

**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: 55-216877

AUTHORIZED DRILLER: DEEP DOWN UNDER DRILLING LLC

LICENSE NO: 785

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

WELL OWNER: AMBIAN DAIRY LLC 38401 W. HWY 8 UNIT 12 GILA BEND, AZ 85337

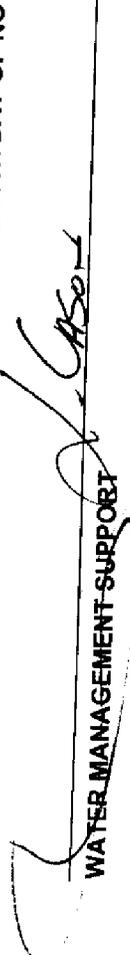
THE WELL(S) IS/ARE TO BE LOCATED IN THE:

SW ¼ OF THE NW ¼ OF THE SW ¼ SECTION 17 TOWNSHIP 6 SOUTH RANGE 6 WEST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 403-43-009G

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 26TH DAY OF NOVEMBER, 2008


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

February 20, 2008



Janet Napolitano
Governor

Herbert R. Guenther
Director

AMBIAN DAIRY LLC
38401 W. HWY 8 UNIT 12
GILA BEND, AZ 85337

Registration No. 55-216877

File No. C(6-6) 17 CBC

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



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 33589 Phoenix, Arizona 85067-3589
 (602) 771-8500 • (800) 352-8488
 (602) 771-8691 fax • www.azwater.gov

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

\$150 or
 \$100 FEE

- 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.

AMA / INA	B	38
RECEIVED	DATE	WS
11-27-07	08	
ISSUED	DATE	WQARF CERCLA
2-20-08		

FILE NUMBER
 C(6-6)17CBC

WELL REGISTRATION NUMBER
 55-216877

RECEIVED
 FEB 20 2008
 WATER MGMT

**** PLEASE PRINT CLEARLY ****

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

TELEPHONE NUMBER

DATE

COUNTY OR LOCAL AUTHORITY SIGNATURE

SECTION 2. REGISTRY INFORMATION

Well Type	Proposed Action	Location of Well
CHECK ONE	CHECK ONE	WELL LOCATION ADDRESS (IF ANY)
<input 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	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
<input checked="" 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	6S 6W 17 SW 1/4 NW 1/4 SW 1/4
DESIGN PUMP CAPACITY 1500 Gallons Per Minute	<input type="checkbox"/> Replace	COUNTY ASSESSOR'S PARCEL ID NUMBER
	<input type="checkbox"/> Modify	BOOK MAP PARCEL # OF ACRES
	If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER 55 -	403-43-089-67 180
	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 (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
		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 Ambian Dairy LLC	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL Paloma Adobe House LLC
MAILING ADDRESS 38401 W. Hwy 8 Unit 12	MAILING ADDRESS P.O. Box 668
CITY / STATE / ZIP CODE Gila Bend, AZ 85337	CITY / STATE / ZIP CODE Buckeye, AZ 85326
CONTACT PERSON NAME AND TITLE Jan Accame 220 Owner	CONTACT PERSON NAME AND TITLE Greg Pierce
TELEPHONE NUMBER 928-683-2950	TELEPHONE NUMBER 602-359-1959
FAX 928-683-2951	FAX 928-683-2951

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.

