

Run Date: 06/16/2016

AZ DEPARTMENT OF WATER RESOURCES

WELL REGISTRY REPORT - WELLS55

Location A 6.0 2.0 26 B B B Well Reg.No 55 - 593788 AMA PHOENIX AMA

Registered Name: FRANK THOMAS
 38415 N 10TH AVE
 PHOENIX AZ 85086
 File Type: NEW WELLS (INTENTS OR APPLICATIONS)
 Application/Issue Date: 07/26/2002

Owner: OWNER
 Driller No.: 355
 Driller Name: BEEMAN BROTHERS DRILLING, INC.
 Driller Phone: 623-465-9355
 County: MARICOPA
 Parcel No.: 203-14-022
 Intended Capacity GPM: 30.00
 Well Type: EXEMPT
 SubBasin: EAST SALT RIVER VALLEY
 Watershed: AGUA FRIA RIVER
 Registered Water Uses: DOMESTIC
 Registered Well Uses: WATER PRODUCTION
 Discharge Method: NO DISCHARGE METHOD LISTED
 Power: NO POWER CODE LISTED

Well Depth: 460.00 Case Diam: 6.00 Tested Cap: 15.00
 Pump Cap.: 0.00 Case Depth: 440.00 CRT
 Draw Down: 0.00 Water Level: 160.00 Log X
 Acres Irrig: 0.00 Finish: PLASTIC OR PVC

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments

Places Of Use

A 6.0 2.0 26 B B B

Current Action

8/23/2002 755 WELL CONSTRUCTION COMPLETED
 Action Comment: bjs

Action History

6/16/2016 880 CHANGE IN REMEDIAL ACTION SITE CODE
 Action Comment: OLD WQARF code: null
 9/5/2002 750 WELL DRILLER REPORT AND WELL LOG RECEIVED/ENTERED
 Action Comment: bjs
 7/30/2002 550 DRILLING AUTHORITY ISSUED
 Action Comment: ja
 7/26/2002 150 NOI RECEIVED FOR A NEW PRODUCTION WELL
 Action Comment: MO
 7/26/2002 210 COUNTY HEALTH AUTHORITY ENDORSED
 Action Comment: ja

IMAGED

Michael I. Ball

From: Michael I. Ball
Sent: Thursday, June 16, 2016 2:47 PM
To: 'Maxwell Trader'
Subject: RE: well reg #55-593788
Attachments: Statutes_and_Rules 2016.doc

Mr. Trader,

I email a copy of the well file to your mtrader@LendSmartMortgage.com address. I have attached a current copy of the Department's Statutes & Rules that pertain to well construction and the licensing of drillers. If you require any forms, please go to the Department's website at www.azwater.gov. Take care.

Mike Ball
Compliance Enforcement Officer

From: Maxwell Trader [mailto:mtrader@LendSmartMortgage.com]
Sent: Thursday, June 16, 2016 1:41 PM
To: Michael I. Ball <miball@azwater.gov>
Subject: well reg #55-593788

Hello Mike, this is Max. I called you earlier on this well and about the contamination sources and if this well was in one of them. You were going to send me back some information on this well. I know Tom emailed you earlier on this. If you could please send me that information or if there is a way to simply state if this well is located in any contamination areas that would work also. Please advise.

thanks

Maxwell Trader
Branch Manager
NMLS# 288155

LendSmart Mortgage, LLC.

NMLS# 4474
AZ License 0913958
www.lendsmartloan.com
www.traderhomeloan.com
Main 602-751-7557
Fax 877-715-2515



Michael I. Ball

From: Tom Dolan <tdolan@LendSmartMortgage.com>
Sent: Thursday, June 16, 2016 12:08 PM
To: Michael I. Ball
Subject: Well registration # 55-593788

Hello, thanks for taking my call. Please respond with the information on this well and whether or not it is located in a contamination area that we spoke about.

Thanks for the time.

