

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

3550 N. Central Avenue
Phoenix, Arizona 85012

Notice! This well is located in or near an area of groundwater contamination (WQARF/CERCLA/DOD or Other). Be advised that special requirements may apply. Please refer to the attached letter(s) to the well owner for details.

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

WELL REGISTRATION NO: 55-217459

AUTHORIZED DRILLER: B-J DRILLING COMPANY, INC.

LICENSE NO: 25

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

WELL OWNER: ENCLAVE ST DAVID LLC 1600 N KOLB RD #118 TUCSON, AZ 85715

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

NW ¼ OF THE NE ¼ OF THE SW ¼ SECTION 16 TOWNSHIP 18 SOUTH RANGE 21 EAST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 121-22-004E

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 27TH DAY OF MARCH, 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

ENCLAVE ST DAVID LLC
1600 N KOLB RD #118
TUCSON, AZ 85715

Registration No. 55-217459
File No. D(18-21) 16 CAB

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 Groundwater **may not** be withdrawn from this well for these transportation purposes **without official prior approval from the Department.** Please contact the office in the AMA where the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.

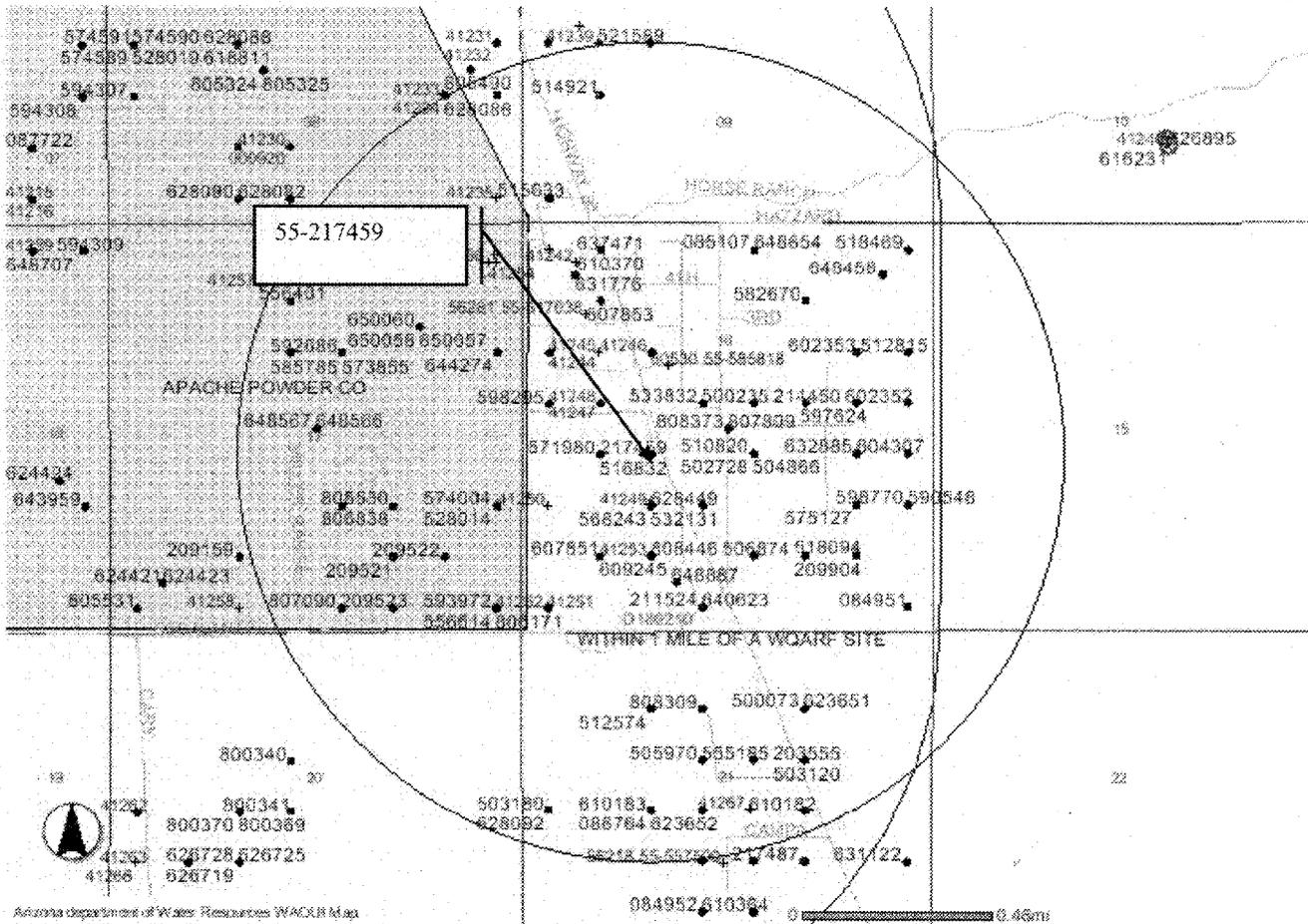
Please be advised that A.R.S. § 45-593(C) requires the person to whom a well is registered to notify the Department of a change in ownership of the well and/or information pertaining to the physical characteristics of the well in order to keep this well registration file current and accurate. Any change 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,

