Run Date: 03/24/2016

AZ DEPARTMENT OF WATER RESOURCES

WELL REGISTRY REPORT - WELLS55

Location D 5.0 9.0 10 C B B

Well Reg.No **55 -** 918328

AMA PINAL AMA

Registered Name CODY & MEGAN CARPENTER
PO BOX 574
FLORENCE AZ 85132

File Type NEW WELLS (INTENTS OR APPLICATIONS)
Application/Issue Date 06/19/2015

Owner OWNER
Driller No. 197
Driller Name BOTA COMPANY
Driller Phone 520-868-5289
County PINAL
Parcel No. 202-19-013F
Intended Capacity GPM 0.00

Well Type EXEMPT
SubBasin ELOY
Watershed UPPER GILA RIVER
Registered Water Uses DOMESTIC
Registered Well Uses
Discharge Method NO DISCHARGE METHOD LISTED
Power NO POWER CODE LISTED

Well Depth	400.00	**Case Diam**	6.00	**Tested Cap**	0.00
Pump Cap.	0.00	**Case Depth**	400.00	**CRT**	
Draw Down	0.00	**Water Level**	184.00	**Log**	X
		Acres Irrig	0.00	**Finish**	PLASTIC OR PVC

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments 2361 S. Hiscox Ln., Florence, AZ 85132
Pump Installed

Current Action

3/24/2016 860 CHANGE OF WELL OWNERSHIP
Action Comment: sym

Action History

1/6/2016 750 WELL DRILLER REPORT AND WELL LOG RECEIVED/ENTERED
Action Comment: bew

11/10/2015 755 WELL CONSTRUCTION COMPLETED
Action Comment: bew

6/19/2015 550 DRILLING AUTHORITY ISSUED
Action Comment: Processed through the Web NOI.

6/19/2015 907 45-454(C) LAND NOT WITHIN 100 FT. OF DESIGNATED PROVIDER
Action Comment: Processed through the Web NOI.

6/19/2015 150 NOI RECEIVED FOR A NEW PRODUCTION WELL
Action Comment: Processed through the Web NOI.

6/19/2015 215 COUNTY APPROVAL SUPPLIED BY DRILLER VIA WEB
Action Comment: Processed through the Web NOI.

Arizona Department of Water Resources
Water Management Division
P.O. Box 36020 Phoenix, Arizona 85067-6020
(602) 771-8527 • www.azwater.gov

Request to Change Well Information

RECEIVED MAR 03 2016 ARIZONA DEPARTMENT OF WATER RESOURCES

- 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: D(5-9)10 CBB
WELL REGISTRATION NUMBER: 55 - 918328

SECTION 1. REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL: MKG Management, LLC
MAILING ADDRESS: 5521 W. 4TH St
CITY / STATE / ZIP CODE: Reno, NV 89523
CONTACT PERSON NAME AND TITLE: KATHY GENEY, MGR.
TELEPHONE NUMBER: 775.250.1946 FAX:

Location of Well

WELL LOCATION ADDRESS (IF ANY): 2361 S. Hiscox Florence AZ

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
5S	9E	10	C ¼	B ¼	B ¼

LATITUDE Degrees	Minutes	Seconds "N	LONGITUDE Degrees	Minutes	Seconds "W
°	'		°	'	

METHOD OF LATITUDE/LONGITUDE (CHECK ONE): ☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade
*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE): ☐ NAD-83 ☐ Other (please specify):

COUNTY ASSESSOR'S PARCEL ID NUMBER: BOOK 202 MAP 19 PARCEL 013F
COUNTY WHERE WELL IS LOCATED: Pinal

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

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL:
DWR LICENSE NUMBER:
TELEPHONE NUMBER: FAX:

New Well Drilling Contractor

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL:
DWR LICENSE NUMBER: ROC LICENSE CATEGORY:
TELEPHONE NUMBER: FAX:

SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP

FEE $30 per Well

Previous Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL: MKG Management LLC
MAILING ADDRESS: 5521 W. 4TH St
CITY / STATE / ZIP CODE: Reno NV 89523
CONTACT PERSON NAME AND TITLE: KATHY GENEY, MGR
TELEPHONE NUMBER: 775.250.1946 FAX:

New Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL: Cody & Megan Carpenter
MAILING ADDRESS: PO Box 574
CITY / STATE / ZIP CODE: Florence, AZ 85132
CONTACT PERSON NAME AND TITLE:
TELEPHONE NUMBER: 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: Cody
SIGNATURE OF WELL OWNER: [signature]
DATE: 2-27-16

MKG Management, LLC

RECORDED ELECTRONICALLY
BY SECURITY TITLE AGENCY

RECORDING REQUESTED BY
Security Title Agency, Inc.