Thomas Dolan –
Lend Smart Mortgage, LLC
State of Arizona LO-0915767
Individual NMLS# 148732 -
Company NMLS #4474
1745 S Alma School Road – Suite 112
Mesa, AZ 85212
Cell 480-748-5226 - Fax 877-715-2515



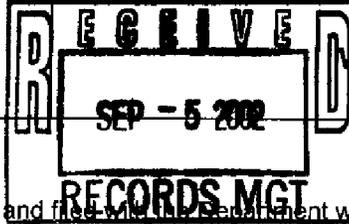
The information contained in this electronic communication, as well as in any attachments, is privileged and confidential and intended solely for use by the addressee's). Any other use, dissemination, or copying of this electronic communication is strictly prohibited and is an interference with Lend Smart Mortgage, LLC. If you received this communication in error, please notify me immediately and permanently delete the original and any electronic or printed copies of this electronic communication. Lend Smart Mortgage, LLC. makes no representation regarding the absence of any virus in any attachment and expressly disclaims any responsibility for any damage suffered from the presence of a virus.





ARIZONA DEPARTMENT OF WATER RESOURCES
 Records Management Section
 500 N. 3rd Street * Phoenix, Arizona 85004
 (602) 417-2405 * (800) 352-8488
 www.water.az.gov

**Well Driller Report
 and
 Well Log**



- * Review instructions prior to completing form
- * This report should be prepared by the driller in detail and filed with the Department within 30 days following completion of the well.

FILE NUMBER A(6-2) 26 BBB
WELL REGISTRATION NUMBER 55-593788
PERMIT NUMBER (IF ISSUED)

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL FRANK THOMAS	Location of Well WELL LOCATION ADDRESS (IF KNOWN)
MAILING ADDRESS 38415 N 10TH AVE	TOWNSHIP (N/S) RANGE (E/W) SECTION CON 2E 26
CITY / STATE / ZIP PHOENIX, AZ 85086	160 ACRE 40 ACRE 10 ACRE NEW 1/4 NEW 1/4 NEW 1/4
CONTACT PERSON NAME AND TITLE	LATITUDE LONGITUDE 33° 50.4' 63" N 112° 08.0' 31" W
TELEPHONE NUMBER 623-742-9959	LAND SURFACE ELEVATION AT WELL 1857 Feet Above Sea Level
FAX	METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> GPS: <input checked="" type="checkbox"/> Hand-Held <input type="checkbox"/> Survey-Grade
	COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 203 MAP 14 PARCEL 022
	COUNTY WHERE WELL IS LOCATED Maricopa

SECTION 2. DRILLING AUTHORIZATION	
Drilling Firm NAME BEEMAN BROTHERS DRILLING, INC.	
DWR LICENSE NUMBER 355	
TELEPHONE NUMBER 623-465-9355	FAX

SECTION 3. WELL CONSTRUCTION DETAILS		
DATE WELL CONSTRUCTION STARTED 8-22-02	DATE WELL CONSTRUCTION COMPLETED 8-23-02	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other
Drill Method 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)	Method of Well Development CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Back <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	Method of Sealing at Reduction Points CHECK ONE <input checked="" type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
	Water Level Information STATIC WATER LEVEL 160 Feet Below Land Surface DATE MEASURED 8-23-02	

ANSWERED OCT - 1 2002

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55-593788

SECTION 4. WELL CONSTRUCTION DESIGN (AS BUILT) (attach additional page if needed)

Borehole			Installed Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		DIAMETER (inches)	MATERIAL TYPE (X)			PERFORATION TYPE (X)					SLOT SIZE IF ANY (inches)		
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	IF OTHER TYPE, DESCRIBE
0	20	12 1/4	0	20	8 5/8	X										
20	4600	7"	0	4600	6"OD	X										
			240	260			X				X					
			280	300			X				X					
			320	340			X				X					
			420	440			X				X					

Installed Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (X)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	20		X									

DEPTH OF BORING	4600	Feet Below Land Surface	DEPTH OF COMPLETED WELL	4600	Feet Below Land Surface
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DWR-55-55B-10/01 (Rev.)

