

Run Date: 06/16/2016

AZ DEPARTMENT OF WATER RESOURCES

WELL REGISTRY REPORT - WELLS55

Location B 41.0 6.0 13 D C C

Well Reg.No
55 - 597161

AMA NOT WITHIN ANY AMA OR INA

Registered Name JEROLD HAMMON
PO BOX 2674

File Type NEW WELLS (INTENTS OR APPLICATIONS)
Application/Issue Date 02/13/2003

COLORADO CITY AZ 86021

Owner OWNER
Driller No. 255
Driller Name CLUFF DRILLING & PUMP
Driller Phone 928-640-7656
County MOHAVE
Parcel No. 405-53-095
Intended Capacity GPM 25.00

Well Type EXEMPT
SubBasin KANAB PLATEAU
Watershed VIRGIN RIVER
Registered Water Uses DOMESTIC
Registered Well Uses WATER PRODUCTION
Discharge Method NO DISCHARGE METHOD LISTED
Power NO POWER CODE LISTED

Well Depth 160.00
Pump Cap. 0.00
Draw Down 0.00

Case Diam 9.00
Case Depth 55.00
Water Level 17.00
Acres Irrig 0.00

Tested Cap 0.00
CRT
Log X
Finish STEEL - PERFORATED OR SLOTTED CASING

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments 3645 E 2360 South, Cane Beds

Places Of Use

B 41 0 6 0 13 C C D

Current Action

6/16/2016 860 CHANGE OF WELL OWNERSHIP
Action Comment: sym

Action History

6/16/2016 856 CHANGE OF BOOK/MAP/PARCEL DATA
Action Comment: OLD BOOK/MAP/PARCEL: 405 33 045 by user WRSYM
6/16/2016 855 CHANGE OF WELL LEGAL DESCRIPTION
Action Comment: per county assessor. OLD LEGAL DESC: B(41.0-6.0) 13 CCD sym
7/7/2003 750 WELL DRILLER REPORT AND WELL LOG RECEIVED/ENTERED
Action Comment: sv
3/21/2003 755 WELL CONSTRUCTION COMPLETED
Action Comment: sv
2/13/2003 550 DRILLING AUTHORITY ISSUED
Action Comment: SLR
2/10/2003 150 NOI RECEIVED FOR A NEW PRODUCTION WELL
Action Comment: SLR
1/29/2003 210 COUNTY HEALTH AUTHORITY ENDORSED
Action Comment: SLR



Arizona Department of Water Resources
Groundwater Permitting and Wells Section
P. O. Box 36020 Phoenix, Arizona 85067-6020
(602) 771-8527 • www.azwater.gov

Request to Change Well Information

- ❖ Review instructions prior to completing form in black or blue ink.
 - ❖ You must include with your Notice:
 - check or money order for any required fee(s)
 - ❖ Authority for fee: A.R.S. § 45-113 and A.A.C. R12-15-104
- ** PLEASE PRINT CLEARLY ****

FILE NUMBER
3(41-6)130CC
WELL REGISTRATION NUMBER
551 597161

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>Jerrold Hammon</i>		WELL LOCATION ADDRESS (IF ANY) / OR CROSS STREETS <i>3645 E 2360's Cane Beds, Az 86022</i>					
MAILING ADDRESS <i>PO Box 2674</i>		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP CODE <i>Colorado City, Az, 86021</i>		<i>41N</i>	<i>6W</i>	<i>13</i>	<i>D 1/4</i>	<i>C 1/4</i>	<i>C 1/4</i>
CONTACT PERSON NAME AND TITLE <i>Jerrold Hammon</i>		LATITUDE Degrees	Minutes	Seconds	LONGITUDE Degrees	Minutes	Seconds
TELEPHONE NUMBER <i>801 821 9130</i>		<i>30° 50' 50.01" N</i>			<i>112° 53' 28.6" W</i>		
FAX		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input checked="" type="checkbox"/> Google Earth <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade					
		*IF GAS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input checked="" type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					
		COUNTY ASSESSOR'S PARCEL ID NUMBER			COUNTY WHERE WELL IS LOCATED		
		BOOK <i>405</i>	MAP <i>53</i>	PARCEL <i>095</i>	<i>Mohave</i>		

RECEIVED
MAY 19 2016
ARIZONA DEPARTMENT OF WATER RESOURCES

Jewitch
Per
County
[Signature]

Type of Request (CHECK ONE)

Change of Well Drilling Contractor (Fill out Section 2)
 Change of Well Ownership (Fill out Section 3)
 Change of Well Information (location, use, etc.) (Fill out Section 4)

SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR FEE \$120 per Well

♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm PRIOR TO the commencement of well drilling or abandonment.

Current Well Drilling Contractor		New Well Drilling Contractor	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>Cluff Drilling + Pump</i>		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
DWR LICENSE NUMBER <i>255</i>		DWR LICENSE NUMBER	ROC LICENSE CATEGORY
TELEPHONE NUMBER		TELEPHONE NUMBER	FAX

SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP FEE \$30 per Well

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>Janthius W Barlow</i>		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>Jerrold Hammon</i>	
MAILING ADDRESS <i>PO Box 2251</i>		MAILING ADDRESS <i>PO Box 2674</i>	
CITY / STATE / ZIP CODE <i>Colorado City, Az, 86021</i>		CITY / STATE / ZIP CODE <i>Colorado City, Az, 86021</i>	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER		TELEPHONE NUMBER <i>801-821 9130</i>	FAX

SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required)

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

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 6. WELL OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE <i>Jerrold Hammon</i>	SIGNATURE OF WELL OWNER <i>Jerrold Hammon</i>	DATE
---	--	------