AND WHEN RECORDED MAIL TO:

Cody S. Carpenter

PO Box 574

Florence, AZ 85132

ESCROW NO.: **76160043 - 076 - TH**

OFFICIAL RECORDS OF
PINAL COUNTY RECORDER
VIRGINIA ROSS

DATE/TIME: 02/29/2016 1524
FEE: $17.00
PAGES: 6
FEE NUMBER: 2016-012047

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Warranty Deed

For the consideration of Ten Dollars, and other valuable consideration,
MKG Management LLC, an Arizona limited liability company
("Grantor") conveys to
Cody S. Carpenter and Megan Carpenter, Husband and Wife
the following real property situated in Pinal County, ARIZONA:
See Exhibit A attached hereto and made a part hereof.

SUBJECT TO: Current taxes and other assessments, reservations in patents and all easements, rights of way, encumbrances, liens, covenants, conditions, restrictions, obligations, and liabilities as may appear of record.

Grantor warrants the title against all persons whomsoever, subject to the matters set forth above.

Dated: February ~~19,~~ 23 2016 KG MG

Grantor(s):

SELLERS:

MKG Management LLC, an Arizona limited liability company

Kathleen Anne Geney, Member

Kathleen Anne Geney, member

David Michael Geney, member

David Michael Geney, member

Unofficial

Wdeed

Escrow No.: 76160043-076-TH
Warranty Deed...Continued

State of Nevada
County of Washoe } ss:

Entity
The foregoing Warranty Deed, dated February ~~19~~ 23rd, 2016 and consisting of 1 page(s), was acknowledged before me this 23 day of February, 2016, by

Kathleen Anne Geney and David Michael Geney, the members of MKG Management LLC an AZ LLC.

Notary Public

My comm expires 7-28-16

THERESA SHANNON-LAIOLO
Notary Public-State of Nevada
APPT. NO. 04-90804-2
My App. Expires July 28, 2016

Unofficial

Exhibit A

PARCEL NO. 1:

A portion of the Northwest quarter of the Southwest quarter of Section 10, Township 5 South, Range 9 East of the Gila and Salt River Base and Meridian, Pinal County, Arizona, more particularly described as follows:

COMMENCING at the West quarter corner of said Section 10, from whence the Southwest corner of said Section 10,bears South 02 degrees 46 minutes 00 seconds East, a distance of 2525.48 feet;

THENCE South 02 degrees 46 minutes 00 seconds East along the West line of said Section 10, a distance of 492.46;

THENCE North 87 degrees 12 minutes 49 seconds East, a distance of 164.08 feet to the TRUE POINT OF BEGINNING;

THENCE North 87 degrees 12 minutes 49 seconds East, a distance of 164.08 feet;

THENCE South 03 degrees 26 minutes 14 seconds East, a distance of 332.38 feet;

THENCE South 87 degrees 41 minutes 39 seconds West, a distance of 166.03 feet;

THENCE North 03 degrees 06 minutes 12 seconds West, a distance of 330.97 feet to the TRUE POINT OF BEGINNING.

PARCEL NO. 2:

An easement for ingress and egress over the North 20 feet of the following described property:

A portion of the Northwest quarter of the Southwest quarter of Section 10, Township 5 South, Range 9 East of the ~~Gila and~~ Salt River Base and Meridian, Pinal County, Arizona, more particularly described as follows:

COMMENCING at the West quarter corner of said Section 10, from whence the Southwest corner of said Section 10, bears South 02 degrees 46 minutes 00 seconds East, a distance of 2525.48 feet;

THENCE South 02 degrees 46 minutes 00 seconds East along the West line of said Section 10, a distance of 492.46 feet to the TRUE POINT OF BEGINNING;

THENCE North 87 degrees 12 minutes 49 seconds East, a distance of 164.08 feet;

Unofficial

ESCROW NO.: **76160043 076 TH**

ACCEPTANCE OF COMMUNITY PROPERTY
WITH RIGHT OF SURVIVORSHIP
"DEED"

Cody S. Carpenter and Megan Carpenter, Husband and Wife, each being first duly sworn upon oath, deposes and says, THAT I am one of the Grantees named in the deed attached to this Acceptance, dated February 19, 2016 , and executed by **MKG Management LLC, an Arizona limited liability company** as Grantors, to **Cody S. Carpenter and Megan Carpenter, Husband and Wife** as Grantees, and which conveys the real property described as:

See Exhibit A attached hereto and made a part hereof.

to the Grantees named in the deed, not as tenants in common, nor as community property, nor as joint tenants with right of survivorship, but as community property with right of survivorship.

