

Run Date: 01/03/2017

# AZ DEPARTMENT OF WATER RESOURCES

## WELL REGISTRY REPORT - WELLS55

Location C 9.0 19.0 24 C B 0 Well Reg.No 55 - 579906 Cancelled AMA NOT WITHIN ANY AMA OR INA

Registered Name DON CASE  
PO BOX 1027  
WELLTON AZ 85356  
File Type NEW WELLS (INTENTS OR APPLICATIONS)  
Application/Issue Date 03/01/2000

Owner OWNER  
Driller No. 0  
Driller Name  
Driller Phone  
County YUMA  
Parcel No. 204-28-008  
Intended Capacity GPM 0.00  
Well Type EXEMPT  
SubBasin WELLTON-MOHAWK  
Watershed LOWER GILA RIVER  
Registered Water Uses DOMESTIC  
Registered Well Uses WATER PRODUCTION  
Discharge Method NO DISCHARGE METHOD LISTED  
Power NO POWER CODE LISTED

Well Depth 0.00 Case Diam 0.00 Tested Cap 0.00  
Pump Cap. 0.00 Case Depth 0.00 CRT  
Draw Down 0.00 Water Level 0.00 Log  
Acres Irrig 0.00 Finish NO CASING CODE LISTED

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

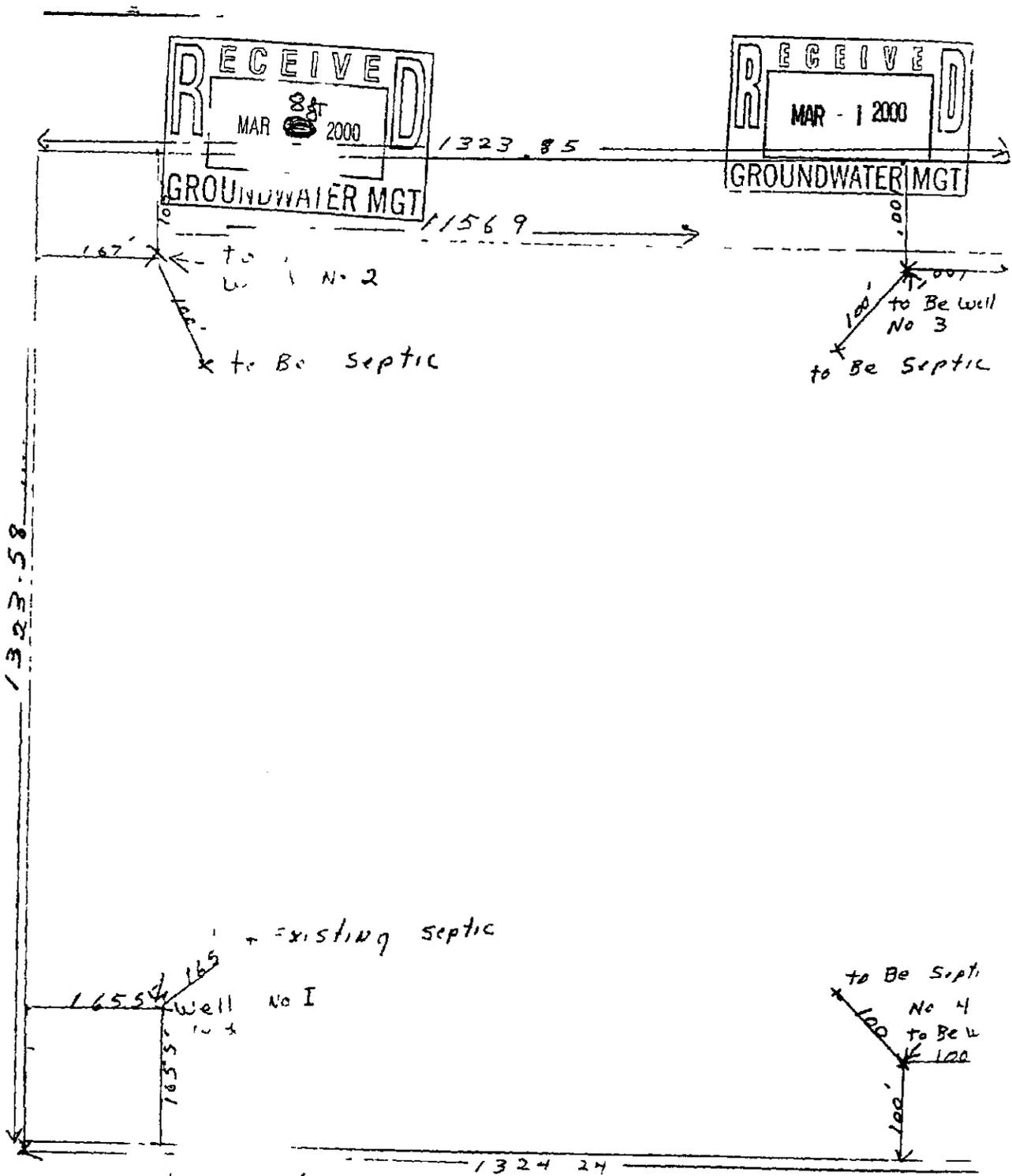
### Comments

### Current Action

3/3/2000 195 NOI WITHDRAWN  
Action Comment: jt

### Action History

1/3/2017 856 CHANGE OF BOOK/MAP/PARCEL DATA  
Action Comment: OLD BOOK/MAP/PARCEL: 204 23 008 by user WRMIB  
3/16/2016 880 CHANGE IN REMEDIAL ACTION SITE CODE  
Action Comment: OLD WQARF code: null  
6/16/2000 871 NOI AUTHORIZATION DENIED  
Action Comment: jt  
3/13/2000 201 NOI SENDBACK TO APPLICANT - 2ND  
Action Comment: jt; F & 10 need 10 ac quarter, #3, #4, #14, unauthorized signature, see Alan Dulaney letter  
3/8/2000 205 NOI SENDBACK RECEIVED  
Action Comment: rd SENDBACK ORIGINAL FORM, F & 10, 3, 4, 14  
3/6/2000 200 NOI SENDBACK TO APPLICANT  
Action Comment: rd SENDBACK ORIGINAL FORM, F & 10, 3, 4, 14  
3/1/2000 150 NOI RECEIVED FOR A NEW PRODUCTION WELL  
Action Comment: GM SENDBACK ORIGINAL FORM, F & 10, 3, 4, 14