Parcel Number: 405-53-095

Owner: HAMMON JEROLD

Ownership Type: Owner

Mailing Address: PO BOX 2674 COLORADO CITY, AZ 860212674

Site Address: 3645 E 2360 SOUTH , CANE BEDS

	Previous Year	Current Year	Future Year
Tax Year	2015	2016	2017
Tax Area	1070	1070	1070
Land Value	\$9,854	\$8,121	\$8,069
Improvement Value	\$104,166	\$87,703	\$98,570
Full Cash Value	\$114,020	\$95,824	\$106,639
Assessed Full Cash Value	\$11,402	\$9,582	\$10,664
Limited Valued	\$105,502	\$95,824	\$100,615
Assessed Limited Value	\$10,550	\$9,582	\$10,061
Value Method	Cost	Cost	Cost
Exempt Amount	\$0	\$0	\$0
Exempt Type			
Assessor Use Code	0131-SFR-010-3 URBAN-SUBDIVID	0131-SFR-010-3 URBAN-SUBDIVID	0131-SFR-010-3 URBAN-SUBDIVID
Assessment Ratio	10.0	10.0	10.0

Description Information

Parcel Size	1.00 acre
Township	41N
Range	6W
Section	13

Assessor Description
 BEG AT A PT WHICH BEARS N0 DEG 01'58 W 33.00' & S 89 DEG 55'41 E 238.81' FROM S4 COR SEC 13; TH N0 DEG 01'58 W 207.0 0'; TH N89 DEG 55'41 W 35.31'; TH N0 DEG 01'58 W 240.00'; TH S89 DEG 55'41 E 181.50'; TH S0 DEG 01'58 E 240.00'; TH S89 DEG 55'41 E 64.25'; TH S0 DEG 01'58 E 207.00'; TH N89 DEG 55'41 W 210.44' TO POB EXCEPT BEG AT A PT WHICH BEARS N0 DEG 01'58 W 240.00' & S89 DEG 55'41 E 203.50' FROM S 1/4 COR OF SEC 13; TH N0 DEG 01'58 W 240.00'; TH S89 DEG 55'41 E 181.50'; TH S0 DEG 01'58 E 240.00'; TH N89 DEG 55'41 W 181.50' TO POB CONT 1.00 ACRES 405-53-074 & 057 (405-53-095) COMBINED 2002 TAX ROLL

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Document View

Warranty Deed - 2016021722

Book Page

Fee Number	Number of Pages	Recording Date
2016021722	4	05/16/2016 02:18:09 PM

Recording Fee	Document Date
\$17.00	03/22/2016

Related Number	Book	Page
----------------	------	------

Grantor	Grantee
DENNISON KRIS V	HAMMON JEROLD
DENNISON TRICIA M	
BREITWIESER JANICE A	

Parcel	Subcode	Lot	Block	Tract	Unit	Section	Township	Range	Subdivision/Legal Remarks
405-53-095									

Notes

Return Address

PIONEER TITLE AGENCY
580 E WILCOX DR

Sierra Vista Az 85365

Mailback Date

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You searched for: RecDate >= Thu Jan 01 00:00:00 MST 1970 and <= Tue May 17 00:00:00 MST 2016 and ParcelID = 405-53-095

11 items found, displaying all items.1

Description	Summary
Warranty Deed 20003821	01/24/2000 11:03:00 AM B: 3444 P: 368 Grantor: STRATEGY HOLDINGS TR OF, WURST LEE TR OF, VIRGINIA TRUST Grantee: BARLOW IANATHUS Section: 13 Township: 41N Range: 6W, A PORTION OF SE4 OF SEC 13 , 405-53-095
Warranty Deed 2006064476	06/23/2006 11:47:43 AM B: 6327 P: 961, ... Grantor: BARLOW IANTHIUS W, BARLOW IANTHIUS ATA Grantee: BARLOW IANTHIUS W 405-53-095 6, Section: 13 Township: 41N Range: 6W, A PORTION OF SE4 OF SEC 13
Disclaimer 2006064477	06/23/2006 11:47:43 AM B: 6327 P: 964, ... Grantor: BARLOW GWENIVERE H Grantee: BARLOW IANTHIUS W 405-53-095 6, Section: 13 Township: 41N Range: 6W, A PORTION OF SE4 OF SEC 13
Warranty Deed 2007007697	01/26/2007 02:02:13 PM B: 6641 P: 533, ... Grantor: BARLOW IANTHIUS W Grantee: HNRICKSON DONALD 405-53-095
Deed Of Trust 2007007698	01/26/2007 02:02:14 PM B: 6641 P: 537, ... Grantor: HINRICKSON DONALD, HINRICKSON DONALD M AKA Grantee: CALIFORNIA RECONVEYANCE CO , WASHINGTON MUTUAL BANK BNFY 405-53-095, Section: 13 Township: 41N Range: 6W, A PORTION OF THE SE4 OF SEC 13
Deed Of Trust 2007007699	01/26/2007 02:02:14 PM B: 6641 P: 558, ... Grantor: HINRICKSON DONALD Grantee: CALIFORNIA RECONVEYANCE CO , WASHINGTON MUTUAL BANK BNFY 405-53-095, Section: 13 Township: 41N Range: 6W, A PORTION OF THE SE4 OF SEC 13
Notice Of Trustee's Sale 2007099928	11/28/2007 02:52:16 PM B: 7034 P: 825, ... Grantor: CALIFORNIA RECONVEYANCE CO, WASHINGTON MUTUAL BANK BNFY Grantee: HINRICKSON DONALD 405-53-095, Section: 13 Township: 41N Range: 6W, A PORTION OF THE SE4 OF SEC 13
Assignment Of Deed Of Trust 2008025393	04/10/2008 02:57:24 PM B: 7166 P: 797, ... Grantor: WASHINGTON MUTUAL BANK , HINRICKSON DONALD TRUSTOR Grantee: DEUTSCHE BANK NATIONAL TRUST CO TR OF, LONG BEACH MTG LOAN TRUST WAMU SERIES 2007-HE1 TRUST 405-53-095
Trustees Deed 2008025394	04/10/2008 02:57:24 PM B: 7166 P: 799, ... Grantor: CALIFORNIA RECONVEYANCE CO , HINRICKSON DONALD TRUSTOR Grantee: DEUTSCHE BANK NATIONAL TRUST CO TR OF, LONG BEACH MTG LOAN TRUST WAMU SERIES 2007-HE1 TRUST 405-53-095, Section: 13 Township: 41N Range: 6W, PORTION SE4 OF SEC 13
Warranty Deed 2016021722	05/16/2016 02:18:09 PM Grantor: DENNISON KRIS V, DENNISON TRICIA M, BREITWIESER JANICE A Grantee: HAMMON JEROLD 405-53-095
Deed Of Trust 2016021723	05/16/2016 02:18:09 PM Grantor: HAMMON JEROLD Grantee: PRIMARY RESIDENTIAL MTG INC, PIONEER TITLE AGENCY INC, MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC 405-53-095