Each of us individually and jointly as Grantees assert and affirm that it is our intention to accept this conveyance as community property with right of survivorship and to acquire any interest we may have in the real property under the terms of the Deed as community property with right of survivorship.

Dated: February 19, 2016

GRANTEES:

Cody S. Carpenter

Megan Carpenter

State of Arizona
County of Pinal } ss:

Individual
The foregoing Acceptance of Community Property with Right of Survivorship, dated February 19, 2016 and consisting of 3 page(s), was acknowledged before me this 29 day of Feb, 2016, by

Cody S Carpenter and Megan Carpenter.

Notary Public

TERRY HUGHES
Notary Public - State of Arizona
PINAL COUNTY
My Commission Expires
October 13, 2016

Unofficial

Acptcp

Exhibit A

PARCEL NO. 1:

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Unofficial

THENCE South 03 degrees 05 minutes 12 seconds West, a distance of 330.97 feet;

THENCE South 87 degrees 41 minutes 39 seconds West, a distance of 166.03 feet;

THENCE North 02 degrees 46 minutes 00 seconds West, a distance of 329.57 to the TRUE POINT OF BEGINNING.

Unofficial

AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)

Primary Parcel: 202-19-013-F
BOOK MAP PARCEL SPLIT

Does this sale include any parcels that are being split / divided?
Check one: Yes ☐ No ☑

How many parcels, other than the Primary Parcel, are included in this sale? _____

Please list the additional parcels below (attach list if necessary):

(1) _____ (2) _____

(3) _____ (4) _____

2. SELLER'S NAME AND ADDRESS:

MKG Management LLC, an Arizona limited liability company
5521 W. 4th
Reno, NV 85194

3. (a) BUYER'S NAME AND ADDRESS:

Cody S. Carpenter
PO Box 574
Florence, AZ 85132

(b) Are the Buyer and Seller related? Yes ☐ No ☑
If Yes, state relationship:

4. ADDRESS OF PROPERTY:

2361 S. Hiscox Ln.
Florence, AZ 85132

5. (a) MAIL TAX BILL TO: (Taxes due even if no bill received)

Cody S. Carpenter
Same as # 3

(b) Next tax payment due Oct 2015

6. PROPERTY TYPE (for Primary Parcel): NOTE: Check Only One Box

a. ☐ Vacant Land
b. ☑ Single Family Residence
c. ☐ Condo or Townhouse
d. ☐ 2-4 Plex
e. ☐ Apartment Building
f. ☐ Commercial or Industrial Use
g. ☐ Agricultural
h. ☐ Mobile or Manufactured Home ☐ Affixed ☐ Not Affixed
i. ☐ Other Use; Specify: _____

7. RESIDENTIAL BUYER'S USE: If you checked **b, c, d or h** in Item 6 above, please check one of the following:

a. ☒ To be used as a primary residence.
b. ☐ To be rented to someone other than a "qualified family member."
c. ☐ To be used as a non-primary or secondary residence.

See reverse side for definition of a "primary residence, secondary residence" and "family member."

8. If you checked **e** or **f** in Item 6 above, indicate the number of units: _____
For Apartments, Motels / Hotels, Mobile Home / RV Parks, etc.

FOR RECORDER'S USE ONLY

PINAL COUNTY
DATE/TIME: 02/29/2016 1524
FEE NUMBER: 2016-012047

9. TYPE OF DEED OR INSTRUMENT (Check Only One Box):

a. ☑ Warranty Deed
b. ☐ Special Warranty Deed
c. ☐ Joint Tenancy Deed
d. ☑ Contract or Agreement
e. ☐ Quit Claim Deed
f. ☐ Other: _____

10. **SALE PRICE:** $ 130,000.00

11. DATE OF SALE (~~Numeric Digits~~): 1/2016
Month / Year

12. DOWN PAYMENT $ 23,55.00

13. METHOD OF FINANCING:

a. ☐ Cash (100% of Sale Price)
b. ☐ Barter or trade
c. ☐ Assumption of existing loan(s)
d. ☐ Seller Loan (Carryback)
e. ☑ New loan(s) from financial institution:
(1) ☐ Conventional
(2) ☐ VA
(3) ☐ FHA
f. ☐ Other financing; Specify: _____

