

The completed form must be legible and of good quality when received by ADWR so that it can be scanned into ADWR's permanent records.

ARIZONA DEPARTMENT of WATER RESOURCES
3550 North Central Avenue, Second Floor
Phoenix, AZ 85012
602-771-8500
azwater.gov

February 1, 2016

VISCOL CO LLC
6330 E DESERT COVE AVE
SCOTTSDALE, AZ 85254

Registration No. 55- 919101
File Number: A(7-3) 30 CCB



DOUGLAS A. DUCEY
Governor

THOMAS BUSCHATZKE
Director

Dear Well Applicant:

Enclosed is a copy of the Notice of Intention to Drill (NOI) a well which you or your driller recently filed with the Department of Water Resources. This letter is to inform you that the Department has approved the NOI and has mailed, or made available for download, a drilling authorization card to your designated well drilling contractor. The driller may not begin drilling until he/she has received the authorization, and must keep it in their possession at the well site during drilling. Although the issuance of this drill card authorizes you to drill the proposed well under state law, the drilling of the well may be subject to restrictions or regulations imposed by other entities.

Well drilling activities must be completed within one year after the date the NOI was filed with the Department. If drilling is not completed within one year, a new NOI must be filed and authorization from this Department received before proceeding with drilling. If the well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the well must be properly abandoned and a Well Abandonment Completion Report must be filed by your driller [as required by A.A.C. R12-15-816(F)].

If you change drillers, you must notify the Department of the new driller's identity on a Request to Change Well Information (form 55-71A). Please ensure that the new driller is licensed by the Department to drill the type of well you require. A new driller may not begin drilling until he/she receives a new drilling authorization card from the Department.

If you find it necessary to change the location of the proposed well(s), you may not proceed with drilling until you file an amended NOI with the Department. An amended drilling authorization card will then be issued to the well drilling contractor, which must be in their possession before drilling begins.

Arizona statute [A.R.S. § 45-600] requires registered well owners to file a Pump Installation Completion Report (form 55-56) with the Department within 30 days after the installation of pumping equipment, if authorized. A blank report is enclosed for your convenience. State statute also requires the driller to file a complete and accurate Well Drillers Report and Well Log (form 55-55) within 30 days after completion of drilling. A blank report form was provided to your driller with the drilling authorization card. You should insist and ensure that all of the required reports are accurately completed and timely filed with the Department.

Please be advised that Arizona statute [A.R.S. § 45-593(C)] requires a registered well owner to notify the Department of a change in ownership of the well and/or information pertaining to the physical characteristics of the well in order to keep this well registration file current and accurate. Any change in well information or a request to change well driller must be filed on a Request to Change Well Information form (form 55-71A) that may be downloaded from the ADWR Internet website at www.azwater.gov.

Sincerely,

Groundwater Permitting and Wells Section

ARIZONA DEPARTMENT of WATER RESOURCES
3550 North Central Avenue, Second Floor
Phoenix, AZ 85012
602-771-8500
azwater.gov



DOUGLAS A. DUCEY
Governor

THOMAS BUSCHATZKE
Director

2/1/2016

VISCOL CO LLC
6330 E DESERT COVE AVE
SCOTTSDALE, AZ 85254

Re: Senate Bill 1190: Drilling Restriction on Exempt Wells within Active Management Areas

Dear Applicant:

The purpose of this letter is to inform you of recent amendments made to the Groundwater Code by the enactment of Senate Bill 1190. These amendments may potentially affect the well drilling authorization issued for well no. 55-919101, to be located on Assessor's Parcel No. (APN) add bmp located at add file number

Effective January 1, 2006, Arizona Revised Statute (A.R.S.) § 45-454 (C) prohibits the drilling of an exempt well (a well that has a maximum pump capacity of not more than thirty-five gallons per minute and that is used only for non-irrigation purposes) on land if any part of the land is within 100 feet of the operating water distribution system of a municipal water provider that has an assured water supply designation (designated water provider) within the boundaries of an Active Management Area (AMA) as shown on a digitized service area map provided to the Director by the municipal provider and updated by the municipal provider as specified by the Director. A.R.S. § 45-454 (D) provides that the Director shall provide an exemption from this prohibition if one of the following applies:

1. The landowner submitted a written request for service to the municipal provider that operates the distribution system and the municipal provider did not provide written verification to the landowner within thirty calendar days after receipt of the request that water service is available to the landowner after payment of any applicable fee to the municipal provider.
2. The total capital cost and fees for connecting to the operating water distribution system exceed the total capital cost and fees for drilling and fully equipping the exempt well.
3. If the applicant must obtain an easement across other land to connect to the water distribution system of the municipal provider, the applicant sent the owner of the land a request for the easement by certified mail, return receipt requested, and either the applicant did not receive a response to the request within thirty calendar days of mailing the request or the request was denied.
4. The landowner does not qualify for an exemption pursuant to paragraphs 1, 2, or 3 above and the landowner provides written verification from the municipal provider that the landowner shall not receive or request water service from the municipal provider while the exempt well is operational. The exemption for the well is revoked if the landowner or any subsequent landowner receives water service from the municipal provider. In determining whether to approve or reject an application to drill a non-exempt well under A.R.S. § 45-599, the director shall not consider any impacts the proposed non-exempt well may have on the exempt well drilled pursuant to this paragraph.

In addition, Senate Bill 1190 does not prohibit a property owner, after January 1, 2006, from drilling a replacement exempt well for an existing lawful exempt well if the replacement well does not increase the total number of operable exempt wells on the applicant's land, [A.R.S. § 45-454 (E)], or prohibit the drilling of a well for the purpose of remediating groundwater if it meets one of the following exemptions pursuant to [A.R.S. § 45-454 (F)]:

1. The remediation well is for an approved Department of Environmental Quality or United States Environmental Protection Agency remediation program.
2. A registered geologist certifies that the remediation well is for the purpose of remediation.

The proposed location of well no. 55-919101 is within the PHOENIX AMA. Please be aware that under A.R.S. § 45-454(C) you may not drill well no. 55-919101 if, at the time well drilling is to commence, any part of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a designated water provider as shown on the most recent digitized service area map provided to the Director by the designated water provider, unless you apply for and are granted one of the exemptions listed above. If you drill your well in violation of A.R.S. § 45-454(C), the Department may commence an enforcement action against you in which it may seek an order requiring you to pay civil penalties and/or abandon the well.

It is your responsibility to ensure that your well is not drilled in violation of A.R.S. § 45-454(C). Therefore, you should come to the Department's offices prior to commencing well drilling to review the digitized service area maps of designated water providers on file with the Department to determine whether any part of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a designated water provider. The digitized service area maps of designated water providers will be available for review by the public at the Department's Phoenix office and in the outlying AMA offices. For security purposes, these maps may not be reproduced or electronically transferred. The Department will update the service area map of a designated water provider upon request by the provider, **so it is important you review the maps as close to the drilling date as possible.**

A current listing of designated water providers may be found at:

http://www.azwater.gov/dwr/Content/Find_by_Category/Permits_Forms_Applications/Files/AssuredWaterSupply/UPDATED_List_of_Designated_Providers_2005.pdf

As stated above, if the land on which the well is to be drilled is within 100 feet of a designated water provider's operating water distribution system, the well may be drilled on or after January 1, 2006 if you apply for and are granted one of the exemptions listed above. To request an exemption, you or your well driller must file with the Department supplemental form Exempt Well Certification of Compliance with A.R.S. § 45-454(C) or Request for Exemption Pursuant to A.R.S. § 45-454(D) [form A.R.S. § 45-454(C) & (D)] or Remediation Well Certification of Compliance with A.R.S. § 45-454(C) or Request for Exemption Pursuant to A.R.S. § 45-454(F) [form A.R.S. § 45-454(C) & (F)] certifying that the exemption applies. These supplemental forms are available at all Department offices and online at:

[http://www.azwater.gov/dwr/Content/Find_by_Program/Wells/Well_Drilling/FORMS/A.R.S. § 45-454\(C\) & \(D\).pdf](http://www.azwater.gov/dwr/Content/Find_by_Program/Wells/Well_Drilling/FORMS/A.R.S. § 45-454(C) & (D).pdf)
and [http://www.azwater.gov/dwr/Content/Find_by_Program/Wells/Well_Drilling/FORMS/A.R.S. § 45-454\(C\) & \(F\).pdf](http://www.azwater.gov/dwr/Content/Find_by_Program/Wells/Well_Drilling/FORMS/A.R.S. § 45-454(C) & (F).pdf)

Upon receipt of the supplemental form, the Department will review the form and determine whether you qualify for the exemption. If the Department determines that you qualify for the exemption, it will issue the exemption authorizing the drilling of the well. If the Department determines that you do not qualify for the exemption, it will send you notice of the determination and a notice of your right to appeal the determination.

If you have any questions concerning well no. 55-919101 please contact the Notice of Intent Unit at (602) 771-8527. For additional information on Senate Bill 1190, please visit the Department's website at <http://www.azwater.gov>.



Arizona Department of Water Resources
 Information Management Unit
 PO Box 36020 , Phoenix, AZ 85067-36020
 (602) 771-8527 ▪ 1-800-352-8488

Pump Installation Completion Report

- ✓ Review instructions prior to completing form in black or blue ink.
- ✓ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER A(7-3) 30 CCB
WELL REGISTRATION NUMBER 55 - 919101

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION	
Well Owner	Location of Well
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL VISCOL CO LLC	WELL LOCATION ADDRESS (IF ANY)
MAILING ADDRESS 6330 E DESERT COVE AVE CITY / STATE / ZIP SCOTTSDALE, AZ, 85254	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 1/4 1/4 1/4
CONTACT PERSON NAME AND TITLE	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) BOOK MAP PARCEL 202 27 034
TELEPHONE NUMBER 602 6771058	FAX
	COUNTY WHERE WELL IS LOCATED

SECTION 2. EQUIPMENT INSTALLED	
DATE PUMP INSTALLED	Pitless Adaptor CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION) Was a pitless adaptor installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Type CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (Please Specify):	IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED _____ Feet
RATED PUMP CAPACITY _____ Gallons Per Minute	Power Type CHECK ONE <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Other (Please Specify):
	HORSE POWER RATING OF MOTOR

SECTION 3. PUMP TEST		
Pump Test Data	Method of Discharge Measurement	Method of Measuring Water Level
DATE WELL TESTED	CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket - Barrel - Stopwatch <input type="checkbox"/> Current <input type="checkbox"/> Estimated - Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir - Flume <input type="checkbox"/> Other (Please Specify):	CHECK ONE <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line (Sounder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (Please Specify):
STATIC WATER LEVEL (A) _____ Feet Below Land Surface		
PUMPING WATER LEVEL (B) _____ Feet Below Land Surface		
DRAWDOWN [(B) - (A)] _____ Feet Below Land Surface		
TEST PUMPING RATE _____ Gallons Per Minute		
DURATION OF PUMP TEST (Minimum 4 Hours) _____ Hours		
TOTAL PUMPING LIFT _____ Feet		
FOR FLOWING WELL, MEASURED SHUT IN HEAD <input type="checkbox"/> FT <input type="checkbox"/> PSI		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER	DATE
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Pump Installation Completion Report

Introduction

These instructions are a guide to filling out Form DWR 55-56 (Rev. 07/20/07), entitled "Pump Installation Completion Report." Please review the instructions prior to completing the form in black or blue ink. Forms may be obtained at any Arizona Department of Water Resources (ADWR) office and at ADWR's Web site, <http://www.azwater.gov>. For information about the form or these instructions, contact the Supervisor of the Notice of Intent Program at (602) 771-8500. There is no fee for filing this form.