David Tompkins
NOI Unit
Water Management Support Section

Enclosures

55-217459 / Enclave St. David LLC NOI to Drill within AMA, D(18-21)16CAB



- Legend**
- Highlighted Feature
 - theBufferPolygons
 - theBufferTarget
 - ADEQ Wells
 - Wells - HQCL
 - Wells - Secondary MCL
 - ★ Wells - MCL
 - +
 - REGISTERED WELLS
 - /// Streets
 - Sections
 - Townships
 - ▨ GWR LUST Buffer
 - ▨ RCRA Site Buffer
 - ▨ VRP Site Buffer
 - Registry
 - 1 MI. WQARF Buffer
 - ▨ WQARF Site

Working Together



**Arizona
Department
of Environmental
Quality**



**Arizona
Department
of Water
Resources**

Map generated on 4/4/2008

Water Quality Sample Test Results for ADEQ Wells

Information provided is preliminary and subject to revision.

It may not represent the full extent of known water quality concerns.

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

RECEIVED

1



Arizona Department of Water Resources
Water Management Support Section
P.O. Box 33589 Phoenix, Arizona 85067-0589
(602) 771-8500 • (800) 352-8488
(602) 771-8691 fax • www.azwater.gov

MAR 10 2008

WATER MGMT

Notice of Intent to

\$150 or \$100 FEE

Deepen, Replace or Modify a Well
(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 \$100.00 if the well will be used solely for domestic purposes...
Authority for fee: A.R.S. § 45-596.
** PLEASE PRINT CLEARLY **

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

FILE NUMBER
WELL REGISTRATION NUMBER

CAB

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

RECEIVED
MAR 27 2008
WATER MGMT

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
Exempt
Non-Exempt
Drill New Well
Deepen
Replace
Modify
WELL LOCATION ADDRESS (IF ANY)
TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
COUNTY ASSESSOR'S PARCEL ID NUMBER # OF ACRES
BOOK MAP PARCEL
PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)
TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE
COUNTY WHERE WELL IS LOCATED

SECTION 3. OWNER INFORMATION

Well Owner Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
MAILING ADDRESS
CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER FAX

SECTION 4.

Table with 4 columns: Questions, Yes, No, If Yes:
1. Is the proposed well site within 100 feet of a septic tank system...
2. Is there another well name or identification number associated with this well...
3. Is the proposed well a NEW well to be located within an Active Management Area...
4. Is the proposed well the second exempt well on this parcel for the same use?