11 items found, displaying all items.1

Mohave County 405-53-095



Legend

- ADOT Mileposts
- COUNTY Mileposts
- Sign Post Exists
- Calculated Measure
- Highways
- Main Arterials
- Collectors
- Local
- Railroad
- Incorporated Cities (>1:200K)
- Township/Range
- Section
- Surface Management
 - AZ Game and Fish
 - Bureau of Land Management
 - Bureau of Reclamation
 - City or County Parks
 - Indian Reservation
 - Military Reservation
 - National Parks
 - National Wildlife Refuge
 - Other
 - Private
 - State Parks
 - State Trust
 - US Forest Service

1:3,341

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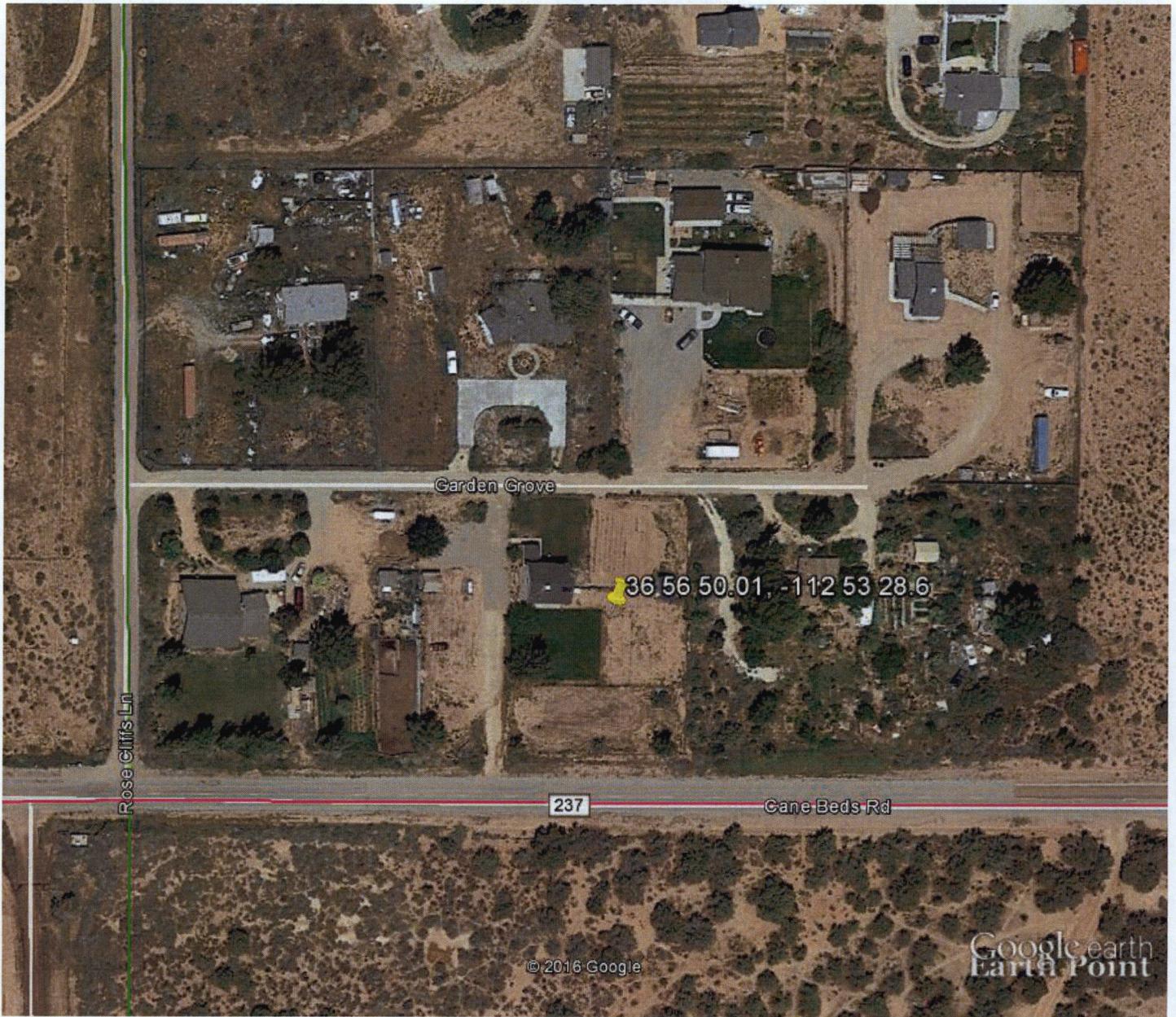
Map Created: 5/20/2016

0 278.4 556.8 Feet

(approximate scale)

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Notes:



Google earth



Printed: 5/20/2016 4:21:37 PM

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

PIONEER TITLE AGENCY, INC
809 N. NAVAJO DRIVE, STE 1 PO
BOX 508
PAGE, AZ 86040

Receipt #: 16-45292
Office: MAIN OFFICE
Receipt Date: 05/20/2016
Sale Type: IN_PERSON
Cashier: WRPXA

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
81213	15239	4439-TT	Change of Ownership/Change of Well Information/Well Assignment	597161	1	30.00	30.00
RECEIPT TOTAL:							30.00

Payment type: CHECK

Amount Paid: \$30.00

Payment Received Date: 05/20/2016

Notes: FROM TTA.