14. PERSONAL PROPERTY (see reverse side for definition):

(a) Did the Sale Price in Item 10 include Personal Property that impacted the Sale Price by 5 percent or more? Yes ☐ No ☑

(b) If Yes, provide the dollar amount of the Personal Property:
$ _____ 00 AND
briefly describe the Personal Property: _____

15. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: _____

16. SOLAR / ENERGY EFFICIENT COMPONENTS:

(a) Did the Sale price in Item 10 include solar energy devises, energy efficient building components, renewable energy equipment or combined heat and power systems that impacted the Sale Price by 5 percent or more? Yes ☐ No ☑

If Yes, briefly describe the solar / energy efficient components:

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone Number):
Same as #3

Phone: _____

18. LEGAL DESCRIPTION (attach copy if necessary):
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller / Agent

State of AZ, County of Pinal

Subscribed and sworn to before me on this 29 day of Feb 2016

Notary Public

Notary Expiration Date 10/13/16

TERRY HUGHES
Notary Public - State of Arizona
PINAL COUNTY
My Commission Expires
October 13, 2016

Signature of Buyer / Agent

State of AZ, County of Pinal

Subscribed and sworn to before me on this 29 day of Feb 2016

Notary Public

Notary Expiration Date 10/13/16

TERRY HUGHES
Notary Public - State of Arizona
PINAL COUNTY
My Commission Expires
October 13, 2016

Unofficial Document

EXHIBIT "A"
Legal Description

PARCEL NO. 1:

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Unofficial

EXHIBIT "A"
(Continued)

THENCE North 02 degrees 46 minutes 00 seconds West, a distance of 329.57 to the TRUE POINT OF BEGINNING.

Unofficial

TREASURER PARCEL INQUIRY

PINAL • COUNTY

202-19-013F4	New Parcel	Main Menu	Contact Us	Help

PARCEL INQUIRY
- TAX SUMMARY
- TAX YEAR DUE
- PAYMENT HISTORY
- APPLIED INT/FEES
- VALUATIONS
- OWNER HISTORY
- SPLIT HISTORY
- UPDATE ADDRESS
- TAX BILL ESTIMATOR

PAYMENTS
- PAYMENT OPTIONS
- PAY ONLINE

REPORTS
- TAX BILL/PAYMENT COUPON
- TAX STATEMENT
- PAYMENT RECEIPT
- TAX RECEIPT

Owner History

Ownership information is provided by the Pinal County Assessors office. Clicking the link below will direct you to their website where you can request a change to the current owner mailing address information.

Update Mailing Address Information

Effective Date	Owner Name & Address
06/11/2015	MKG MANAGEMENT LLC 1220 GOLDSTONE RD RENO, NV 89508
11/19/2013	FEDERAL NATL MRTG ASSOC C/O JPMORGAN CHASE BANK NA 3415 VISION DR DEPT OH4-7126 COLUMBUS, OH 43219
06/25/2010	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85128
06/25/2010	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85228
09/04/2001	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85228
06/11/2001	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85228
06/01/2001	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85228
10/20/2000	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85228
02/18/2000	HENRY PATRICK JOHN PO BOX 1612 COOLIDGE, AZ 85228