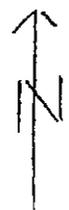


SCALE = 1" = 165.5'

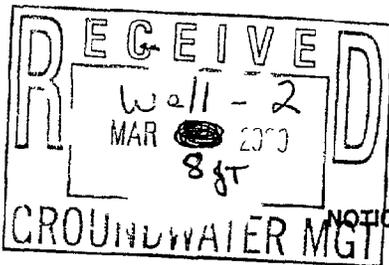
NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel 2-4-008 2

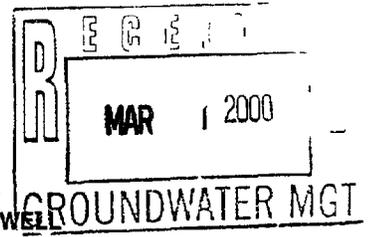
BOOK 24 MAP 28







\*  
 ARIZONA DEPARTMENT OF WATER RESOURCES  
 GROUNDWATER MANAGEMENT SUPPORT SECTION  
 MAIL TO P O BOX 458, PHOENIX, ARIZONA 85001-0458  
 FOR MORE INFORMATION CALL MONICA ORTIZ (602)417-2470  
 NOTICE OF INTENTION TO DRILL, DEEPEN, REPLACE OR MODIFY A WELL



PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT IF ANY WATER FROM THE PROPOSED WELL (LISTED BELOW) WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF LAND 20 OR FEWER ACRES THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES ITEMS C, D, E, AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE

A Don Case PO Box 1027 Wellton AZ 85356  
 LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP

B TELEPHONE NO 977-775-0001 COUNTY ASSESSOR'S PARCEL ID INFORMATION

C WELL LOCATED IN Yuma COUNTY D 204 28 14-20428 E 40  
 BOOK MAP PARCEL # OF ACRES OFFICIAL SEAL OR STAMP

WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED)

F 1/4 NW 1/4 SW 1/4 OF SECTION 24 TOWNSHIP 9 N/S RANGE 19 R/W  
 10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT

CHECK ONE  
 G RECOMMEND APPROVAL \_\_\_\_\_ INSUFFICIENT INFORMATION TO MAKE DETERMINATION \_\_\_\_\_ VARIANCE REQUIRED \_\_\_\_\_ (EXPLANATION ATTACHED)

H. DATE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

1 OWNER OF WELL  
Don Case  
 NAME  
PO Box 1027  
 CURRENT MAILING ADDRESS  
Wellton AZ 85356  
 CITY STATE ZIP  
 TELEPHONE NUMBER 977-775-0001

6 LESSEE OF LAND OF WELLSITE  
 NAME \_\_\_\_\_  
 CURRENT MAILING ADDRESS \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

10 PLACE OF USE (LEGAL DESCRIPTION OF LAND)  
1/4 NW 1/4 SW 1/4 SECTION 24  
 10AC 40AC 160AC  
 TOWNSHIP 9 N/S RANG 19 R/W

11 TYPE OF WELL (CHECK ONE)  
 EXEMPT  NON EXEMPT \_\_\_\_\_

2 ACTION REQUESTED  
 DRILL NEW WELL  DEEPEN \_\_\_\_\_  
 MODIFY \_\_\_\_\_ REPLACE \_\_\_\_\_  
 WELL REGISTRATION NO 55- \_\_\_\_\_

7 PRINCIPLE USE OF WATER (BE SPECIFIC)  
Domestic  
 8 OTHER USES OF WATER. (BE SPECIFIC)  
 \_\_\_\_\_

12 CHECK ONE  
 RESIDENTIAL  COMMERCIAL \_\_\_\_\_

FOR A REPLACEMENT WELL PROVIDE  
 MAX CAPACITY OF THE ORIGINAL WELL  
 \_\_\_\_\_ GALLONS PER MINUTE  
 DISTANCE FROM THE ORIGINAL WELL  
 \_\_\_\_\_ FEET

9 IF USE INCLUDES IRRIGATION STATE TO  
 NEAREST TENTH, THE NUMBER OF ACRES TO  
 BE IRRIGATED \_\_\_\_\_

13 IS THE PROPOSED WELLSITE WITHIN 100  
 FEET OF A SEPTIC TANK SYSTEM SEWER  
 DISPOSAL AREA, LANDFILL HAZARDOUS  
 MATERIALS OR PETROLEUM STORAGE  
 AREAS AND TANKS?  
 YES \_\_\_\_\_ NO

3 CONSTRUCTION WILL START ABOUT  
 MONTH \_\_\_\_\_ YEAR 1

FOR DEPARTMENT USE ONLY  
 REGISTRATION NO 55- 579906  
 DATE FILED \_\_\_\_\_  
 FILE NO C (9-19) 24 CB  
 AMA/INA \_\_\_\_\_  
 W/S 08 S/B 47  
 PROCESSED BY \_\_\_\_\_  
 DATE MAILED \_\_\_\_\_  
MO