Check # 4110066

Escrow No. 74000108 - 040 BLA Check Date: 05/16/2016 Check No. 4110066

DESCRIPTION	CODE	AMOUNT
Well Transfer Fee		\$30.00
Check Total		\$30.00

Seller/Buyer: Dennison/Hammon
Property Address: 3645 E. 2360 S. Cane Beds, AZ 86022
Tax Parcel Id: 405-53-095



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**

JUL 07 2003

FILE NUMBER
B(41-6) 13 CCD
 WELL REGISTRATION NUMBER
55-597161
 PERMIT NUMBER (IF ISSUED)

- * 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.

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL IANTHIUS W BARLOW		WELL LOCATION ADDRESS (IF KNOWN)					
MAILING ADDRESS PO BOX 2251		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP COLORADO CITY, AZ 86021		41N	6W	13	SW 1/4	SW 1/4	SE 1/4
CONTACT PERSON NAME AND TITLE		LATITUDE 36 ° 56 . 50 . 01 -N		LONGITUDE 112 ° 53 . 28 . 6 -W			
TELEPHONE NUMBER 928-875-8734		FAX		LAND SURFACE ELEVATION AT WELL Feet Above Sea Level			
METHOD OF LATITUDE / LONGITUDE (CHECK ONE)		<input checked="" type="checkbox"/> Hand-Held					
<input type="checkbox"/> USGS Quad Map		<input type="checkbox"/> Conventional Survey		<input checked="" type="checkbox"/> GPS : <input type="checkbox"/> Survey-Grade			
COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 405 MAP 33 PARCEL 045		COUNTY WHERE WELL IS LOCATED Mohave					

SECTION 2. DRILLING AUTHORIZATION

Drilling Firm	
NAME CLUFF DRILLING & PUMP	
DWR LICENSE NUMBER 255	
TELEPHONE NUMBER 435-673-5636	FAX

SECTION 3. WELL CONSTRUCTION DETAILS

DATE WELL CONSTRUCTION STARTED 2 - 18 - 03	DATE WELL CONSTRUCTION COMPLETED 3 - 21 - 03	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other
Drill 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 checked="" 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 Back <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	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 16.5 Feet Below Land Surface		
DATE MEASURED 3-21-03		

ANSWERED JUL 7 2003

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55-597161

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

Borehole			Installed Casing														
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER 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	50	12 1/4	0	55	8 5/8	X											
50	160	7 1/8															

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	30			X							
30	55									X	Pea

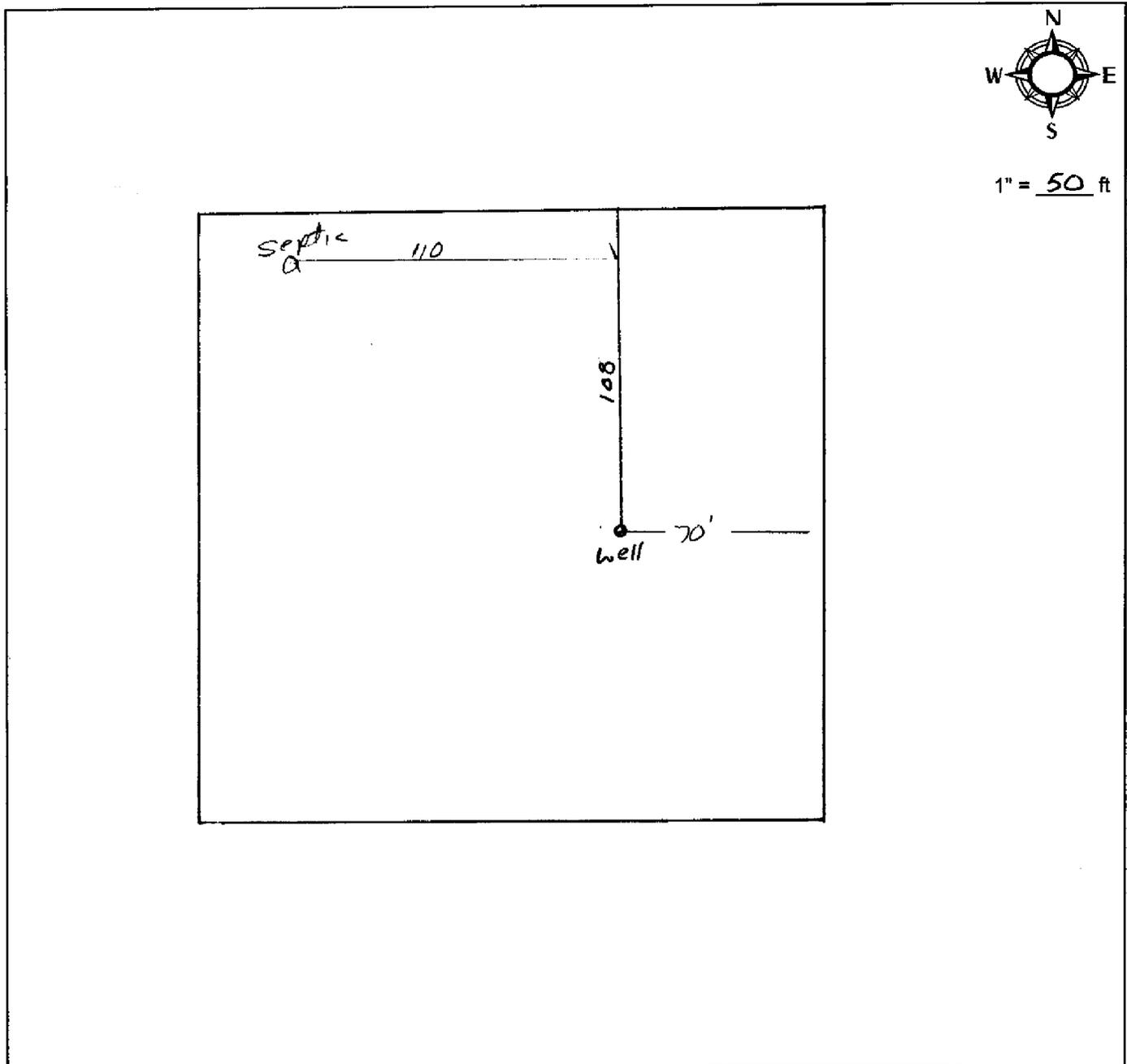
DEPTH OF BORING 160	Feet Below Land Surface	DEPTH OF COMPLETED WELL 160	Feet Below Land Surface
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Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55- 597161