ANSWERED OCT - 1 2002

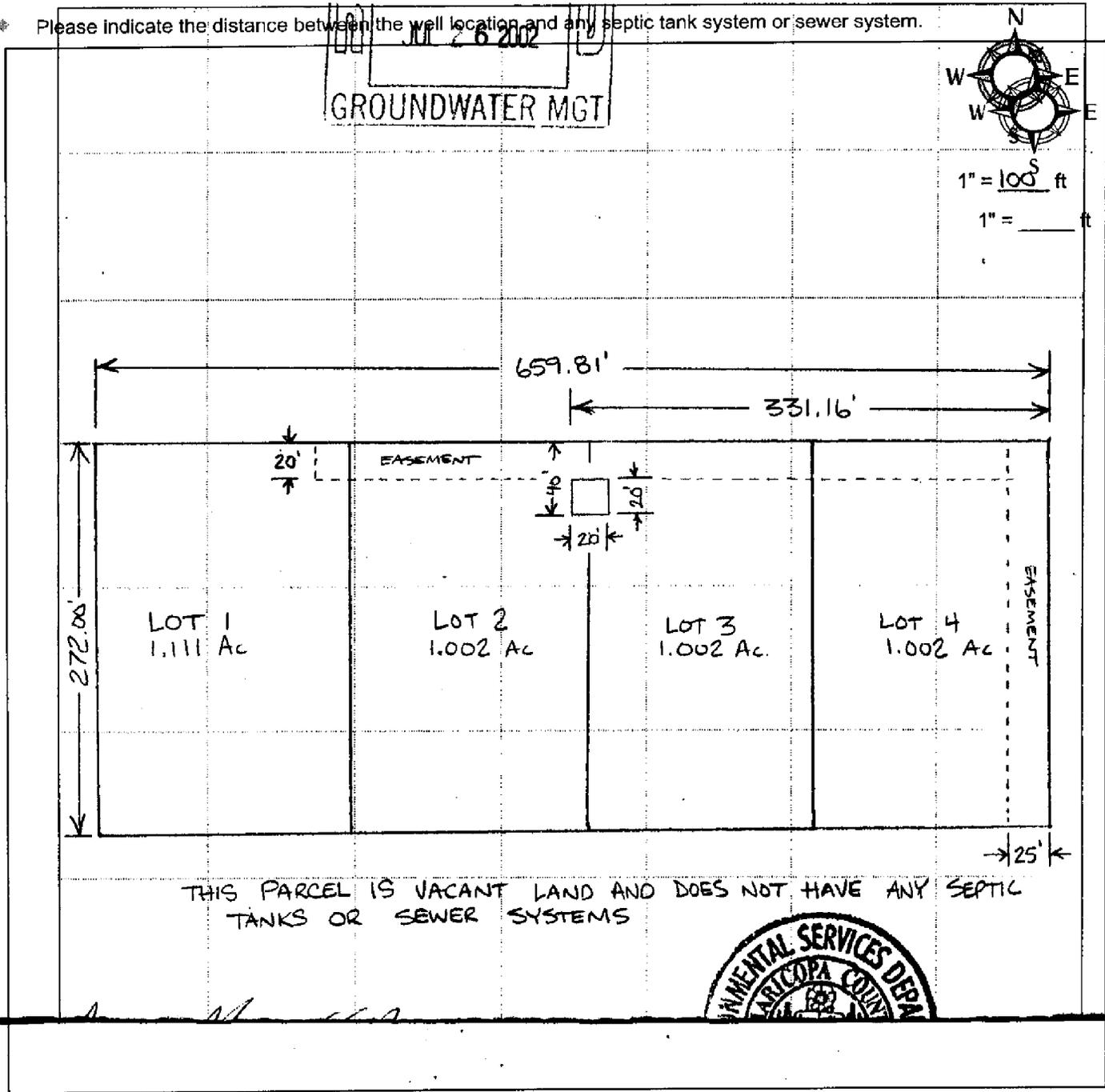
Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55- 593788

SECTION 6. WELL SITE PLAN			
NAME OF WELL OWNER		COUNTY ASSESSOR'S PARCEL ID NUMBER	
FRANK THOMAS		BOOK 203	MAP 14 PARCEL 022

- Please draw the following: (1) the boundaries of property on which the well was located; (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.

- Please indicate the distance between the well location and any septic tank system or sewer system.



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.

DRILLING FIRM Beeman Bros Drilg	SIGNATURE OF QUALIFYING PARTY Chuck R Beema	DATE 8-27-02
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ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
500 North Third Street
Phoenix, Arizona 85004

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

WELL REGISTRATION NO: 55-593788

AUTHORIZED DRILLER: BEEMAN BROTHERS DRILLING, INC.