14 DRILLING FIRM  
Not Known  
 NAME  
 MAILING ADDRESS \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_  
 TELEPHONE NO \_\_\_\_\_  
 DWR LICENSE NUMBER \_\_\_\_\_  
 ROC LICENSE CATEGORY \_\_\_\_\_

4 TYPE OF CASING FOR PROPOSED WELL  
 SURFACE CASING Not Known  
 DIAMETER \_\_\_\_\_ " DEPTH \_\_\_\_\_  
 DOWNHOLE CASING Not Known  
 DIAMETER \_\_\_\_\_ " DEPTH \_\_\_\_\_

5 DESIGN PUMP CAPACITY  
20 GALLONS PER MINUTE

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH A.R.S. § 45 596 IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM

DON CASE Don Case John T. Higgins POB 2-29-00  
 15 TYPE OR PRINT NAME AND TITLE 16 SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE 17 DATE

**ARIZONA DEPARTMENT OF WATER RESOURCES**  
**Groundwater Management Support Section**

500 North Third Street, Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422



March 9, 2000

**JANE DEE HULL**  
Governor

**RITA P PEARSON**  
Director

Don Case  
P O Box 1027  
Wellton, AZ 85356

<b>RE</b>	<b>Well Registration # 55-579905</b>	<b>Well File # C(9-19) 24 CB</b>
	<b>Well Registration # 55-579906</b>	<b>Well File # C(9-19) 24 CB</b>
	<b>Well Registration # 55-579907</b>	<b>Well File # C(9-19) 24 CB</b>
	<b>Well Registration # 55-579908</b>	<b>Well File # C(9-19) 24 CB</b>

Dear Mr Case

Your application to drill the above referenced wells was received on March 1, 2000, and was found to be missing the quarter sections in the legal description for the location of the well information, items F and 10. Please identify the ten acre quarter of the forty acre quarter of the 160 acre quarter-section on which each well will be drilled, and fill out items F and 10 on your applications. I have enclosed a description of how to break down a section into quarters, then further into quarter-quarter sections, and finally into quarter-quarter-quarter sections, and hopefully this will help. If you still have difficulty identifying the various quarters, contact your driller for assistance. The parcel number is also incorrectly stated, and refer to the book-map-parcel number convention employed by all county assessors in Arizona, and thus should appear as 208-28-008.

Also, you have not provided the required information for the start of well construction for each well (item 3), nor have you provided the required information on the construction of each proposed well (item 4). Item 8 needs to be completed if additional uses are planned. You must complete these sections for each application before we can proceed with evaluating your applications. Each application must be on an original and current form. I am enclosing application forms for your convenience.

Additionally, you have not provided any information on the licensed driller who will be constructing the wells. This information is required. Drillers must be licensed by our

**ARIZONA DEPARTMENT OF WATER RESOURCES**

500 North Third Street, Phoenix Arizona 85004  
Telephone (602) 417-2470  
Fax (602) 417-2422



June 16, 2000

DON CASE  
PO BOX 1027  
WELLTON AZ 85356

Re Denial of Notice of Intention to Drill Well Number 55-579905 579906, 579907, 579908

Dear APPLICANT

The Department of Water Resources notified you by letter on MARCH 13, 2000 that your application to drill Well Number 55-579905 579906 579907 and 579908 was incomplete Pursuant to Arizona Revised Statutes (A R S ) § 41-1074(B) a list of the specific deficiencies preventing your application from being complete was provided to you in that letter The completeness review time frame was suspended by the MARCH 13, 2000 incomplete letter, and you were given sixty (60) days within which to provide the requested information Our records indicate that you did not do so

Therefore, pursuant to Arizona Administrative Code R12-15-401, the Department hereby denies your application

The Departments decision to deny your application is an appealable agency action In order to appeal this decision, you must request an appeal within thirty (30) days from receipt of this letter A summary of the appeals process and appeal form is enclosed should you wish to pursue this option

Alternatively, you may submit a new Notice of Intention for authority to drill at this particular location To expedite the process, please include the information missing in your original Notice of Intention to Drill

Should you have any questions, please contact the Department of Water Resources at (602) 417-2470

*Records, 5/19-19/24 CB  
Please  
file in  
579906. THX*

Sincerely,

*Jeannie Thomas*

Jeannie Thomas  
Water Resource Technician

# ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street Phoenix, Arizona 85004  
Telephone (602) 417-2470  
Fax (602) 417-2422



June 16 2000

DON CASE  
PO BOX 1027  
WELLTON AZ 85356

Re Denial of Notice of Intention to Drill Well Number 55-579905 579906, 579907, 579908

Dear APPLICANT

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Should you have any questions, please contact the Department of Water Resources at (602) 417-2470

Sincerely,

A handwritten signature in cursive script that reads "Jeannie Thomas".

Jeannie Thomas  
Water Resource Technician

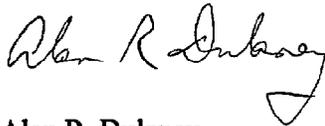
Department and by the Registrar of Contractors, with both license numbers provided to us We cannot send the well card to the driller if we do not know who the driller is

Additionally, your applications appear to be signed by "John T Higgason" who claims power of attorney in this matter You must furnish to us evidence that such power of attorney exists in this matter The signature of the landowner or lessee of the well sites is required by statute

In accordance with A R S § 45-596 D, this application is being returned to you as a "statement of determination," requesting information necessary to make it complete and correct If the necessary information is not received by the Department within sixty (60) days, the application may be denied You would then have to re-initiate the Notice of Intent to Drill process to receive a drilling authority for this location

If you have any questions, please call the Groundwater Management Support Section at 602-417-2470 Thank you for your cooperation

Sincerely,

A handwritten signature in cursive script that reads "Alan R. Dulaney". The signature is written in dark ink and is positioned above the printed name.