SECTION 6. WELL SITE PLAN			
NAME OF WELL OWNER	COUNTY	ASSESSOR'S PARCEL ID NUMBER	
IANTHIUS W BARLOW	BOOK	405	MAP 33 PARCEL 045

- 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 CLUFF Drilling & Pump	SIGNATURE OF QUALIFYING PARTY <i>Walter Cluff</i>	DATE
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Review Sheet for Notices of Intention (NOI) to Drill or Abandon Wells (revised 02/03/2003)

Well Owner Name Tanthius W. Barlow
Well Location B (41-6) 13 CCD

Date 2-13-03
Well Registration Number 55-597161



Permission has been granted to drill, deepen, replace, modify or abandon the well indicated on the attached NOI.



Permission has been granted to drill or abandon the well indicated on the attached NOI.

However, special well construction or abandonment requirements apply since the proposed well is located near or within the boundary of a groundwater contamination site. See attached special requirements or visit the ADWR "WQARF" homepage on the ADWR website at <http://www.water.az.gov/> for further information on "Special well drilling requirements for wells located within areas of groundwater contamination". Please be aware that groundwater produced from the proposed well may not meet applicable federal, state, county or local water quality standards.

The checked special well drilling requirements apply to the indicated well (see attachments):

- Standard Special Requirements (applies to contamination areas not covered by site-specific requirements)
- Pinal Creek Special Requirements
- Yuma Marine Corps Air Station Special Requirements
- Well Abandonment Handbook (see Standard Method or Alternatives 2 or 3)



Permission has not been granted to drill or abandon the well indicated on the attached NOI for the following reasons(s):

- County or local health official endorsement and approval is required but was not provided.
- Insufficient information to determine if well meets 100-foot setback requirement. Well owner must sign and return attached certification form if well meets 100-foot minimum set-back requirement.
- Incomplete or incorrect well location information.
- Incomplete or incorrect well owner information.
- Land owner permission to drill letter is required.
- Proposed well is located within 100 feet of a septic system, sewer disposal area, landfill, hazardous waste materials or petroleum storage area or tank.
- Well driller information incomplete.
- Well driller is not currently licensed with ADWR and/or the Registrar of Contractors.
- Well construction information is incomplete, you must include design pump capacity (if applicable), well depth, well diameter and type of casing (if applicable).
- Well abandonment information is incomplete, you must include information on proposed well abandonment design (see ADWR Well Abandonment Handbook)
- Well owner or landowner information and/or signature incomplete or incorrect.
- Variance request has not been granted. Explanation: _____
- Other _____

If permission to drill or abandon the specified well has not been granted, please correct all indicated errors and/or deficiencies and resubmit the corrected NOI form, this review sheet, and any attachments (if applicable) to ADWR. No additional fees are required to resubmit this NOI. Be sure to submit all necessary information with your corrected NOI. The original NOI file will not be reviewed when ADWR reviews your corrected NOI. You must resubmit all the required information within 60 days, or you will need to file a new NOI with a new fee. Note: If you do not have the necessary information or need help, please contact your driller/consultant.

Mail resubmittals to: ADWR Hydrology Division NOI-Resubmittals Section
PO Box 1390
Phoenix Arizona 85004

ARIZONA DEPARTMENT OF WATER RESOURCES

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



Janet Napolitano
Governor

Herb Guenther
Director

COPY

IANTHIUS W BARLOW
PO BOX 2251
COLORADO CITY, AZ 86021

Registration No. 55-597161
File No. B(41-6) 13 CCD

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.

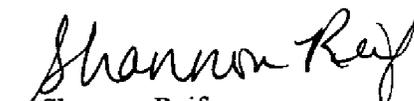
If it is necessary to change the location of the proposed well, immediately contact the Department of Water Resources to obtain written permission before proceeding with the drilling. A properly signed, amended drilling card must be in the possession of the driller before drilling commences at a different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