LICENSE NO: 355

NOTICE OF INTENTION TO DRILL AN EXEMPT WELL(S) HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: FRANK THOMAS 38415 N 10TH AVE PHOENIX, AZ 85086

The well(s) is/are to be located in the:

NW ¼ of the NW ¼ of the NW ¼ Section 26 Township 6 NORTH Range 2 EAST

No. of wells in this project: 1

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 25TH DAY OF JULY, 2003

As

GROUNDWATER MANAGEMENT SUPPORT

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



\$10 FEE

Arizona Department of Water Resources
 Groundwater Management Support Section
 P.O. Box 458 Phoenix, Arizona 85001-0458
 (602) 417-2470 (800) 352-7273
 www.water.az.gov

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
- You must include with your Notice:
 - Groundwater Management Fee
 - Processing fee
- Authority for fee: A.R.S. § 45-143(B), A.A.C. R12-15-151(B)(4)(e)

RECEIVED	DATE	WS
12/02	06	06
ISSUED	DATE	WQAR# CERCLA
730-02		

FILE NUMBER
 A6-226-BBB
 WELL REGISTRATION NUMBER
 55-593788

** PLEASE PRINT CLEARLY **

SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY ENDORSEMENT (if applicable)
 If water from the proposed well will be used for domestic purposes on a parcel of land of 20 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 before submission to the Department of Water Resources. You must also attach a site plan (see instructions).

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
 Pima County, AZ

TELEPHONE NUMBER _____ DATE **JUL 26 2002**

Official County or Local Seal or Stamp



SECTION 2. REGISTRY INFORMATION

Well Type	Proposed Action	Location of Well
CHECK ONE	CHECK ONE	WELL LOCATION ADDRESS (IF ANY)
<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"/> Deepen <input type="checkbox"/> Replace <input type="checkbox"/> Modify If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 6N 2E 26 NW 1/4 NW 1/4 NW 1/4
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm or water is used for irrigation purposes inside an AMA.) (See instructions.)	55 - MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL # OF ACRES 203-14-022 4.117
DESIGN PUMP CAPACITY 25-30 Gallons Per Minute	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 1/4 1/4 1/4 1/4
		COUNTY WHERE WELL IS LOCATED MARICOPA

SECTION 3. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL FRANK THOMAS BLDG. & DEV.	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS 38415 N. 10th AVE	MAILING ADDRESS
CITY / STATE / ZIP CODE PHX, AZ 85086	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE FRANK THOMAS	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER 623-742-9959	TELEPHONE NUMBER
FAX 623-742-9959	FAX

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?		X	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?		X	PLEASE STATE
3. Is the proposed well the second exempt well on this parcel for the same use?		X	If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.

63309

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

WELL REGISTRATION NUMBER
55-59378.8

SECTION 5. DRILLING AUTHORIZATION SECTION 6. WATER / SITE INFORMATION

Drilling Firm		Principal Use of Water		Other Uses of Water	
NAME BEEMAN BROTHERS DRILLING		CHECK ONE		CHECK ALL THAT APPLY	
DWR LICENSE NUMBER 355	ROC LICENSE CATEGORY C-53	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility
TELEPHONE NUMBER 623-465-9355	FAX 623-465-9720	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input type="checkbox"/> Domestic
		<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Mining	<input type="checkbox"/> Stock	<input type="checkbox"/> Mining	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Other (please specify):	

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed) DATE CONSTRUCTION IS TO BEGIN
SEPT 2002

Borehole			Casing										GROUTING MATERIAL				
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (✓)				PERFORATION TYPE (✓)							
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	IF OTHER TYPE, DESCRIBE	
0	20	12 1/4"	0	20	8 5/8	X*											Cement
20	450	7"	0	450	6" OD		X										
			350	450	6" OD		X					X					

* 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.

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
FRANK THOMAS OWNER

SIGNATURE OF WELL OWNER OR LANDOWNER
Frank Thomas

DATE
JULY 18, 2002

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

WELL REGISTRATION NUMBER
55-593788

WELL SITE PLAN

NAME OF WELL OWNER

FRANK THOMAS BLDG & DEV.