Alan R. Dulaney

attachments

Sendback  
 Need Original  
 # F - 10 ac 1/4  
 # 10 - 10 ac 1/4  
 # 3, # 4, # 14

**ARIZONA DEPARTMENT OF WATER RESOURCES**

500 North Third Street, Phoenix, Arizona 85004  
 Telephone (602) 417-2470  
 Fax (602) 417-2422



JANE DEE HULL  
 Governor  
 RITA P PEARSON  
 Director

March 13, 2000

DON CASE  
 PO BOX 1027  
 WELLTON AZ 85356

Assigned Referenced Number 55-579905, 579906, 579907, 579908

**PLEASE RETURN  
 ALL PAPERS**

Dear Applicant

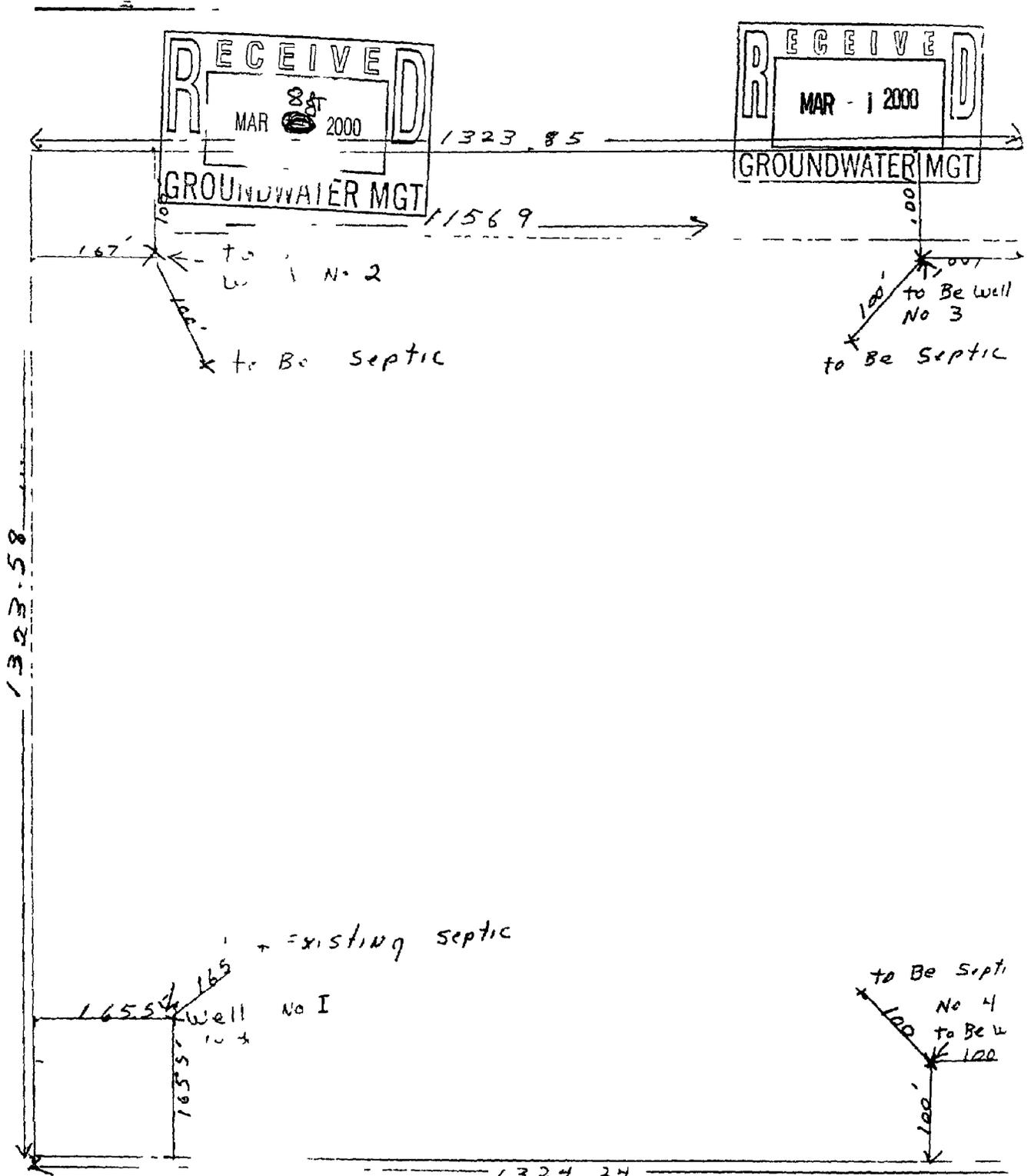
The Department of Water Resources recently received your Notice of Intent to **Drill, Deepen, Replace, or Modify A Well** However, our review indicates that the filing(s) is incomplete under the Groundwater Management Act for the following reason(s)