Shannon Reif
Hydrology Division

Enclosures

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: 55-597161

AUTHORIZED DRILLER: CLUFF DRILLING & PUMP

LICENSE NO: 255

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

WELL OWNER: IANTHIUS W BARLOW PO BOX 2251 COLORADO CITY, AZ 86021

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

SE ¼ of the SW ¼ of the SW ¼ Section 13 Township 41 NORTH Range 6 WEST

No. of wells in this project: 1

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 10TH DAY OF FEBRUARY, 2004

Jhannan Bey
GROUNDWATER MANAGEMENT SUPPORT



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

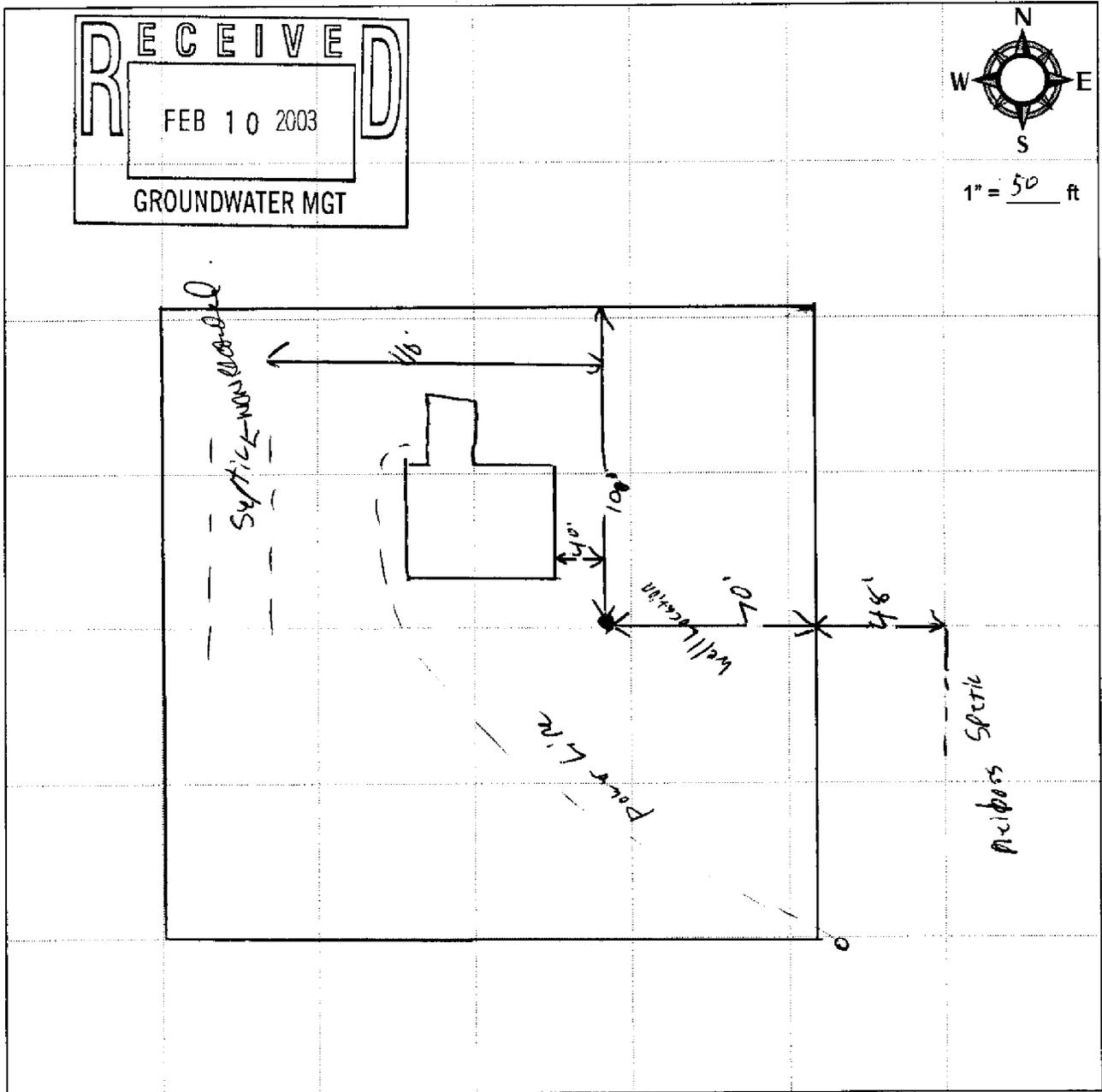
COPY

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

WELL REGISTRATION NUMBER
55-597161

WELL SITE PLAN		
NAME OF WELL OWNER <i>Erathia Barlow</i>	COUNTY ASSESSOR'S PARCEL ID NUMBER	
	BOOK <i>405</i>	MAP <i>53</i>
		PARCEL <i>045</i>

- ❖ 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.



COUNTY OR LOCAL AUTHORITY NAME AND TITLE <i>Maryann Roche ERM North Spc</i>	Official County or Local Seal or Stamp
COUNTY OR LOCAL AUTHORITY SIGNATURE <i>Maryann Roche</i>	
TELEPHONE NUMBER <i>928-757-0901</i>	DATE <i>01.29.03</i>

