



ARIZONA DEPARTMENT OF WATER RESOURCES
 Information Management Unit
 P.O. Box 33589, Phoenix, Arizona 85067-3589
 (602) 771-8527 * (800) 352-8488
 www.water.az.gov

Well Driller Report **ENTERED**
and **MO**
Well Log **MAY 20 2008**

* 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
B(22-21) 35 BBA
 WELL REGISTRATION NUMBER
55-217420
 PERMIT NUMBER (IF ISSUED)

** PLEASE PRINT CLEARLY **

Mail To:	SECTION 1. DRILLING AUTHORIZATION	
	Drilling Firm	
	NAME BROWN DRILLING	DWR LICENSE NUMBER 400
	ADDRESS 3375 N BANK STREET	TELEPHONE NUMBER 928-757-1920
	CITY/STATE/ZIP KINGMAN, AZ 86409-3605	FAX

SECTION 2. REGISTRY INFORMATION	
Well Owner	Location of Well
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL TONY ZAPATA	WELL LOCATION ADDRESS (IF ANY) 4070 Trout Place
MAILING ADDRESS 1660 N. TOPANGA CANYON BLVD.	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 22N 21W 35 NW 1/4 NW 1/4 NE 1/4
CITY / STATE / ZIP TOPANGA, CA 90290	LATITUDE LONGITUDE Degrees Minutes Seconds Degrees Minutes Seconds 34 ° 53 04 "N 114 ° 07 49 "W
CONTACT PERSON NAME AND TITLE Tony	METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade
TELEPHONE NUMBER 310-710-0835	LAND SURFACE ELEVATION AT WELL 1928 Feet Above Sea Level
WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.) "Sunset Dream"	METHOD OF ELEVATION (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade
	*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input checked="" type="checkbox"/> Other (please specify): WGS-84
	COUNTY ASSESSOR'S PARCEL ID NUMBER Mohave BOOK MAP PARCEL 350 5 049

SECTION 3. WELL CONSTRUCTION DETAILS		
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 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)
	Condition of Well	Construction Dates
	CHECK ONE <input checked="" type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED 4-9-08 DATE WELL CONSTRUCTION COMPLETED 4-11-08

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 Brexon Drilling	SIGNATURE OF QUALIFYING PARTY <i>[Signature]</i>	DATE 5/2/08
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Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55-217420

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

DEPTH OF BORING 1155 Feet Below Land Surface	DEPTH OF COMPLETED WELL 1150 Feet Below Land Surface
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Water Level Information			
STATIC WATER LEVEL 980 Feet Below Land Surface	DATE MEASURED 4-11-08	TIME MEASURED	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other:

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	20	10"	+1	0	6.5"	X				X						
20	1155	6 1/2"	0	20	7"	X				X						
			+1	1110	5"		X			X						
			1110	1115	5"		X						X			1/8 x 6