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK

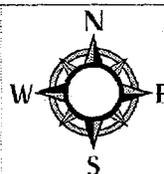
MAP

PARCEL

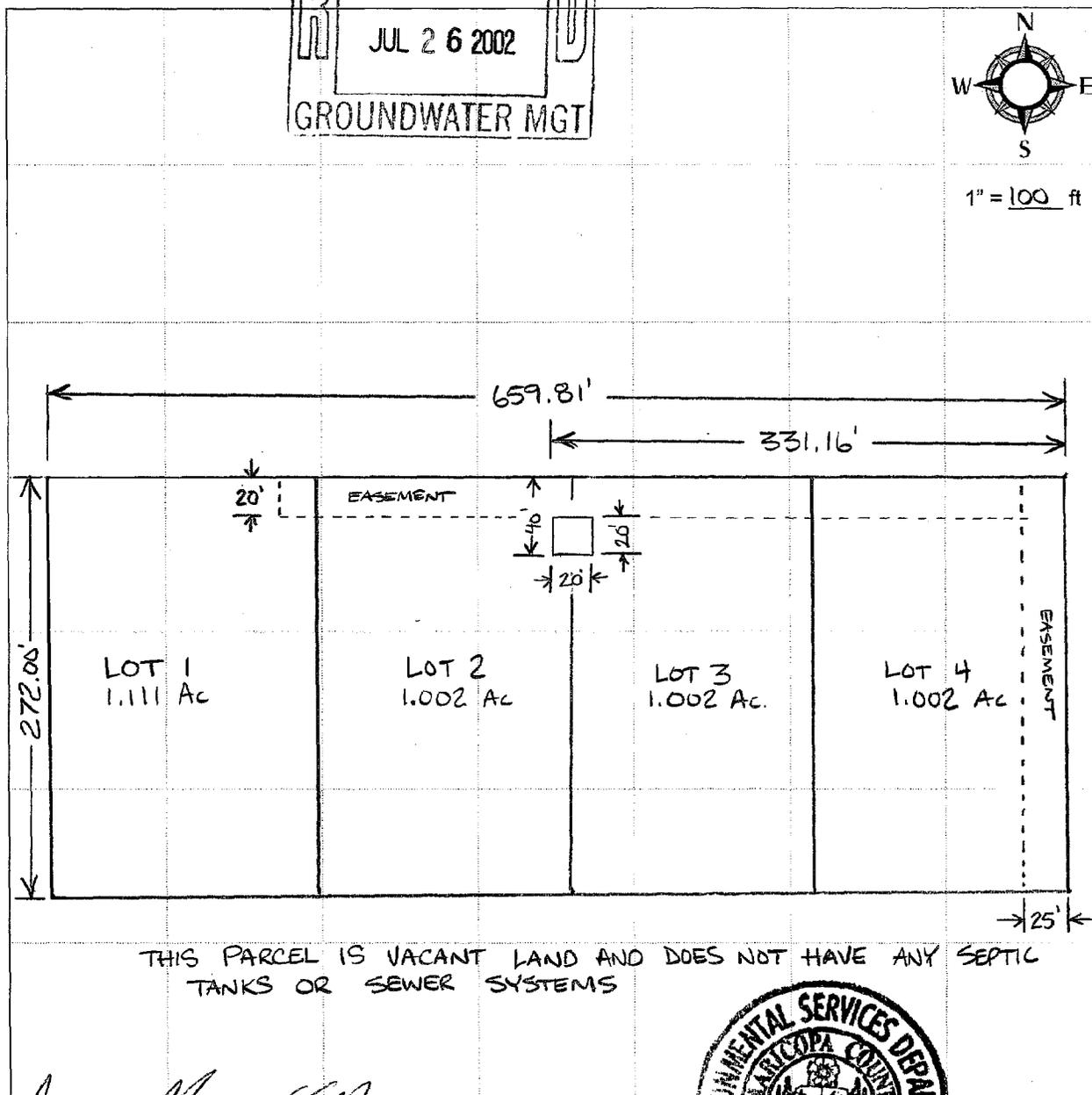
203-14-022

- ❖ If this well will be a domestic well on 20 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.