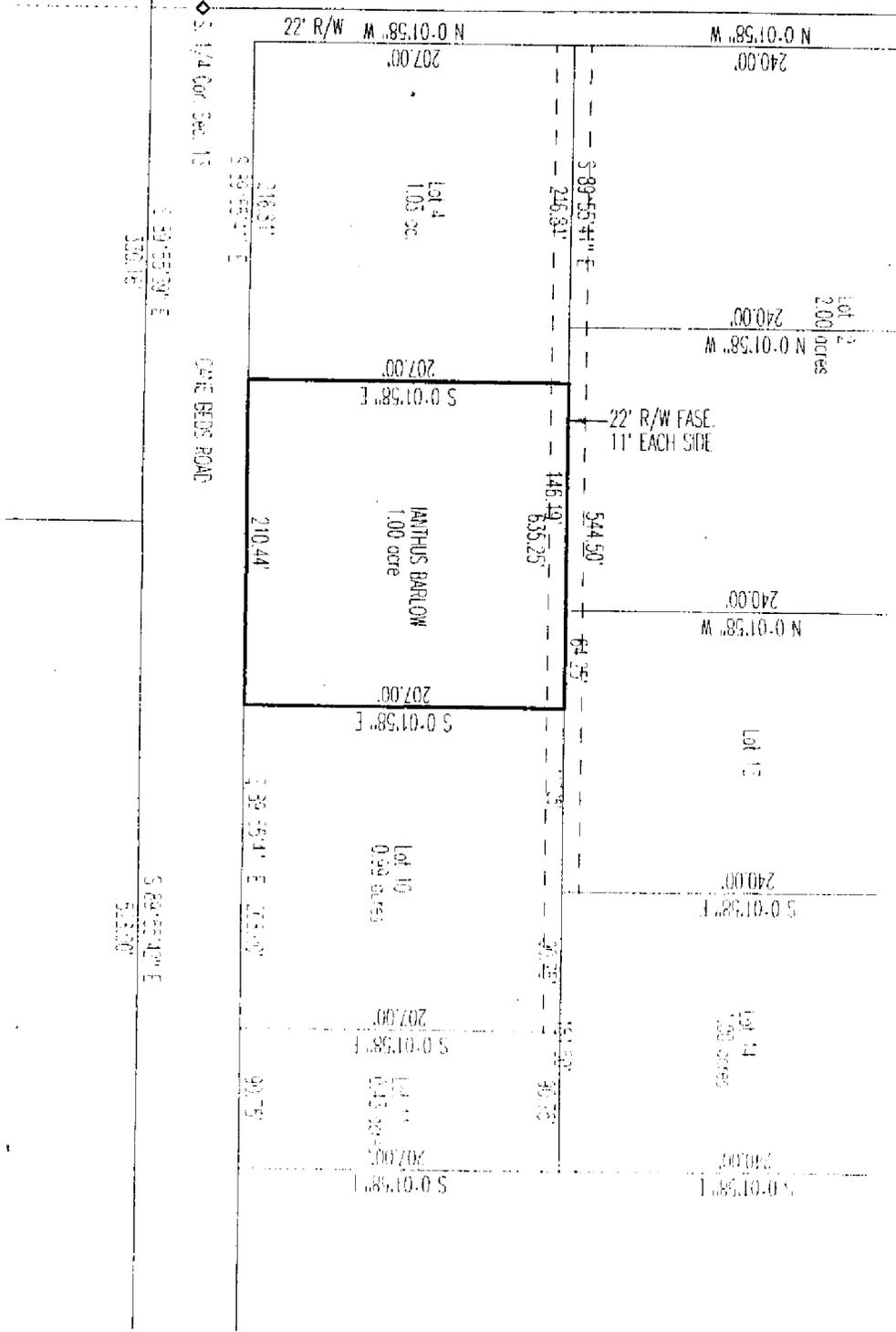
RECEIVED
 FEB 10 2003
 GROUNDWATER MGT

Scale: 1" = 100'



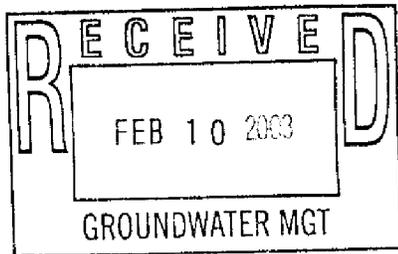
55-597161

CANE BEDS PROPERTY - IANTHUS BARLOW



STATUS INQ PROPERTY INTERACTIVE INTERFACE PANEL: MPT5102
 CO BK MP PAR S C SECURED MAINTENANCE DATE: 01 27 03
 08 405 53 045 1 TAX YEAR: 2003 ** NAME/ADDRESS **
 ** T A X D A T A ** BJARNSON GRADON WILLIAM & EVE
 AREA CODE 1070 HC 65 BOX 428
 EXEMPT STATUS CANE BEDS AZ 86022
 FCV EXEMPT
 LPV EXEMPT
 ASSMT LPV LAND IMPR COMB
 RATIOS: 10.0 10.0 10.0 10.0 ADDR CODE: 000 PSC: B6*
 FCV 44,519 AV 4,452 SITUS UNK STREET ADDRESS
 LPV 42,531 AV 4,253 SITUS ZIP 00000
 ** L A N D ** ** I M P R **
 USAGE CLASS 0123 VALUE SOURCE 4 USAGE CLASS 0123 VALUE SOURCE 1
 LEGAL CLASS 03 03
 ASSMT RATIO 10 10
 % OF FCV 100 100
 FCV 5,025 AV 503 COST 39494 MKT
 COST/MKT ASSR
 SECTION 13 TOWNSHIP 41N RANGE 6W CNTY/BRD STATE
 PARCEL SIZE 2.01 ACRES CURRENT AV 3,949 FCV 39,494
 VALUATION PER FREEZE YR 0 VALUE
 PF1 PT30 PF2 PC01 PF3 END PF4 EXIT PF5 XREF PF6 PH PF7 LEGAL, SALES
 PF8 MAS, PP, SD PF9 INQ, UP PF10 BRWS PREV PF11 BRWS NEXT PF12 PRINT PARCEL

55-597161



STATUS INQ PROPERTY INTERACTIVE INTERFACE PANEL: MPT5104
CO BK MP PAR S C SECURED MAINTENANCE DATE: 01 27 03
08 405 53 045 1 TAX YEAR: 2003 ** NAME/ADDRESS **

BJARNSON GRADON WILLIAM & EVE

HC 65 BOX 428

CANE BEDS AZ 86022

** SALES AND TRANSFERS **
DOCKET 000003427 PAGE 250
INSTR TYPE OTHER
DATE OF SALE 12 20 99
SALES PRICE

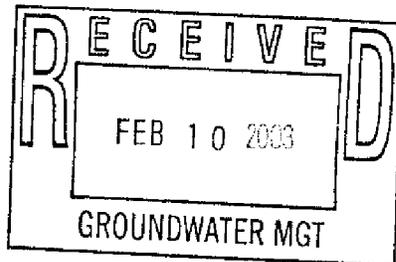
55-597161

ADDR CODE: PSC: B6*

** L E G A L **

01 TWN: 41N RNG: 6W SEC: 13 TRACT:
02 COMM AT THE SW COR OF THE NW4
03 SE4 OF SD SEC 13; TH EAST 543'
04 TO THE NW COR OF THE PROPERTY
05 BEING DESC AND THE POB; TH
06 EAST 208' TO THE NE COR; TH AT
07 RIGHT ANGLE RUNNING SOUTH 420'
08 ; TH AT RIGHT ANGLE RUNNING