RECEIVED

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

FEB 20 2008

WELL REGISTRATION NUMBER
55-216877

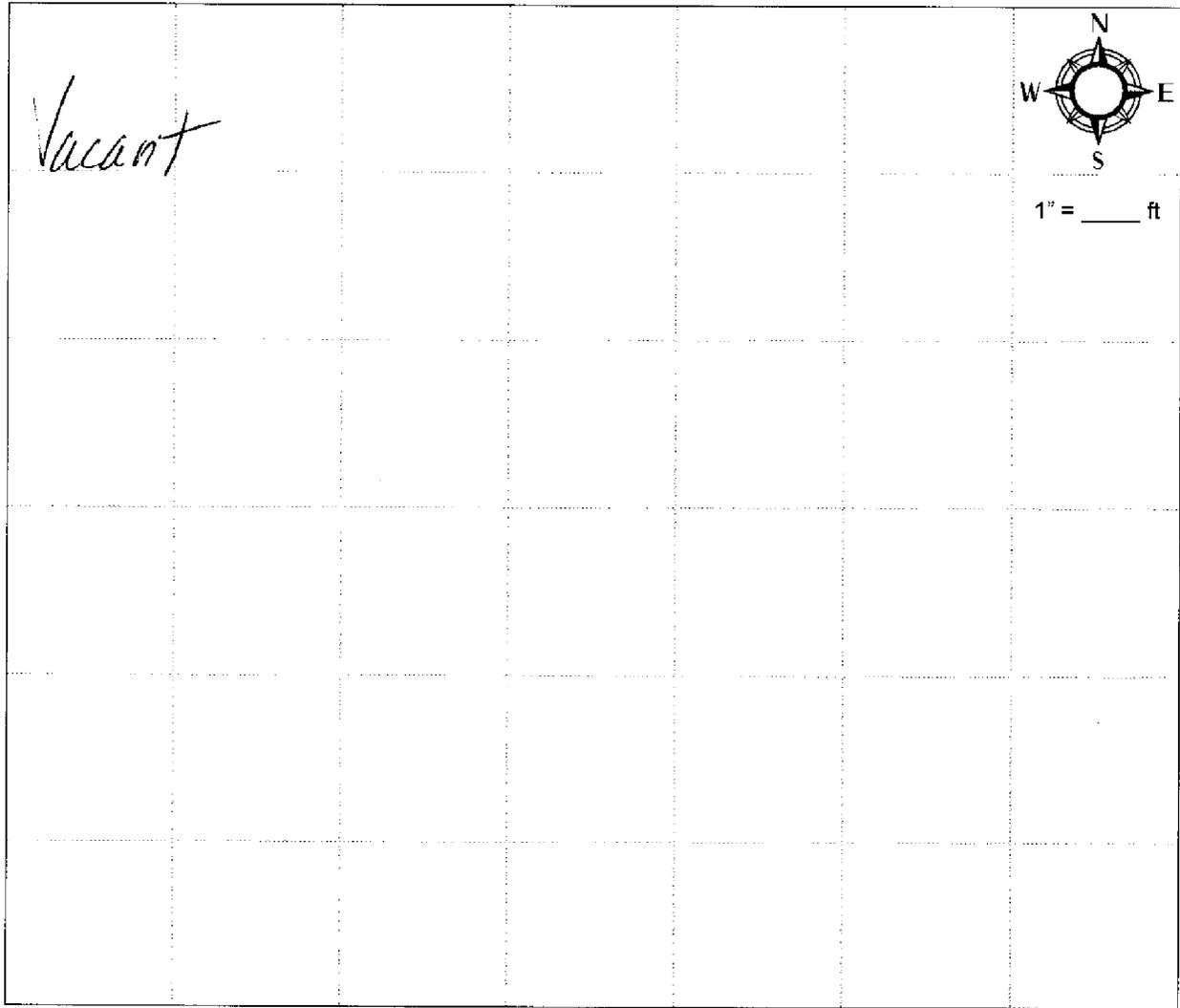
CHECK ONE: FILING MANUALLY
 FILING ELECTRONICALLY*

*DRILLER'S E-MAIL ADDRESS WATER MGMT

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE		COUNTY 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>		

WELL SITE PLAN		
NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER	
	BOOK	MAP
		PARCEL

- ❖ 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		Official County or Local Seal or Stamp
COUNTY OR LOCAL AUTHORITY SIGNATURE		
TELEPHONE NUMBER	DATE	



Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 417-2470 • (800) 352-8488
 (602) 417-2422 fax www.water.az.gov

NOV 27 2007

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

\$50 FEE

(except a Non-Exempt Well in an Active Management Area)

- Review instructions prior to completing form in black or blue ink.
 - You must include with your Notice:
 - Check or money order in the amount of the appropriate filing fee. For a well located within an AMA or INA, the fee is \$150.00. For a well not located within an AMA or INA, the fee is \$50.00 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	38
RECEIVED	DATE	WS
11-27-07		08
ISSUED	DATE	WQRF
		CERCLA

FILE NUMBER	C16617CBC
WELL REGISTRATION NUMBER	55-216877

RECEIVED
 FEB 20 2008

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 more acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. You must also attach a site plan (pg. 3).