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

WELL REGISTRATION NUMBER
55-217459

SECTION 5. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
Drilling Firm		Principal Use of Water	
NAME BJ DRILLING COMPANY INC.		CHECK ONE	
DWR LICENSE NUMBER 25	ROC LICENSE CATEGORY A-4	<input type="checkbox"/> Irrigation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Mining <input type="checkbox"/> Stock <input type="checkbox"/> Recharge <input type="checkbox"/> Dewatering <input type="checkbox"/> Other* (please specify):	
TELEPHONE NUMBER 520-623-1010	FAX 520-623-1010	<input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Utility <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Domestic <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Mining <input type="checkbox"/> Stock <input type="checkbox"/> Recharge <input type="checkbox"/> Dewatering <input type="checkbox"/> Other* (please specify):	
MAILING ADDRESS P.O. Box 815		X TEST WELL	
CITY / STATE / ZIP CODE BENSON ARIZ 85602			
DATE CONSTRUCTION IS TO BEGIN MARCH 2008			

NOTE: If this is an application to construct a new well that will be used 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), the authorization to drill the well issued in association with this Notice shall not be considered the approval to transport groundwater to an AMA. (see instructions)

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	IF OTHER TYPE, DESCRIBE
0	200	16	(+) 1	200	12.75	X*					X					Cement
200	800	11	(+) 2	400	8.625	X					X					
				400	800	8.625	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 Diana Dessy, Vice President	
SIGNATURE OF WELL OWNER <i>Diana Dessy</i>	DATE 3-7-08
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