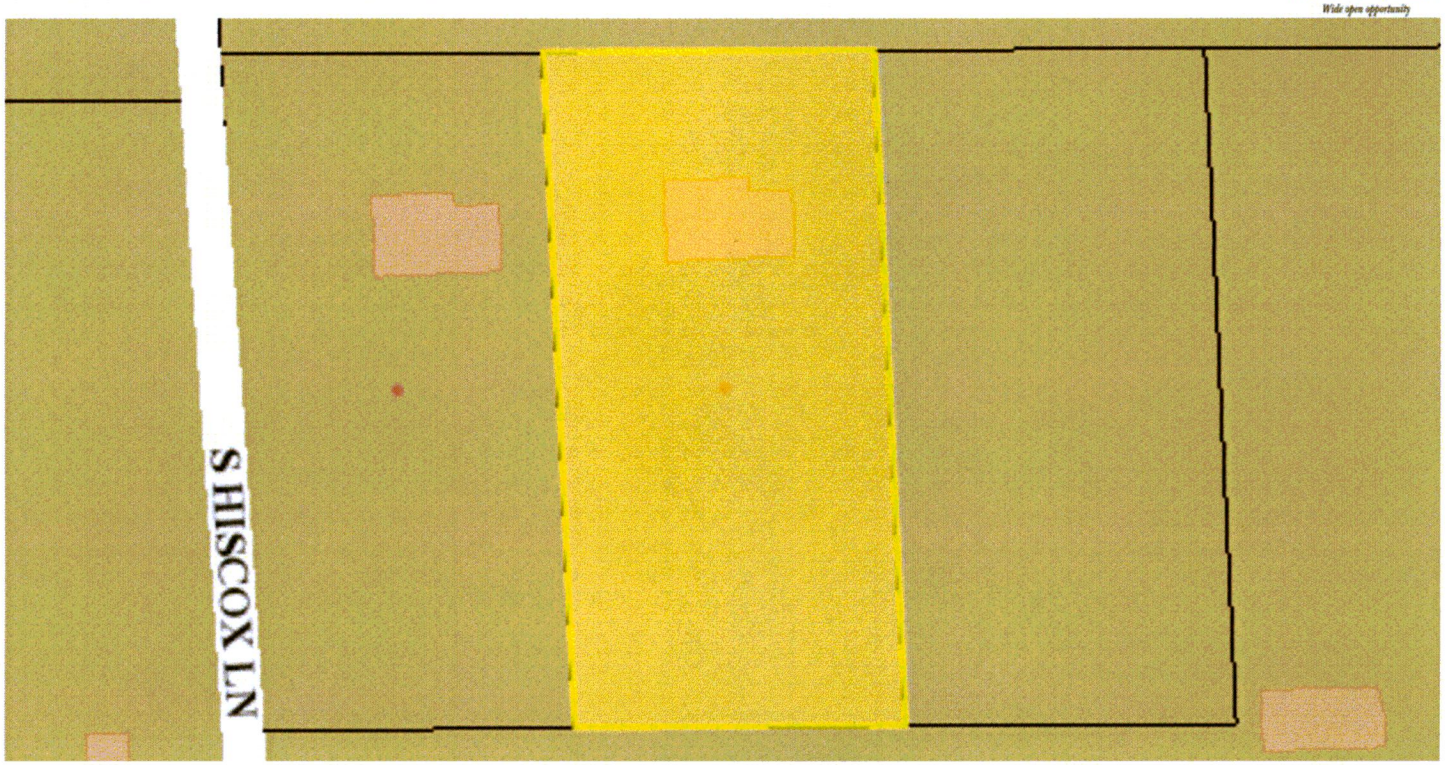
1 20 items per page 1 - 9 of 9 items

© Pinal County Treasurer Home Pinal County Government Web Disclaimer

General Parcel Information Report

Disclaimer: Pinal County makes no warranty, expressed or implied, regarding the accuracy, completeness, or usefulness of the information provided on this document. Pinal County disclaims any responsibility or liability for any direct or indirect damages resulting from the use of the information represented on this document. This map and represented data is not intended to be used as a survey product or official record. It is the users responsibility to verify any information shown here with the proper authority.

PINAL • COUNTY
Wide open opportunity



Assessor Parcel Number: 20219013F

Parcel Size: 1.26 **Unit of Measure:** A **Tax Area Code:** 0126

Legal Description: POR OF SW OF SEC 10-5S-9E BEING DESC AS FOLLOWS: COM AT W1/4 COR OF SAID SEC 10 TH S-492.46' TH E-164.08' TH POB TH CONT E-164.08' TH S-332.38' TH W-166.03' TH N-330.97' TO TPOB SEC 10-5S-9E 1.26 AC

Ownership

Name1: MKG MANAGEMENT LLC
Name2:
C/O:

Mailing Address

Mail Address: 1220 GOLDSTONE RD
City: RENO **State:** NV **Zip Code:** 89508
Province: **Country:** **Postal Code:**

Primary Property Address: 2361 S HISCOX LN
City: FLORENCE **State:** AZ **Zip Code:** 85132

(Note: additional addresses may exist on this property)

Improvement Values

Click Here To View Assessor Parcel And Value Detail

Google earth

feet 200
meters 60

Printed: 3/4/2016 4:16:21 PM

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

SECURITY TITLE AGENCY
1175 E. COTTONWOOD LANE, STE. 3
CASA GRANDE, AZ 85122

Receipt #: 16-44096
Office: MAIN OFFICE
Receipt Date: 03/04/2016
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	918328	1	30.00	30.00
						RECEIPT TOTAL:	**30.00**

Payment type: CHECK
Amount Paid: $30.00
Payment Received Date: 03/04/2016

Check # 76033958

Notes: FROM TTA.