- |   |       |  |       |
|---|-------|--|-------|
| (A) Landowner Info Incomplete               | _____ | (6) Lessee Info Incomplete                         | _____ |
| (C) County not Given                        | _____ | (7) Primary Water Use Not Given                    | _____ |
| (D) Book, Map, Parcel Incorrect             | _____ | (8) Other Water Uses Not Given                     | _____ |
| (E) Number of Acres Not Given               | _____ | 10/9/95 (9) Place of Use Incomplete (refer to "F") | ✓     |
| (F) Legal Description Incomplete            | ✓     | (10) Type of Well (check one)                      | _____ |
| ✓ Incomplete Quarter Sections*              | _____ | (11) Select One (define "other")                   | _____ |
| _____ Incomplete/Incorrect Section          | _____ | (12) Select "Yes" or "No"                          | _____ |
| _____ Incomplete/Incorrect Township         | _____ | 14/13/95 (13) Incomplete Driller Information       | ✓     |
| _____ Incomplete/Incorrect Range            | _____ | (14) Printed Name/Title Not Given                  | _____ |
| (G) Recommendation Not Selected             | _____ | 16/15/95 (15) Incorrect/Unauthorized Signature     | ✓     |
| (H) Date Of Approval Not Given              | _____ | Requires Duplicate Filing                          | _____ |
| (1) Well owner Info Incomplete              | _____ | Please Refer to the Attached Letter                | ✓*    |
| (2) Action Requested (check one)            | _____ | Requires \$10 00 Filing Fee                        | _____ |
| (3) Starting Date Not Given                 | ✓     | Requires Current Forms                             | _____ |
| (4) Casing To Be Used ( <u>answer all</u> ) | ✓     | *Other Reason(s) <u>need 10 ac 1/4, see clear</u>  | _____ |
| (5) Design Capacity of Pump                 | _____ | <u>Dubaney letter</u>                              | _____ |

Initials DT

In accordance with A R S § 45-596, Paragraph D, this application is being returned as a "statement of determination", requesting information necessary to make it correct and complete. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the N O I process to receive a drilling authority for this location. If you have any questions, please contact the Groundwater Management Support Section at (602) 417-2470.

**ATTACH THIS CHECK LIST WHEN RESUBMITTING THE COMPLETED NOTICE OF INTENT AND RETURN TO BOX 458, PHOENIX, ARIZONA 85004-3003 YOU MAY ALSO CONTACT YOUR DRILLER OR COUNTY ASSESSORS OFFICE FOR ASSISTANCE PERTAINING TO THE NECESSARY INFORMATION THAT IS REQUIRED TO COMPLETE YOUR APPLICATION**

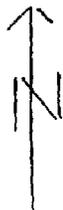


SCALE 1" = 165.5

NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel 204-008 2

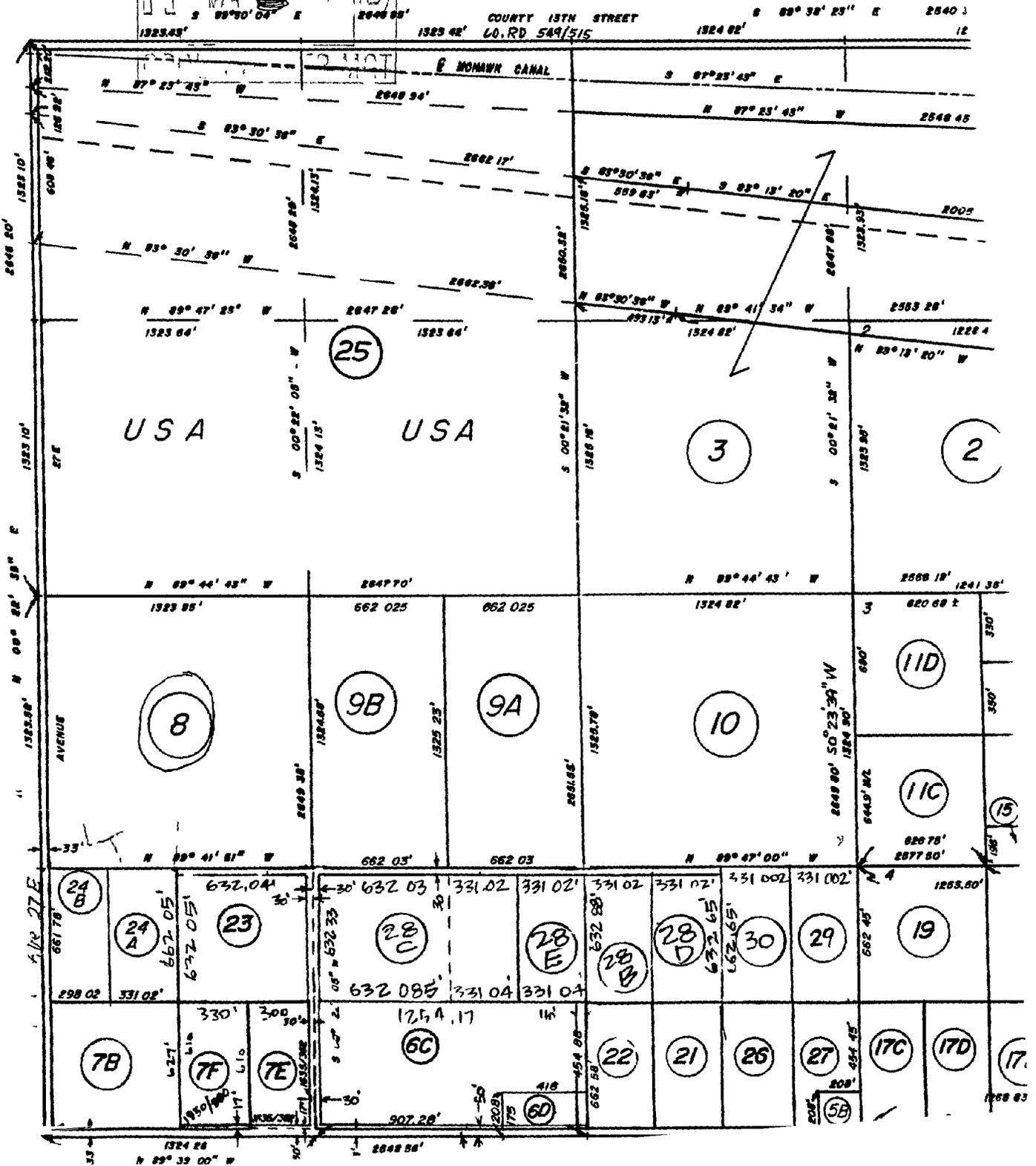
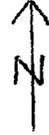
Book 204 Map 28