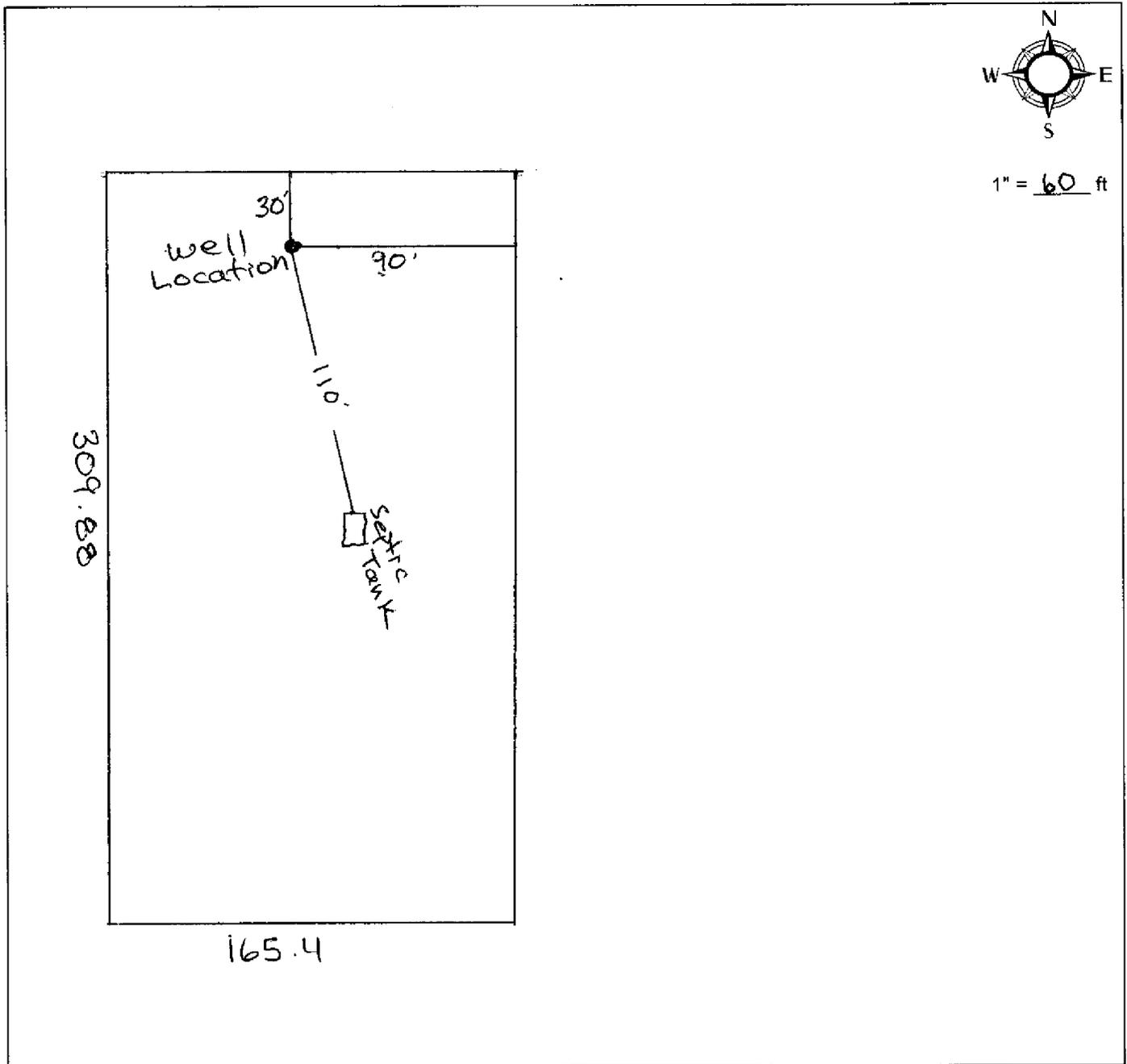
Installed Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (X)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	20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

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55- 217420

SECTION 6. WELL SITE PLAN			
NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER		
	BOOK	MAP	PARCEL
TONY ZAPATA	350	5	049

- ⊕ 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.



**ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT SUPPORT SECTION**

3550 N. Central Avenue
Phoenix, Arizona 85012

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

WELL REGISTRATION NO: 55-217420

AUTHORIZED DRILLER: BROWN DRILLING

LICENSE NO: 400

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

WELL OWNER: TONY ZAPATA 1660 N. TOPANGA CANYON BLVD. TOPANGA, CA 90290

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

NE ¼ OF THE NW ¼ OF THE NW ¼ SECTION 35 TOWNSHIP 22 NORTH RANGE 21 WEST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 350-5-049

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 10TH DAY OF APRIL, 2009

WATER MANAGEMENT SUPPORT

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

NOTICE! 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.