Escrow No. 76160043 - 076 TH Check Date: 02/29/2016 Check No. 76033958

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

Seller/Buyer: MKG Management LLC/Carpenter
Property Address: 2361 S. Hiscox Ln. Florence, AZ 85132
Tax Parcel Id: 202-19-013-F

Memo:

1-6-16

Arizona Department of Water Resources
Information Management Unit
PO Box 36020 • Phoenix, Arizona 85067-36020
(602) 771-8527 • 602-771-8500

Well Driller Report and Well Log

FILE NUMBER
D(5-9) 10 CBB

WELL REGISTRATION NUMBER
55 - 918328

PERMIT NUMBER (IF ISSUED)

THIS REPORT MUST BE FILED WITHIN **30 DAYS** OF COMPLETING THE WELL.

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

SECTION 1. DRILLING AUTHORIZATION

Drilling Firm

Mail To:

NAME: BOTA COMPANY	DWR LICENSE NUMBER: 197
ADDRESS: P.O. BOX 687	TELEPHONE NUMBER: 520-868-5289
CITY / STATE / ZIP: FLORENCE, AZ, 85232-0687	FAX:

SECTION 1. REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL: MKG MANAGEMENT LLC

MAILING ADDRESS: 5521 W 4TH ST.

CITY / STATE / ZIP: RENO, NV, 89523

CONTACT PERSON NAME AND TITLE:

TELEPHONE NUMBER: 480 371-4042

FAX:

WELL NAME (e.g., MW-1, PZ-3, lot 25 Well, Smith Well, etc.):

RECEIVED DEC 23 2015 ARIZONA DEPARTMENT OF WATER RESOURCES

Location of Well

WELL LOCATION ADDRESS (IF ANY): 2361 HISCOX LN

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
5S	9E	10	SW 1/4	NW 1/4	NW 1/4

LATITUDE			LONGITUDE		
°	'	"N	°	'	"W

METHOD OF LATITUDE/LONGITUDE (CHECK ONE): ☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade

LAND SURFACE ELEVATION AT WELL: Feet Above Sea Level

METHOD OF ELEVATION (CHECK ONE): ☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade

*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE): ☐ NAD-83 ☐ Other (please specify)

COUNTY: PINAL

ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)

BOOK	MAP	PARCEL
202	19	013F

SECTION 3. WELL CONSTRUCTION DETAILS

Drilling Method

CHECK ONE
- ☐ Air Rotary
- ☐ Bored or Augered
- ☐ Cable Tool
- ☐ Dual Rotary
- ☒ Mud Rotary
- ☐ Reverse Circulation
- ☐ Driven
- ☐ Jetted
- ☐ Air Percussion / Odex Tubing
- ☐ Other (please specify)

Method of Well Development

CHECK ONE
- ☐ Airlift
- ☐ Bail
- ☐ Surge Block
- ☒ Surge Pump
- ☐ Other (please specify)

Condition of Well

CHECK ONE
- ☐ Capped
- ☒ Pump installed ✓

Method of Sealing at Reduction Points

CHECK ONE
- ☐ None
- ☐ Packed
- ☐ Swedged
- ☐ Welded
- ☐ Other (please specify)

Construction Dates

DATE WELL CONSTRUCTION STARTED: 9/10/15

DATE WELL CONSTRUCTION COMPLETED: 11/10/15

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.

SIGNATURE OF QUALIFYING PARTY: [signature]

DATE: 12/16/2015

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 918328

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

Depth

DEPTH OF BORING	DEPTH OF COMPLETED WELL
400 ft Feet Below Land Surface	400 ft Feet Below Land Surface

Water Level Information

STATIC WATER LEVEL	DATE MEASURED	TIME MEASURED	IF FLOWING WELL, METHOD OF FLOW REGULATION
184 Feet Below Land Surface	11/02/15	10:00	☐ Valve ☐ Other:

Borehole

DEPTH FROM SURFACE FROM (feet)	TO (feet)	BOREHOLE DIAMETER (inches)
0	20	12"
20	70	8"
70	400	7 7/8
340	400	7 7/8

Installed Casing

DEPTH FROM SURFACE FROM (feet)	TO (feet)	OUTER (inches)	MATERIAL TYPE (T): STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	PERFORATION TYPE (T): BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED	IF OTHER TYPE, DESCRIBE	SLOT SIZE (inches)
0	20	8.5	X										
20	70												
70	400	5.5		X			X						
340	400	5.5		X							X		0.032