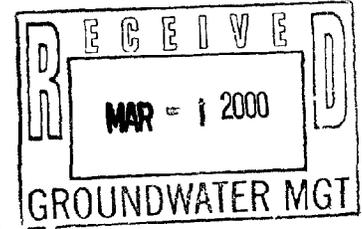
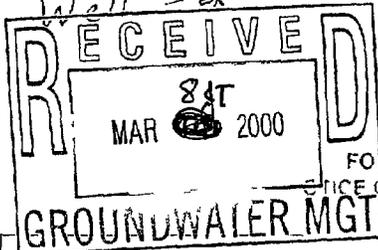


Parcel 14-204-008 2  
 Book 204 MAP 28

RECEIVED  
 MAR 1 2000

RECEIVED  
 MAR 1 2000  
 GROUND





ARIZONA DEPARTMENT OF WATER RESOURCES  
 GROUNDWATER MANAGEMENT SUPPORT SECTION  
 MAIL TO P O BOX 458, PHOENIX, ARIZONA 85001-0458  
 FOR MORE INFORMATION CALL MONICA ORTIZ (602)417 2470  
 NOTICE OF INTENTION TO DRILL, DEEPEN, REPLACE OR MODIFY A WELL

PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT IF ANY WATER FROM THE PROPOSED WELL (LISTED BELOW) WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF LAND 20 OR FEWER ACRES THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES ITEMS C D E AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE

A Don Case P.O. Box 1027 Wellton AZ 85356  
 LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP

B TELEPHONE NO 877 775 001 COUNTY ASSESSOR'S PARCEL ID INFORMATION

C WELL LOCATED IN Yuma COUNTY 204 28 14 204 28 00 802  
 BOOK MAP PARCEL # OF ACRES OFFICIAL SEAL OR STAMP

WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED)

F 1/4 NW 1/4 SW 1/4 SECTION 24 TOWNSHIP 9 NS RANGE 19 W  
 10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT

CHECK ONE  
 G RECOMMEND APPROVAL \_\_\_\_\_ H IF MORE INFORMATION TO MAKE DETERMINATION \_\_\_\_\_ VARIANCE REQUIRED \_\_\_\_\_ (EXPLANATION ATTACHED)  
 I DATE \_\_\_\_\_ A I THROBORN'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

OWNER OF WELL  
 NAME Don Case  
P.O. Box 1027  
 CURRENT MAILING ADDRESS  
Wellton AZ 85356  
 CITY STATE ZIP  
 TELEPHONE NUMBER 877 775 001

6 LESSEE OF LAND OF WELLSITE  
 NAME \_\_\_\_\_  
 CURRENT MAILING ADDRESS \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

10 PLACE OF USE (LEGAL DESCRIPTION OF LAND)  
1/4 NW 1/4 SW 1/4 SECTION 24  
 10AC 40AC 160AC  
 TOWNSHIP 9 NS RANG 19 W

11 TYPE OF WELL (CHECK ONE)  
 EXEMPT  NON EXEMPT \_\_\_\_\_

12 CHECK ONE  
 RESIDENTIAL  COMMERCIAL \_\_\_\_\_

13 IS THE PROPOSED WELLSITE WITHIN 100 FEET OF A SEPTIC TANK SYSTEM SEWER DISPOSAL AREA LANDFILL HAZARDOUS MATERIALS OR PETROLEUM STORAGE AREAS AND TANKS?  
 YES \_\_\_\_\_ NO

14 DRILLING FIRM Not Known

NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_  
 TELEPHONE NO \_\_\_\_\_  
 DWR LICENSE NUMBER \_\_\_\_\_  
 ROC LICENSE CATEGORY \_\_\_\_\_

2 ACTION REQUESTED  
 DRILL NEW WELL  DEEPEN \_\_\_\_\_  
 MODIFY \_\_\_\_\_ REPLACE \_\_\_\_\_  
 WELL REGISTRATION NO \_\_\_\_\_  
 FOR A REPLACEMENT WELL PROVIDE MAX CAPACITY OF THE ORIGINAL WELL \_\_\_\_\_ GALLONS PER MINUTE

7 PRINCIPLE USE OF WATER (BE SPECIFIC)  
Domestic  
 8 OTHER USES OF WATER (BE SPECIFIC) \_\_\_\_\_  
 9 IF USE INCLUDES IRRIGATION STATE TO NEAREST TENTH, THE NUMBER OF ACRES TO BE IRRIGATED \_\_\_\_\_

DISTANCE FROM THE ORIGINAL WELL \_\_\_\_\_ FEET

3 CONSTRUCTION WILL START ABOUT \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

4 TYPE OF CASING FOR PROPOSED WELL  
 SURFACE CASING Not Known  
 DIAMETER \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DOWNHOLE CASING Not Known  
 DIAMETER \_\_\_\_\_ DEPTH \_\_\_\_\_