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

WELL REGISTRATION NUMBER

55 - 217459

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	COUNTY ASSESSOR'S PARCEL ID NUMBER	PARCEL
	BOOK	MAP

- ❖ 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	

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

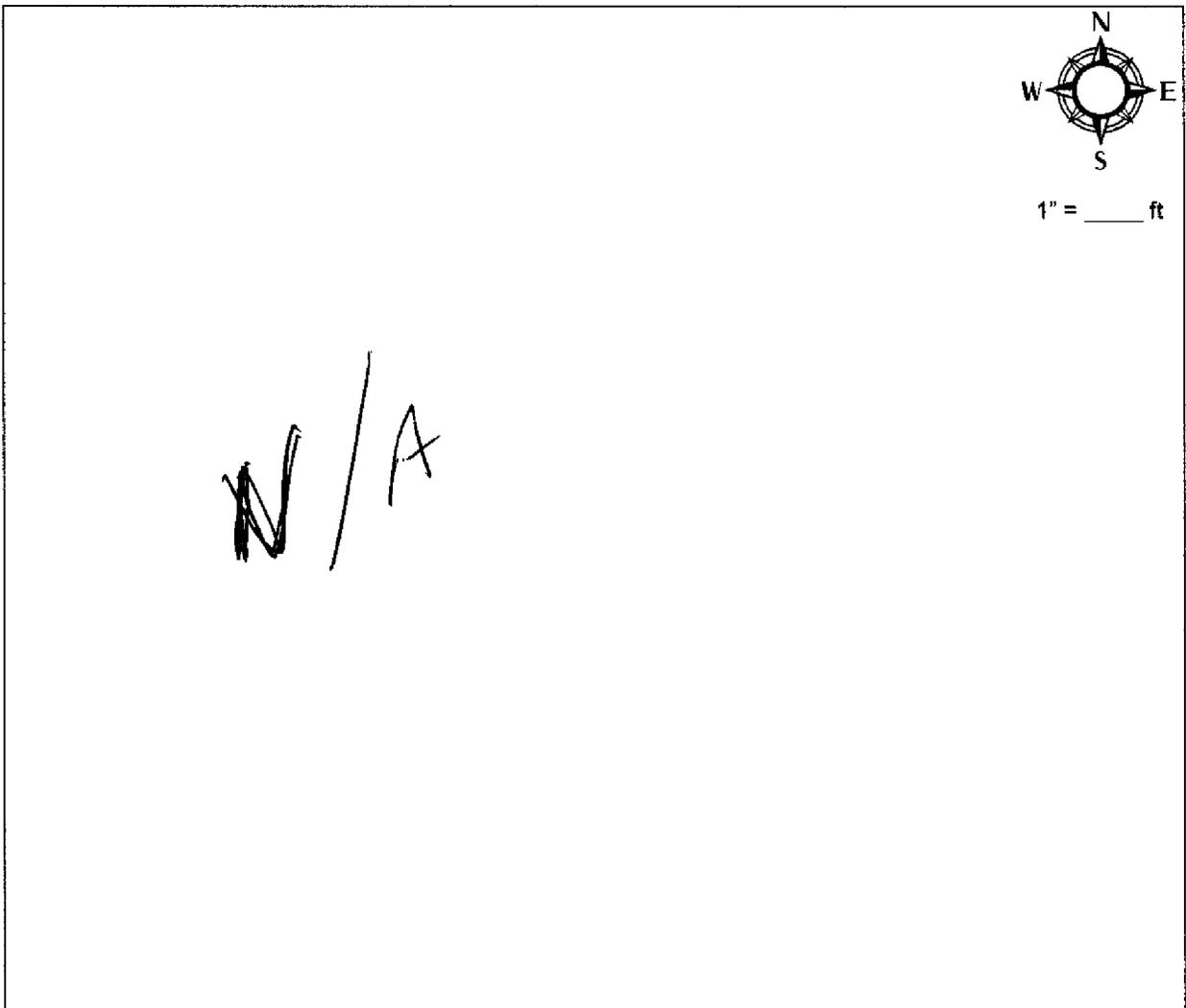
WELL REGISTRATION NUMBER
55 - 217459

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

*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	



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.
- ** PLEASE PRINT CLEARLY ****

RECEIVED
 MAR 9 7 2008

AMA / INA <u>—</u>	B <u>26</u>	SB	FILE NUMBER <u>D (18.21) 16 CAB</u>
RECEIVED DATE <u>3/28/08</u>	WS <u>11</u>	WELL REGISTRATION NUMBER <u>55-217459</u>	
ISSUED DATE	WOARF <u>NPI</u>	CERCLA	

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 <input type="checkbox"/> County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F)) <ul style="list-style-type: none"> <input type="checkbox"/> Field Inspection Performed <input type="checkbox"/> Site Plan Review Only <input type="checkbox"/> 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 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.) <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.) DESIGN PUMP CAPACITY <u>350</u> Gallons Per Minute	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 <u>55 -</u> MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	Location of Well WELL LOCATION ADDRESS (IF ANY) <u>None</u> TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <u>18S 21E 16 SW ¼ NE ¼ NW ¼</u> COUNTY ASSESSOR'S PARCEL ID NUMBER # OF ACRES BOOK MAP PARCEL <u>121 22 C04E B2</u> PLACE OF WATER USE (MANDATORY INFORMATION. SEE INSTRUCTIONS) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <u>18S 21E 16 SW ¼ NE ¼ NW ¼</u> COUNTY WHERE WELL IS LOCATED <u>Cochise</u>
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SECTION 3. OWNER INFORMATION

Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <u>Enclave St. David, LLC</u> MAILING ADDRESS <u>1600 N. Kolb Rd. Ste. 118</u> CITY / STATE / ZIP CODE <u>Tucson AZ 85715</u> CONTACT PERSON NAME AND TITLE <u>Diana Dessy, Vice President</u> TELEPHONE NUMBER FAX <u>520-886-1226 520-886-1294</u>	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?		✓	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.)?		✓	PLEASE STATE
3. Is the proposed well a NEW well to be located within an Active Management Area? (See instructions)		✓	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?		✓	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
55-217489

SECTION 5. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
Drilling Firm		Principal Use of Water	Other Uses of Water
NAME BJ Drilling Company Inc.		CHECK ONE	CHECK ALL THAT APPLY
DWR LICENSE NUMBER 25	ROC LICENSE CATEGORY A4	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
TELEPHONE NUMBER 520-623-1010	FAX 520-623-1010	<input type="checkbox"/> Utility	<input checked="" type="checkbox"/> Utility
MAILING ADDRESS P.O. Box 815		<input checked="" type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Commercial
CITY / STATE / ZIP CODE Benson AZ 85602		<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
DATE CONSTRUCTION IS TO BEGIN April 2008		<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):
		RECEIVED MAR 27 2008 WATER MGMT	
		X Test Well	