CHECK ONE

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

Field Inspection Performed

Site Plan Review Only

Insufficient Information to Make a Determination

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

TELEPHONE NUMBER DATE COUNTY OR LOCAL AUTHORITY SIGNATURE

Official County or Local Seal or Stamp

SECTION 2. REGISTRY INFORMATION

Well Type CHECK ONE <input 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.)	Proposed Action CHECK ONE <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 55 - MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	Location of Well WELL LOCATION ADDRESS (IF ANY) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE T6S R6W 17 SW 1/4 NW 1/4 SW 1/4 COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL # OF ACRES 403-43-009-180 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 MARICOPA
DESIGN PUMP CAPACITY 1500 Gallons Per Minute	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	

SECTION 3. OWNER INFORMATION

Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Ambian Dairy LLC MAILING ADDRESS 580 E. Bird Ln CITY / STATE / ZIP CODE Litchfield Park, AZ 85340 CONTACT PERSON NAME AND TITLE Jan Accorero Owner TELEPHONE NUMBER 602-370-2689 FAX 623-386-5835	Landowner (if different from Well Owner) FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL Palom Adobe House LLC MAILING ADDRESS PO 668 CITY / STATE / ZIP CODE Buckeye, AZ 85326 CONTACT PERSON NAME AND TITLE Greg Pierce Owner TELEPHONE NUMBER 602-359-1959 FAX 623-386-5835
---	--

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.

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

RECEIVED NOV 27 2007

WELL REGISTRATION NUMBER
55-26877

FEB 20 2008

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

Drilling Firm		WATER MGMT		Principal Use of Water	Other Uses of Water
NAME				CHECK ONE	CHECK ALL THAT APPLY
J+J Fornes LTD				<input type="checkbox"/> Irrigation	<input checked="" type="checkbox"/> Irrigation
DWR LICENSE NUMBER	ROC LICENSE CATEGORY			<input type="checkbox"/> Utility	<input type="checkbox"/> Utility
296	N/A			<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
TELEPHONE NUMBER	FAX			<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
623-386-7344	623-386-6686			<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
MAILING ADDRESS				<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
5635 S. 225 Ave				<input type="checkbox"/> Mining	<input type="checkbox"/> Mining
CITY / STATE / ZIP CODE				<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
Buckeye, AZ 85326				<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge
				<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering
				<input checked="" type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):
				Livestock	

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 (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		IF OTHER TYPE, DESCRIBE
+1	40	24	0	40	30	X*				X						Cement
+1	600	20	0	600	20	X				X						
600	1600	16	600	1600	16	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.

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

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	
Ian Accomazzo, Ambient Air LLC Owner	
SIGNATURE OF WELL OWNER	DATE
<i>[Signature]</i>	11-26-07
SIGNATURE OF LAND OWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE
<i>[Signature]</i>	11-26-07

216877

ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Support Section/Notice of Intent Unit
3550 North Central Avenue, Phoenix, Arizona 85012
Telephone 602 771-8500
Fax 602 771-8691



Janet Napolitano
Governor

Herbert R. Guenther
Director

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FEB 20 2008

WATER MGMT

PLEASE RETURN
ALL PAPERS

November 28, 2007

AMBIAN DAIRY LLC
580 E. BIRD LN
LITCHFIELD PARK, AZ 85340

Re: Well Registry Number: 55-216877
File (Location) Number: C (6-6) 17 C B C

Dear Applicant:

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

- **SECTION 5: J & J FORNES LTD DOES NOT HAVE A CURRENT ROC LICENSE TO DRILL A NON-EXEMPT WELL. WHEN THE ROC LICENSE IS CURRENT, THEN PLEASE SEND BACK ALL ORIGINAL PAPERS TO CONTINUE THE REVIEW OF THE APPLICATION.**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL DENAE SCHOONOVER AT 602-771-8641.