ARIZONA DEPARTMENT OF WATER RESOURCES

3550 N. Central Avenue, Phoenix, Arizona 85012
Telephone (602) 771-8500
Fax (602) 771-8691



Janet Napolitano
Governor

Herbert R. Guenther
Director

April 16, 2008

TONY ZAPATA
1660 N. TOPANGA CANYON BLVD.
TOPANGA, CA 90290

Registration No. 55-217420
File No. B(22-21) 35 BBA

Dear Well Owner:

Enclosed is a copy of the Notice of Intention (NOI) to Drill a well that you recently filed with this Department pursuant to A.R.S. § 45-596. This is to inform you that the Department has approved the NOI and has mailed or otherwise provided a drilling card authorizing the drilling of the well to the well driller identified in the NOI. The driller may not begin drilling until he has received the drilling card, which must be displayed on the drill rig during drilling. **PLEASE NOTE:** 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). Groundwater **may not** be withdrawn from this well for these transportation purposes **without official prior approval from the Department.** Please contact the office in the AMA where the groundwater is to be transported to determine what additional forms are needed and for more information on this process.

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, you must file a new NOI before proceeding with further drilling. If in the course of drilling the well, it is determined that 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 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. 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 receives a new drilling card from the Department. If you are drilling a new or replacement well and it is necessary to change the location of the proposed well, you may not proceed with drilling until you file an amended NOI with the Department and the Department issues an amended drilling card to the driller. If county approval was required for the original well site plan (this applies to domestic wells on parcels that are five acres or less), you must submit a new well site plan with the new well location to your local county health authority for approval prior to filing the amended NOI with the Department.

A.R.S. § 45-600 requires the registered well owner to complete and file a Pump Installation Completion Report form (DWR form 55-56) within 30 days after the installation of pumping equipment. A form is enclosed for your use. Also enclosed is a well owner's guide that provides useful information and advice concerning your upcoming well construction project. A.R.S. § 45-600 also requires the driller to file a complete and accurate Well Drillers Report and Well Log (DWR form 55-55) within 30 days after completion of drilling. That form was mailed to your driller with the drilling card. You should insist and ensure that all of the required forms are accurately completed and timely filed with the Department.

Please be advised that A.R.S. § 45-593(C) requires the person to whom a well is registered 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 (DWR form 55-71A) that may be downloaded from the ADWR Internet website at <<http://www.water.az.gov/adwr/content/forms/default.htm#NOI>>.

Sincerely,

Danae Schoonover
NOI Unit
Water Management Support Section

Enclosures



Printed on recycled paper. Each ton of recycled paper saves 7,000 gallons of water.

RECEIVED



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 771-8500 • (800) 352-8488
 (602) 771-8691 fax • www.azwater.gov

APR 11 2008

Notice of Intent to

\$150 or
\$100 FEE

Drill, Deepen, Replace or Modify a Well
 (except a Non-Exempt Well in an Active Management Area)

WATER MGMT

- 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.
- ** PLEASE PRINT CLEARLY ****

AMA/INA	B	43
RECEIVED	DATE	WS
4-11-08	02	
ISSUED	DATE	WQARF
4-16-08		
		CERCLA

FILE NUMBER	B(0221)35BBA
WELL REGISTRATION NUMBER	55-217420

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

Official County or Local Seal or Stamp

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

Heidi Koehly, EHS

TELEPHONE NUMBER

928 758-0704

DATE

4/8/08

COUNTY OR LOCAL AUTHORITY SIGNATURE

Heidi Koehly, EHS

SECTION 2: REGISTRY INFORMATION

Well Type	Proposed Action:
CHECK ONE	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
	<input type="checkbox"/> Replace
	<input type="checkbox"/> Modify
	If Deepening, Replacing or Modifying:
DESIGN PUMP CAPACITY	ORIGINAL WELL REGISTRATION NUMBER
5-10 Gallons Per Minute	55 -
	MAXIMUM CAPACITY OF ORIGINAL WELL
	Gallons Per Minute
	DISTANCE & DIRECTION FROM ORIGINAL WELL
	Feet