When Form DWR 55-56 Must be Filed

A Pump Installation Completion Report must be filed by the owner of a well within 30 days after a pump is installed in the well. It is recommended that the report be filled out with the assistance of the firm that installed the pump. The information in the report, including where the well is located, who owns the well, and what pump equipment was installed in the well, will be placed in ADWR's database of all wells in Arizona. Because the report will describe conditions in the well as they actually exist, the information is very valuable to ADWR. For that reason, it is very important to fill out the report with the most accurate information possible.

Instructions for Filling out the Form

Well Registration Number

Fill in the registration number of the well in the box in the upper right-hand corner of the form. If this is a new well, the number will be the registration number that ADWR assigned to the well when the Notice of Intent to drill the well was filed.

Section 1 - Registry Information

Well Owner

Fill in the well owner's name, mailing address and telephone and fax numbers. If the well owner is a corporation, governmental unit or other entity, provide the name of a contact person.

Location of Well

Fill in the following information relating to the location of the well:

The street address of the property where the well is located, if

the property has a street address.

- The legal description of the well location. The legal description is the township, range, section, and in decreasing order, the quarters of that section so that the well location falls in a 10-acre block within that section. This will usually be the same as the legal description for the well location submitted with the original Notice of Intent to drill the well, but occasionally a more accurate legal description is discovered after the Notice is filed.
- The county tax assessor's parcel identification number for the land where the well is located. This information can normally be taken from the original Notice of Intent to drill the well, and may also be obtained from the county tax assessor's office. Federal or State land will not have a parcel identification number.
- The name of the county where the well is located.

Section 2 - Equipment Installed

Section 2 requires information on the pump equipment installed in the well. In the space in the upper left-hand corner of the section, fill in the date the pump equipment was installed.

Pitless adaptor is defined in Arizona Administrative Code R12-15-801(21), as a commercially manufactured watertight unit or device designed for attachment to a steel well casing which permits discharge from the well below the land surface and allows access into the well casing while preventing contaminants from entering the well. In the box labeled **Pitless Adaptor**, check yes if a pitless adaptor was installed and note at what depth below grade the device was installed.

In the block labeled **Pump Type**, check the appropriate box indicating the type of pump installed. If the type of pump is not listed, check "Other" and describe the pump type. Below that block, fill in the rated pump capacity of the pump in gallons per minute.

In the block labeled **Power Type**, check the appropriate box indicating the type of power the pump uses. If the type of power is not listed, check "Other" and describe the power type. Below that block, fill in the horsepower rating of the

motor. This information can be obtained from the firm that installed the pump.

Section 3 - Pump Test

Section 3 contains three blocks for providing information on the results of the pumping test that is required to be performed on the well and pump. In the block labeled **Pump Test Data**, fill in the following information:

- The date the well was tested.
- The static water level in the well. This is the water level in the well immediately prior to the pumping test, as measured in feet below the land surface.
- The pumping water level. This is the water level in the well immediately after the pump was operated for at least four hours, as measured in feet below the land surface.
- Drawdown. This is the difference between the pumping water level and the static water level.
- The pumping rate during the test, as measured in gallons per minute.
- The duration of the pumping test, which must be at least four hours of continuous operation.
- The total pumping lift, if known, as measured in feet.
- If the well is a flowing or artesian well, the shut-in pressure head in feet or pounds per square inch.

In the block labeled **Method of Discharge Measurement**, check the appropriate box indicating how the discharge was measured during the pumping test. If the method of measurement is not listed, check "Other" and provide a brief description of the method.

In the block labeled **Method of Measuring Water Level**, check the appropriate box indicating the method by which the water levels were measured during the pumping test. If the method used is not listed, check "Other" and provide a brief description of the method.

Signature Block

The form must be signed and dated by the well owner.