In accordance with Arizona Revised Statutes (A.R.S.) § 45-596, Paragraph D, the Department is mailing this "statement of determination" as a request for information necessary to make the NOI complete and correct. Please provide the Department with the additional information and resubmit the corrected NOI form and any attachments (if applicable) to ADWR. The Department's substantive review time frame is suspended until all requested information is provided. If the Department does not receive the necessary information within sixty (60) days, the application may be denied. You would then have to re-initiate the NOI process and pay a new filing fee to receive a drilling authority for this location.



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

216877

**ATTACH THIS NOTICE WHEN RESUBMITTING THE COMPLETED NOI
AND RETURN TO:**

**WATER MANAGEMENT SUPPORT SECTION
PO BOX 33589
PHOENIX, ARIZONA 85067-3589**

**YOU MAY ALSO CONTACT YOU'RE DRILLER OR COUNTY ASSESSOR'S
OFFICE FOR ASSISTANCE PERTAINING TO THE NECESSARY
INFORMATION THAT IS REQUIRED TO COMPLETE YOUR APPLICATION.**

Sincerely,



Danae Schoonover
Water Resource Technician
Enclosures

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WATER MGMT





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WATER MGMT

QUICK LINKS ...

Home Contacts *Parcel Search:



Advanced Search Options

*Market Overview *Residential Similar Property Search

No Parcel Number? Use
Advanced Search Options.

*(A parcel number is needed to use these Features)

New Search Printer Friendly Version

Property Information

View GIS Maps

Parcel #: 403-43-009-G

Subdivision Name:

MCR #:

Lot #:

Property Address:

Property Description: TH PT W2 SEC17 T6S R6W LY SLY OF POL DESC LN COM N4 COR SEC TH S 1124.11F TO POB TH S 44D 42M W 3803.35F TO

Section Township Range: 17 6S 6W

Associated Parcel:

Owner Information

View Tax Information

Owner: PALOMA ADOBE HOUSE LLC

In Care Of:

Mailing Address: PO BOX 668
BUCKEYE AZ 85326 USA

Deed #: 061470900

Deed Date: 11/7/2006

Sales Price: n/a

Sales Date: n/a

Valuation Information

View Similar Parcels

Tax Year:	2008	2007	2006
Full Cash Value (FCV):	\$137,711	\$29,902	\$29,902
Limited Property Value (LPV):	\$55,501	\$28,097	\$25,543
Notice: The values displayed on this page may not reflect constitutional or statutory adjustments.			
Legal Class:	2	2	2
Assessment Ratio:	16.0%	16.0%	16.0%
Assessed FCV:	\$22,034	\$4,784	\$4,784
Assessed LPV:	\$8,880	\$4,496	\$4,087
Property Use Code:	4911	4911	4911
Tax Area Code:	940001	940001	940001

Additional Component Information (for this parcel)

Valuation Characteristics

New Search

Helpful Information:

recorder glossary forms

Disclaimer

The data contained in this database is deemed reliable but not guaranteed. This information should be used for informational use only and does not constitute a legal document for the description of these properties. Every effort has been made to insure the accuracy of this data; however, this material may be slightly dated which would have an impact on its accuracy. The Maricopa County Assessor's Office disclaims any responsibility or liability for any direct or indirect damages resulting from the use of this data.

Maricopa Home Legal Information Privacy/Security Policies

©2007 Maricopa County



Maricopa County Assessor || 301 W. Jefferson St. || Phoenix, AZ 85003

602-506-3406

Printed: 11/27/2007 2:45:29 PM

RECEIVED

216877

FEB 20 2008

Store 0010
Sale Receipt #
11/27/2007

WATER MGMT

Arizona Department of Water Resources

3550 N Central Ave
Phoenix AZ 85012

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NOV 27 2007

WATER MGMT

Page 1

AMBIAN DAIRY LLC

Date: 11/27/2007

580 E BIRD LN

Cashier: WRPAB

LITCHFIELD PARK, AZ 85340

Type: Mail

602-390-3689

DCS/INV#	DESCRIPTION	ATTR	SIZE	QTY	PRICE	EXT PRICE
F 72	4439-06 NOTICE OF INTENT TO DRILL WELL	15245		2	150.00	300.00
					Subtotal:	300.00
					RECEIPT TOTAL:	300.00
					Tendered:	300.00

Cash: 300.00

AMBIAN DAIRY LLC
WELL OWNER

We Appreciate Your Business!