RECEIVED
JUL 26 2002
GROUNDWATER MGT



1" = 100 ft



THIS PARCEL IS VACANT LAND AND DOES NOT HAVE ANY SEPTIC TANKS OR SEWER SYSTEMS



Official County or Local Seal or Stamp

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

COUNTY OR LOCAL AUTHORITY SIGNATURE

TELEPHONE NUMBER

DATE JUL 26 2002

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North 3rd Street, Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



JANE DEE HULL
Governor
JOSEPH C. SMITH
Director

July 30, 2002

FRANK THOMAS
38415 N 10TH AVE
PHOENIX, AZ 85086

Registration No. 55- 593788
File No. A(6-2) 26 BBB

Dear Well Owner:

Enclosed is a copy of the Notice of Intention (NOI) to Drill a well. This NOI, which was recently filed with this Department, is being returned to you as evidence of your compliance with ARS §45-596. The enclosed Pump Installation Completion Report is to be submitted when pump equipment is installed. The drilling card and Well Drilling Report form have been sent to your driller. He may not begin drilling until he has received the drilling card and it must be displayed on the rig during drilling. If you change drillers, you must supply this Department with the new driller's identity. Please ensure that the driller you select is licensed to drill the type of well you require. All well drillers must pass an examination proving they understand the drilling methods for that particular license, and are familiar with the laws and regulations which govern well construction in Arizona.

If it is necessary to change the location of the proposed well, immediately contact the Department of Water Resources to obtain written permission before proceeding with the drilling. A properly signed, amended drilling card must be in the possession of the driller before drilling commences at a different location than originally authorized.

ARS §45-600 requires the registered well owner to submit a Pump Installation Completion Report within thirty (30) days after the installation of pumping equipment. It also requires the driller to furnish this Department a complete and accurate Well Drillers Report and Well Log within thirty (30) days after completion of drilling. You should insist, and ensure, that both of these are done.

If in the course of drilling a new well, it is determined that the new well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the new well must be properly abandoned and a Well Abandonment Completion Report submitted per R12-15-816.F.

Per ARS §45-593 (C), the person to whom a well is registered shall notify this 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. We have enclosed a Change of Well Information Form should it be needed in the future.

Sincerely,

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

Jeannie Aguilar
Water Resource Technician
Groundwater Management Support Section

Enclosures

\$10 FEE



Arizona Department of Water Resources
Groundwater Management Support Section
P.O. Box 4587 Phoenix, Arizona 85001-0458
(602) 217-2470 (800) 352-6123
www.water.az.gov

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
- You must include with your Notice:
 - \$10 check or money order for processing fee
 - Authority for fees: A.R.S. § 45-113(D), A.A.C. R12-15-151(B)(4)(a)

AMA/PNA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WG/RF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER
55

** PLEASE PRINT CLEARLY **

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

If water from the proposed well will be used for domestic purposes on a parcel of land of 20 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 before submission to the Department of Water Resources. You must also attach a site plan (see instructions).

- 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
Domino Health RS

GRACE L. THOMAS
FRANK R. THOMAS
CHARLES D. PARROTT
38415 N 10TH AVE. 602-870-3559
PHOENIX, AZ 85086

91-2139 101
1221
634190037
DATE 7-18-02

PRY TO *DWR*

TEN AND NO/100 \$ 10.00 DOLLARS

BANK ONE
Bank One, NA
Phoenix, Arizona 85076
www.bankone.com

MEMO WELL PERMIT

160 ACRE	40 ACRE	10 ACRE
NW 1/4	NW 1/4	NW 1/4
NUMBER	PARCEL	# OF ACRES
	203-14-022	4.117
PERCENT FROM LOCATION OF WELL		
160 ACRE	40 ACRE	10 ACRE
1/4	1/4	1/4

Galons Per Minute Feet **MARICOPA**

SECTION 3. OWNER INFORMATION

Well Owner		Landowner (if different from Well Owner)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>FRANK THOMAS BLDG. & DEV.</i>		FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL	
MAILING ADDRESS <i>38415 N. 10th AVE</i>		MAILING ADDRESS	
CITY / STATE / ZIP CODE <i>PHX, AZ 85086</i>		CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE <i>FRANK THOMAS</i>		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER <i>23-742-9959</i>	FAX <i>623-742-9959</i>	TELEPHONE NUMBER	FAX

SECTION 4. QUESTIONS

Questions	Yes	No	If Yes:
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).
Is there another well name or identification number associated with this well?		<input checked="" type="checkbox"/>	PLEASE STATE
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 55-40A.

33369