Location of Well
WELL LOCATION ADDRESS (IF ANY)
4070 Trout Place (Blhd)
TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
22N 21W 35 NW 1/4 NW 1/4 NE 1/4
COUNTY ASSESSOR'S PARCEL ID NUMBER # OF ACRES
BOOK MAP PARCEL # OF ACRES
350 05 049 1.18
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
COUNTY WHERE WELL IS LOCATED
Mohave

SECTION 3: OWNER INFORMATION

Well Owner
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
Tony Zapata
MAILING ADDRESS
1660 N. Topanga Canyon Blvd.
CITY / STATE / ZIP CODE
Topanga Ca. 90290
CONTACT PERSON NAME AND TITLE
Tony
TELEPHONE NUMBER
310-710-0835
FAX

Landowner (if different from Well Owner)
FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS
CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE
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?		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 (e.g., Lot 35 Well, Smith Well, etc.)?		X	PLEASE STATE
3. Is the proposed well a NEW well to be located within an Active Management Area? (See instructions)		X	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?		X	If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.

WELL REGISTRATION NUMBER
55 - 217420

SECTION 5: DRILLING AUTHORIZATION		SECTION 6: WATER / SITE INFORMATION	
Drilling Firm NAME Brown Drilling		Principal Use of Water CHECK ONE	
DR LICENSE NUMBER (400)	ROC LICENSE CATEGORY K-53	Other Uses of Water CHECK ALL THAT APPLY	
TELEPHONE NUMBER 928-751-1920	FAX 928-681-4549	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
MAILING ADDRESS 3375 N Bank St		<input type="checkbox"/> Utility	<input type="checkbox"/> Utility
CITY / STATE / ZIP CODE Kingman, AZ 86409		<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
DATE CONSTRUCTION IS TO BEGIN May 08		<input checked="" type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Domestic
		<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Mining	<input type="checkbox"/> Mining
		<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge
		<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)															
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	10	0	20	7.0	X*									Cement
20	100-1000	6.5	20	100-1000	5.0	X						X			1/2 X 6

* 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, geologist 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 residential uses" 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."

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 Tony Zapata		DATE 2/1/08
SIGNATURE OF WELL OWNER <i>Tony P. Zapata</i>		DATE 4/1/08
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) <i>Tony P. Zapata</i>		