PF2 PC01 PF3 END PF4 EXIT PF5 XREF PF6 LAND, IMPR, TAX PF7 LEGAL, SALES
PF8 MAS, PP, SD PF9 INQ PF10 BRWS PREV PF11 BRWS NEXT PF12 PRINT PARCEL



\$10 FEE



Arizona Department of Water Resources
Groundwater Management Support Section
P.O. Box 458 • Phoenix, Arizona 85001-0458
(602) 417-2470 • (800) 352-8488
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 the processing fee
- Authority for fee: A.R.S. § 45-113(B), A.A.C. R12-15-151(B)(4)(a)

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER 55 -

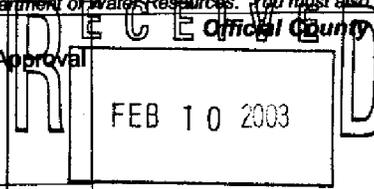
** PLEASE PRINT CLEARLY **

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



Official County or Local Seal or Stamp

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

MARY ANN ADAMS EPHRAIM I GROUNDWATER MGT

SIGNATURE

le

IANTHIUS OR GWENIVERE BARLOW 12-02
P.O. BOX 842251 435-487-4028
HILDALE, UT 84784-4026

97-61/1243
10204261

570

Date 1/24/02

Pay to the order of

A D W R

\$ 1000

Dollars

BANK of EPHRAIM
PERSONAL SERVICE FROM YOUR COMMUNITY BANK
P.O. BOX 841670
HILDALE, UT 84784

Memo

5, Curve Beds Ac.

160 ACRE SW 1/4	40 ACRE SW 1/4	10 ACRE SE 1/4
PARCEL 045		# OF ACRES 2.04
DIFFERENT FROM LOCATION OF WELL		
160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4

SECTION 3. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Ianthius W. Barlow	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL	
MAILING ADDRESS P.O. Box 2251	MAILING ADDRESS	
CITY / STATE / ZIP CODE Colorado City, AZ 86021	CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE Ianthius Barlow	CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER (928) 875-8734	FAX	TELEPHONE NUMBER / 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?		<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?		<input checked="" type="checkbox"/>	PLEASE STATE
3. 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.

\$10 FEE

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 Groundwater Management Support Section
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 - Authority for fee: A.R.S. § 45-113(B), A.A.C. R12-15-151(B)(4)(a)

AMA / INA	B	SB
	41	
RECEIVED	DATE	WS
2-10-03		01
ISSUED	DATE	WOARF CERCLA
2-13-03		

FILE NUMBER
8(41-6)13 CCD
WELL REGISTRATION NUMBER
55-597161

**** 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 for 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	Official County or Local Seal or Stamp 	
<input checked="" type="checkbox"/> County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F))		
<input type="checkbox"/> Field Inspection Performed		
<input checked="" type="checkbox"/> Site Plan Review Only		
<input type="checkbox"/> Insufficient Information to Make a Determination		
COUNTY OR LOCAL AUTHORITY NAME AND TITLE		
MARY ANN ROACHE, ENVIRONMENTAL SPECIALIST		
TELEPHONE NUMBER	DATE	COUNTY OR LOCAL AUTHORITY SIGNATURE
928-757-0901	01-29-03	MaryAnnRoache

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	3685 E. 2375 S. Care Beds AZ
<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.)	<input type="checkbox"/> Deepen	TOWNSHIP (NS) RANGE (EW) SECTION 160 ACRE 40 ACRE 10 ACRE
DESIGN PUMP CAPACITY	<input type="checkbox"/> Replace	41N 6W 13 SW 1/4 SW 1/4 SE 1/4
25 Gallons Per Minute	<input type="checkbox"/> Modify	COUNTY ASSESSOR'S PARCEL ID NUMBER
	If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER	BOOK 405 MAP 53 PARCEL 045 # OF ACRES 2.04
	55 - MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)
	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	TOWNSHIP (NS) RANGE (EW) SECTION 160 ACRE 40 ACRE 10 ACRE
		3/4 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	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
Ianthius W. Barlow	
MAILING ADDRESS	MAILING ADDRESS
P.O. Box 2251	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
Colorado City, AZ 86021	
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
Ianthius Barlow	
TELEPHONE NUMBER	TELEPHONE NUMBER
(928) 875-8734	
FAX	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?		<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?		<input checked="" type="checkbox"/>	PLEASE STATE
3. 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.

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

WELL REGISTRATION NUMBER
55-597161

SECTION 5. DRILLING AUTHORIZATION

SECTION 6. WATER / SITE INFORMATION

Drilling Firm		Principal Use of Water		Other Uses of Water	
NAME <i>CLIFF Drilling & Pump</i>		CHECK ONE		CHECK ALL THAT APPLY	
DWR LICENSE NUMBER <i>255</i>	ROC LICENSE CATEGORY <i>C-53</i>	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility	<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Utility
TELEPHONE NUMBER <i>435-673-5636</i>	FAX <i>435-673-7213</i>	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic
		<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Mining	<input type="checkbox"/> Mining	<input type="checkbox"/> Mining	<input type="checkbox"/> Mining
		<input type="checkbox"/> Stock	<input type="checkbox"/> Stock	<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge
		<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering	<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

Borehole			Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (X)				PERFORATION TYPE (X)					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		IF OTHER TYPE, DESCRIBE
0	300	5 1/2 9 7/8	0	20	5 1/2	X*										Cement
			20	300	5 1/2 6 5/8	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
Eanthius Barlow

SIGNATURE OF WELL OWNER OR LANDOWNER
Eanthius Barlow

DATE
1/23/03