NOTE: If this is an application to construct a new well that will be used 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), the authorization to drill the well issued in association with this Notice shall not be considered the approval to transport groundwater to an AMA. (see instructions)

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	IF OTHER TYPE, DESCRIBE
0	200	16	(A) 1	200	12.75	X*					X					Cement
200	800	11	(A) 2	400	8.625	X					X					
				400	800	8.625	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 Diana Dessy, Vice President	
SIGNATURE OF WELL OWNER <i>Diana Dessy</i>	DATE 3-25-08
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

RECEIVED
MAR 27 2008
WATER MGMT

ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Support Section – NOI Unit
3550 N Central Ave, Phoenix, AZ 85012
Telephone (602) 771-8646
Fax (602) 771-8691



JANET NAPOLITANO
Governor

HERB GUENTHER
Director

March 20, 2008

ENCLAVE ST. DAVID LLC
1600 N KOLB RD SUITE #118
TUCSON, AZ 85715

**PLEASE RETURN
ALL PAPERS**

Re: Well Registry Number: 217459
File (Location) Number: D(18-21)16 CAB

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 2: UNDER THE LOCATION OF WELL, THERE IS THE PLACE OF WATER USE THAT IS NOW MANDATORY INFORMATION SINCE 3/10/2008. YOU CAN PRINT OUR NEW FORM ON OUR WEBSITE (WWW.AZWATER.GOV).
PLEASE REFILL IN THE INFORMATION ON OUR NEW APPLICATION AND SEND BOTH ORIGINAL APPLICATIONS BACK TO US AT OUR ADDRESS BELOW. NEW FORM ENCLOSED.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL TASHA CONNER AT 602-771-8644.

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.

David L. Tompkins

From: William J. Ellett [Ellett.William@azdeq.gov]
Sent: Monday, April 07, 2008 9:09 AM
To: David L. Tompkins
Subject: RE: Apache Powder Site

No concerns. These are deep aquifer wells located upgradient of known contamination in the shallow aquifer.

Bill Ellett
Superfund Programs Unit Manager
ADEQ, Southern Regional Office
Phone: (520) 628-6714

From: David L. Tompkins [mailto:dltompkins@azwater.gov]
Sent: Friday, April 04, 2008 10:43 AM
To: William J. Ellett
Subject: Apache Powder Site

Hello

I have an NOI to drill for 2 wells for your review located within the Apache Powder site.

They are to be drilled under well id 55-217459 & 217487. Please see attached document. The wells are all located in the same cadastral of D(18-21)16CAB & D(18-21)21DBA, I have provided the NOI's for both wells

Please respond promptly if you have any questions or concerns.

Regards,

David Tompkins,
Hydrologist
Arizona Department of Water Resources
Water Quality Unit
3550 North Central Avenue
Phoenix, Arizona 85012-2105
Email: dltompkins@azwater.gov
Tel: (602) 771-8500
Direct Tel: (602) 771-8562
Fax: (602) 771-8686

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4/7/2008

Arizona Department of Water Resources

3550 N Central Ave
Phoenix AZ 85012

ENCLAVE DEVELOPMENT

Date: 3/10/2008

Cashier: WRPAB

1600 N KOLB ROAD

SUITE 118

Type: Mail

TUCSON,AZ

85715

N/A

DCS/INV#	DESCRIPTION	ATTR	SIZE	QTY	PRICE	EXT PRICE
F 72	4439-06 NOTICE OF INTENT TO DRILL WELL	15245		3	150.00	450.00
			1 Unit(s)		Subtotal:	450.00
					RECEIPT TOTAL:	450.00
					Tendered:	450.00

Check #: 450.00 # 001223

ENCLAVE ST DAVID LLC
WELL OWNER

We Appreciate Your Business!