Installed Annular Material

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

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 918328

SECTION 5. GEOLOGIC LOG OF WELL

DEPTH FROM SURFACE FROM (feet)	TO (feet)	**Description** Describe material, grain size, color, etc.	Check (T) every interval where water was encountered (if known)
0	20	CLAY	
20	70	RIVER RUN (COBBLES, GRAVEL)	
70	300	CLAY & COBBLES	
300	400	SAND, GRAVEL SOME CLAY	X

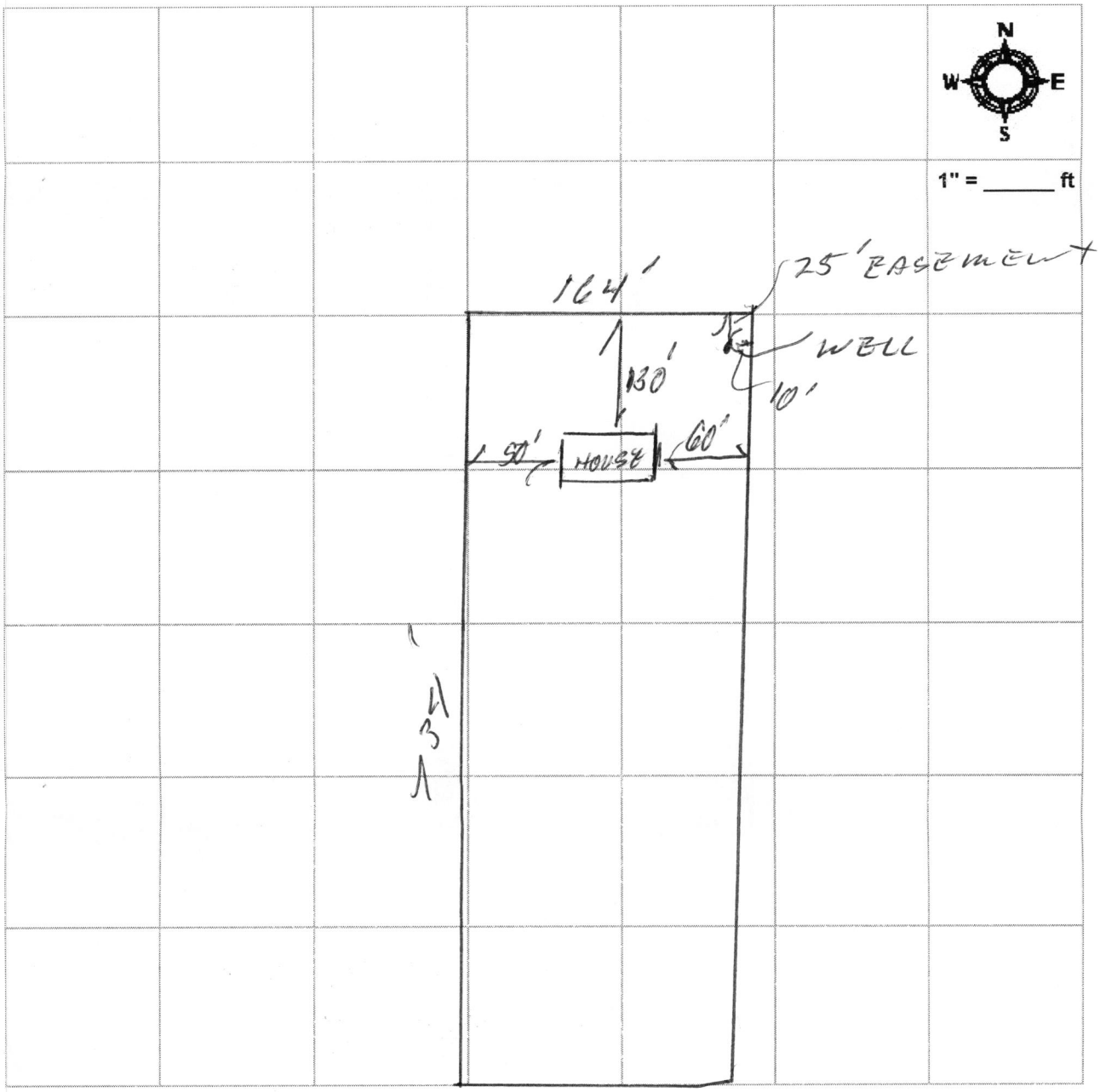
Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 918328

SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)		
	BOOK	MAP	PARCEL
MKG MANAGEMENT LLC	202	19	013F

- Please draw the following: (1) the boundaries of property on which the well was located; (2) the 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.