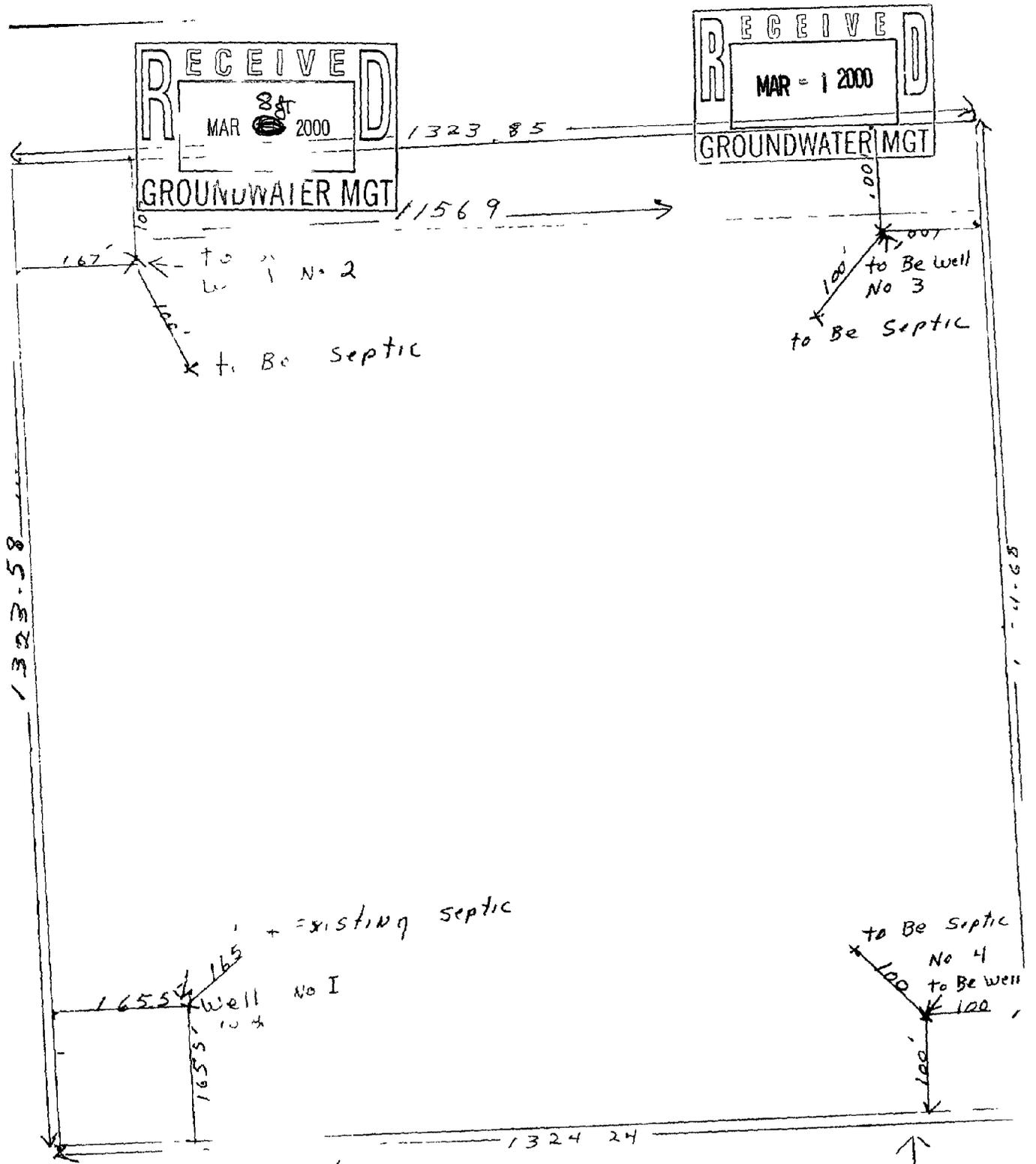
5 DESIGN PUMP CAPACITY  
20 GALLONS PER MINUTE

\* FOR DEPARTMENT USE ONLY  
 REGISTRATION NO 55 \_\_\_\_\_  
 DATE FILED \_\_\_\_\_  
 FILE NO \_\_\_\_\_  
 AMA/INA \_\_\_\_\_  
 W/S 08 S/B 47  
 PROCESSED BY \_\_\_\_\_  
 DATE MAILED \_\_\_\_\_  
m.o.

I STATE THAT THIS NOTICE FILED IN COMPLIANCE WITH ARS § 45 596 IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM

DON CASE  
 15 TYPE OR PRINT NAME AND TITLE

Don Case John T Higginson POB 2-29-00  
 16 SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE 17 DATE  
John T Higginson