Where to File Form

Completed forms may be mailed to ADWR at the following address:

Arizona Department of Water Resources
Groundwater Permitting and Wells
PO Box 36020
Phoenix, AZ 85067-36020

Completed forms may also be submitted to ADWR's main office in Phoenix at 3550 North Central Avenue, Second Floor Phoenix, Az. 85012.

The completed form must be legible and of good quality when received by ADWR so that it can be scanned into ADWR's permanent records.

ARIZONA DEPARTMENT of WATER RESOURCES
3550 North Central Avenue, Second Floor
Engineering and Permits Division
Phoenix, AZ 85012
602-771-8500

NOTICE TO WELL DRILLERS

This is a reminder that a valid drill card be present for the drilling of each and every well constructed on a site.* The problem seems to occur during the construction of a well when an unexpected problem occurs. Either the hole collapses, the hole is dry, a drill bit is lost and can't be recovered, or any number of other situations where the driller feels that he needs to move over and start another well. If you encounter this type of scenario, please be aware drillers do not have the authority to start another well without first obtaining drilling authority for the new well. Please note the following statutes and regulations pertaining to well drilling and construction:

ARIZONA REVISED STATUTE (A.R.S.)

A.R.S. § 45-592.A.

A person may construct, replace or deepen a well in this state only pursuant to this article and section 45-834.01. The drilling of a well may not begin until all requirements of this article and section 45-834.01, as applicable, are met.

A.R.S. § 594.A.

The director shall adopt rules establishing construction standards for new wells and replacement wells, the deepening and abandonment of existing wells and the capping of open wells.

A.R.S. § 600.A

A well driller shall maintain a complete and accurate log of each well drilled.

ARIZONA ADMINISTRATIVE CODE (A.A.C.)

A.A.C. R12-15-803.A.

A person shall not drill or abandon a well, or cause a well to be drilled or abandoned, in a manner which is not in compliance with A.R.S. Title 45, Chapter 2, Article 10, and the rules adopted thereunder.

A.A.C. R12-15-810.A.

A well drilling contractor or single well licensee may commence drilling a well only if the well drilling contractor or licensee has possession of a drilling card at the well site issued by the Director in the name of the well drilling contractor or licensee, authorizing the drilling of the specific well in the specific location.

A.A.C. R12-15-816.F.

In the course of drilling a new well, the well may be abandoned without first filing a notice of intent to abandon and without an abandonment card.

*** THIS REQUIREMENT DOES NOT PERTAIN TO THE DRILLING OF MINERAL EXPLORATION, GEOTECHNICAL OR HEAT PUMP BOREHOLES**



Arizona Department of Water Resources
 Groundwater Permitting and Wells Section
 PO Box 36020 , Phoenix, AZ 85067-36020
 (602) 771-8527 ▪ 1-800-352-8488
www.azwater.gov

**Landowner Authorization to Drill or
 Abandon a Well on Landowner's Parcel**

**Landowner Authorization to Drill or Abandon a Well by a Third Party on
 Landowner's Parcel Pursuant to A.R.S. § 45-596 and A.A.C. R12-15-809**

FILE NUMBER A(7-3) 30 CCB
WELL REGISTRATION NUMBER 55 - 919101

The Arizona Department of Water Resources requires a well driller or well owner to obtain written permission from the owner of the land on which they intend to drill or abandon a well. Landowners, or their designated representative, must authorize the well to be drilled or abandoned with their signature on the Notice of Intent or on this form, to be attached to the Notice of Intent form.

PARCEL ADDRESS _____

COUNTY PARCEL ID 202 - 27 - 034 COUNTY MARICOPA
 BOOK MAP PARCEL

In accordance with A.R.S. § 45-496 and A.A.C. R12-15-809, I certify that:

- I am the owner of the parcel on which I am giving permission for a well to be •• drilled or •• abandoned.
- I am an authorized representative of the owner of the parcel on which I am giving permission for a well to be •• drilled or •• abandoned.

SIGNATURE

TYPE OR PRINT NAME OF LANDOWNER / REPRESENTATIVE	TITLE
SIGNATURE	DATE SIGNED