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

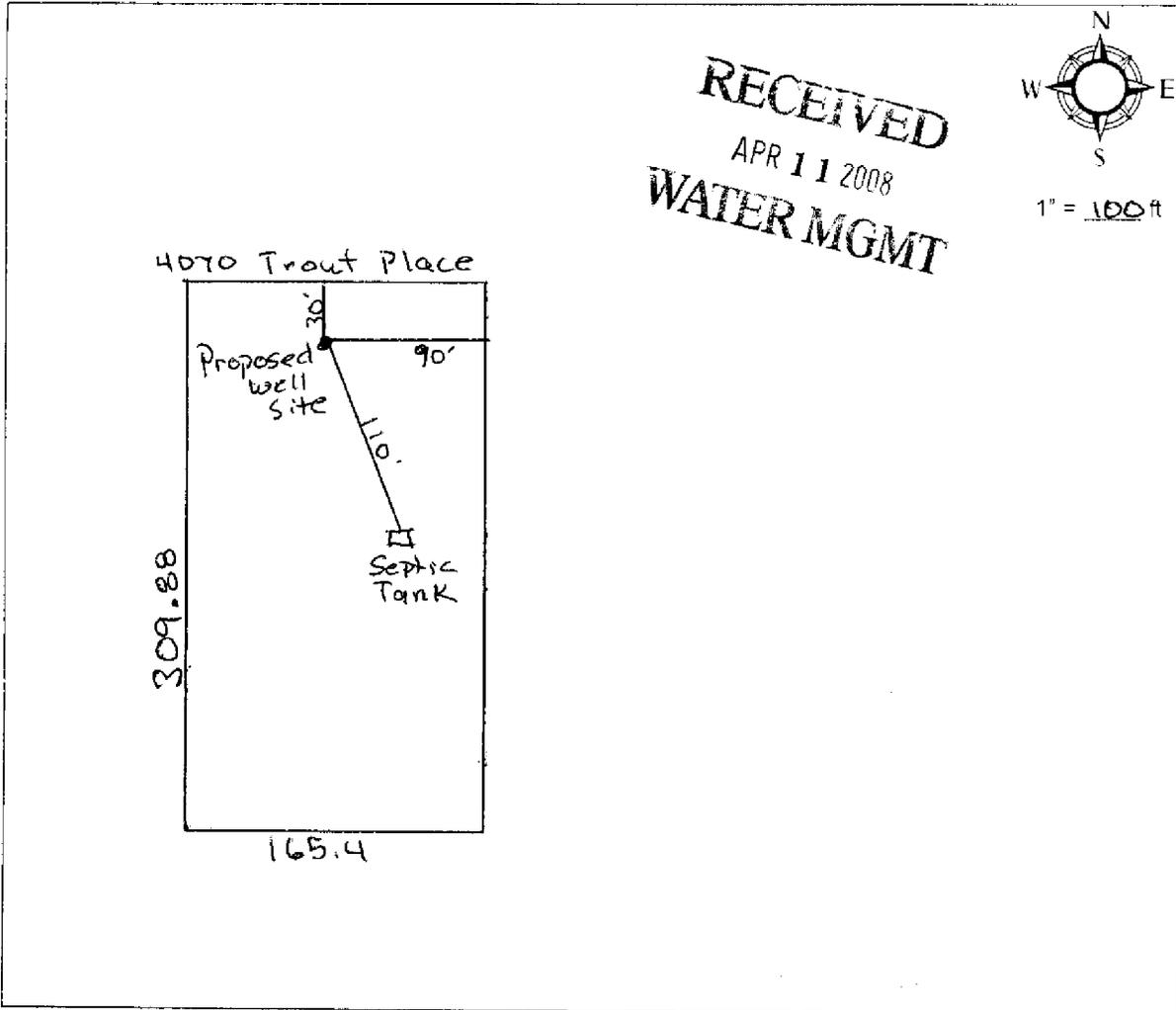
WELL REGISTRATION NUMBER
55 - 217420

CHECK ONE: FILING MANUALLY
 FILING ELECTRONICALLY* *DRILLER'S E-MAIL ADDRESS:

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE <i>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</i>	COUNTY APPROVAL CODE
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WELL SITE PLAN		
NAME OF WELL OWNER Tony Zapata	COUNTY ASSESSOR'S PARCEL ID NUMBER	
	BOOK 350	MAP 05
		PARCEL 049

- ❖ 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 Heidi Koehly, EHS	Official County or Local Seal or Stamp
COUNTY OR LOCAL AUTHORITY SIGNATURE Heidi Koehly, EHS	
TELEPHONE NUMBER 928 758-0704	
DATE 4/8/08	

217420

Arizona Department of Water Resources

3550 N Central Ave
Phoenix AZ 85012

Date: 4/11/2008

Cashier: WRPAB

TONY PZAPATA

1660 N TOPANGA CANYON BLVD

TOPANGA, CA 90290

310-455-2394

Type: Mail

DCS/INV#	DESCRIPTION	ATTR	SIZE	QTY	PRICE	EXT PRICE
F 72	4439-06 NOTICE OF INTENT TO DRILL WELL	15245		1	100.00	100.00
			1 Unit(s)		Subtotal:	100.00
					RECEIPT TOTAL:	100.00
					Tendered:	100.00

Check #: 100.00 # 7602

TONY ZAPATA
WELL OWNER