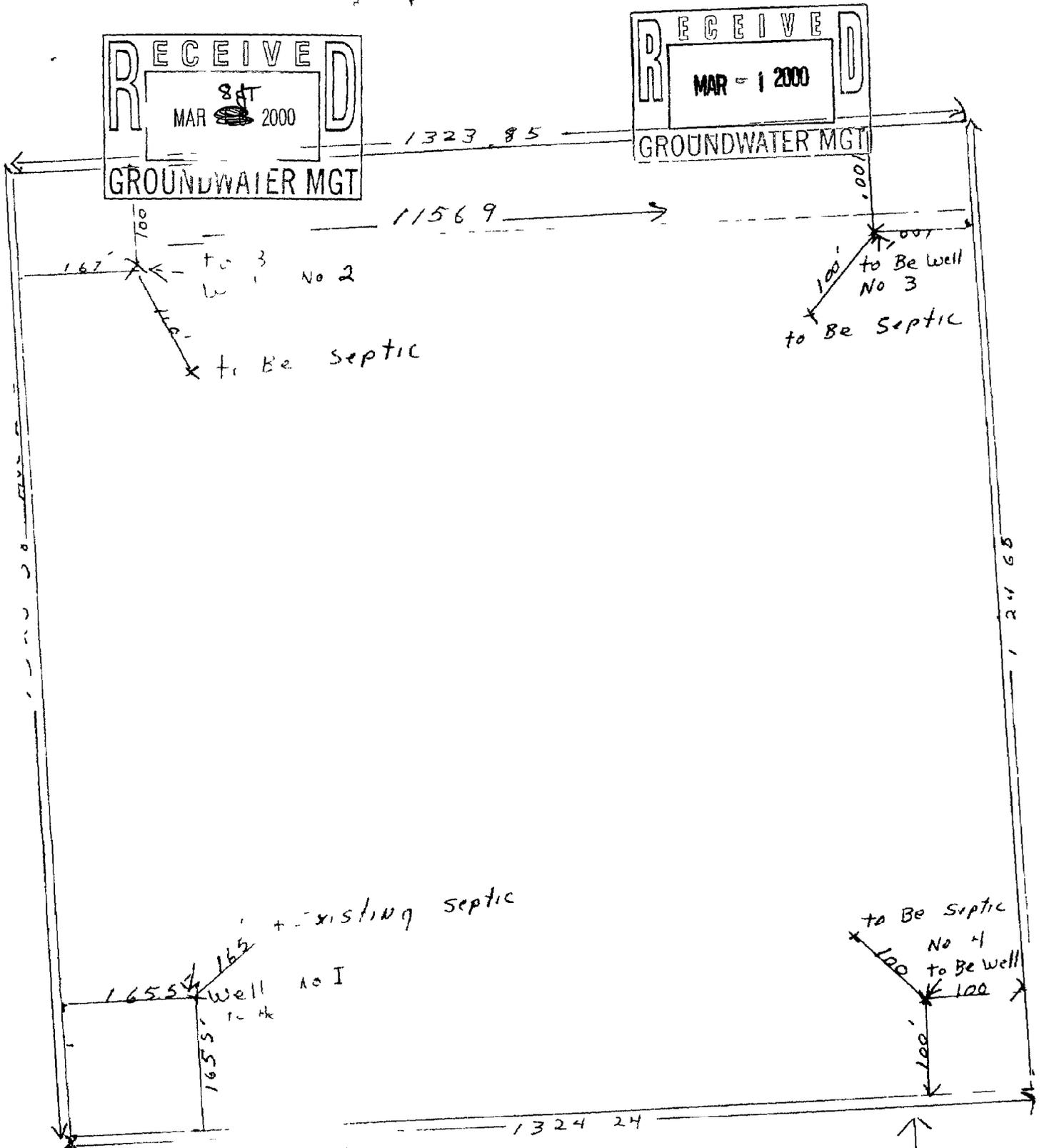


SCALE 1" = 165.5

NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel # 204-008 2

BOOK 204 MAP 28



SCALE 1" = 165.5

NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel 11 04 008 2

BOOK 2011 MAP 28



**ARIZONA DEPARTMENT OF WATER RESOURCES**

500 North Third Street Phoenix Arizona 85004  
 Telephone (602) 417-2470  
 Fax (602) 417-2422



March 6, 2000

JANE DEE HULL  
 Governor  
 RITA P PEARSON  
 Director

**PLEASE RETURN  
 ALL PAPERS**

DON CASE  
 PO BOX 1027  
 WELLTON, AZ 85356

**Assigned Referenced Number 55-579905, 579906, 579907 & 579908**

Dear Applicant

The Department of Water Resources recently received your Notice of Intent to **Drill, Deepen, Replace, or Modify A Well**. However, our review indicates that the filing(s) is incomplete under the Groundwater Management Act for the following reason(s)

- |                                    |        |  |        |
|------------------------------------|--------|--|--------|
| (A) Landowner Info Incomplete      | _____  | (6) Lessee Info Incomplete                 | _____  |
| (C) County not Given               | _____  | (7) Primary Water Use Not Given            | _____  |
| (D) Book,Map,Parcel Incorrect      | _____  | (8) Other Water Uses Not Given             | _____  |
| (E) Number of Acres Not Given      | _____  | (9) Place of Use Incomplete (refer to "F") | ✓_____ |
| (F) Legal Description Incomplete   | ✓_____ | (10) Type of Well (check one)              | _____  |
| ___ Incomplete Quarter Sections    | _____  | (11) Select One (define "other")           | _____  |
| ___ Incomplete/Incorrect Section   | _____  | (12) Select "Yes" or "No"                  | _____  |
| ___ Incomplete/Incorrect Township  | _____  | (13) Incomplete Driller Information        | ✓_____ |
| ___ Incomplete/Incorrect Range     | _____  | (14) Printed Name/Title Not Given          | _____  |
| (G) Recommendation Not Selected    | _____  | (15) Incorrect/Unauthorized Signature      | _____  |
| (H) Date Of Approval Not Given     | _____  | Insufficient Funds (\$10 00 Fee)           | _____  |
| (1) Well owner Info Incomplete     | _____  | Please Refer to the Attached Letter        | _____  |
| (2) Action Requested (check one)   | _____  |  |        |
| (3) Starting Date Not Given        | ✓_____ | Other Reason(s) _____                      |        |
| (4) Casing To Be Used (answer all) | ✓_____ | _____                                      |        |
| (5) Design Capacity of Pump        | _____  | _____                                      |        |

Initials RD

In accordance with A R S § 45-596, Paragraph D, this application is being returned as a "statement of determination", requesting information necessary to make it correct and complete. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the N O I process to receive a drilling authority for this location. If you have any questions, please contact the Groundwater Management Support Section at (602) 417-2470. **ATTACH THIS CHECK LIST WHEN RESUBMITTING THE COMPLETED NOTICE OF INTENT AND RETURN TO BOX 458, PHOENIX, ARIZONA 85004-3003. YOU MAY ALSO CONTACT YOUR DRILLER OR COUNTY ASSESSORS OFFICE FOR ASSISTANCE PERTAINING TO THE NECESSARY INFORMATION THAT IS REQUIRED TO COMPLETE YOUR APPLICATION.**