6HW - 15-0024

Arizona Department of Water Resources
Water Management Division
P.O. Box 36020 Phoenix, Arizona 85067-6020
(602) 771-8500 • (602) 771-8690 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 and A.A.C. R12-15-104.

AMA / INA	B	SB
Pinal	PIN	11
RECEIVED DATE	WS	
	08	
ISSUED DATE	WQARF	CERCLA
6/19/15		
LEGAL REVIEW IF APP	REASONING	

FILE NUMBER: D(5-9)10 CBB
WELL REGISTRATION NUMBER: 55 - 918328

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
- [x] County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F))
  - [ ] Field Inspection Performed
  - [x] Site Plan Review Only
- [ ] Insufficient Information to Make a Determination

RECEIVED JUN 15 2015 ARIZONA DEPARTMENT OF WATER RESOURCES

Official County or Local Seal or Stamp
PINAL COUNTY
ON-SITE WASTEWATER DIVISION
JUN 09 2015
APPROVED

COUNTY OR LOCAL AUTHORITY NAME AND TITLE: Dave Cruce, R.S.
TELEPHONE NUMBER: 520·866·7962
DATE: 6·9·15
COUNTY OR LOCAL AUTHORITY SIGNATURE BY: Dave Cruce, R.S.

SECTION 2. REGISTRY INFORMATION

Well Type

CHECK ONE
- [x] 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.*)
- [ ] 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: 35 Gallons Per Minute

Proposed Action

CHECK ONE
- [x] Drill New Well
- [ ] Deepen
- [ ] Replace
- [ ] Modify

If Deepening, Replacing or Modifying:
ORIGINAL WELL REGISTRATION NUMBER: 55 -
MAXIMUM CAPACITY OF ORIGINAL WELL: Gallons Per Minute
DISTANCE & DIRECTION FROM ORIGINAL WELL: Feet

Location of Well

WELL LOCATION ADDRESS (IF ANY): 2361 S. HISCOX RD
COUNTY WHERE WELL IS LOCATED: PINAL

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
5S	9E	10	SW ¼	NW ¼	NW ¼

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK	MAP	PARCEL	# OF ACRES
202	19	013F	1.26

Place of Water Use (*Mandatory information, see instructions.*)

Is the groundwater basin where the well will be drilled the same as the place where the water will be used?	Yes	No
	X	

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE

SECTION 3. OWNER INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL: MKG MANAGEMENT LLC
MAILING ADDRESS: 5521 W. 4TH ST
CITY / STATE / ZIP CODE: RENO NV 89523
CONTACT PERSON NAME AND TITLE:
TELEPHONE NUMBER: 480-371-4042
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.

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

WELL REGISTRATION NUMBER
55 - 918328

SECTION 5. DRILLING AUTHORIZATION

Drilling Firm

NAME: BOYA CO

DWR LICENSE NUMBER: 197

ROC LICENSE NUMBER: R-53

TELEPHONE NUMBER: 520-868-5289

FAX:

MAILING ADDRESS: PO BOX 687

CITY / STATE / ZIP CODE: FLORENCE AZ 85132

DATE CONSTRUCTION IS SCHEDULED TO BEGIN: JUN 15

SECTION 6. WATER / SITE INFORMATION

Principal Use of Water (CHECK ONE)	*Other Uses* of Water (CHECK ALL THAT APPLY)
☐ Irrigation	☒ Irrigation
☐ Commercial	☐ Commercial
☒ Domestic	☐ Domestic
☐ Municipal	☐ Municipal
☐ Industrial	☐ Industrial
☐ Stock	☒ Stock
☐ Remediation	☐ Remediation
☐ Dewatering	☐ Dewatering
☐ Other* *(please specify)*:	☐ Other* *(please specify)*:

NOTE: If this is a Notice of Intent 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	20	9 1/8	0	20	6.5	X*										Cement
20	500	7 7/8	0	500	5.5		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."

SECTION 8. 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 9. WELL OWNER AND PROPERTY OWNER SIGNATURE

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: Dustin Hintz

SIGNATURE OF WELL OWNER: [signature] — DATE: 4/1/15

SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) — DATE:

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

WELL REGISTRATION NUMBER
55 - 918328

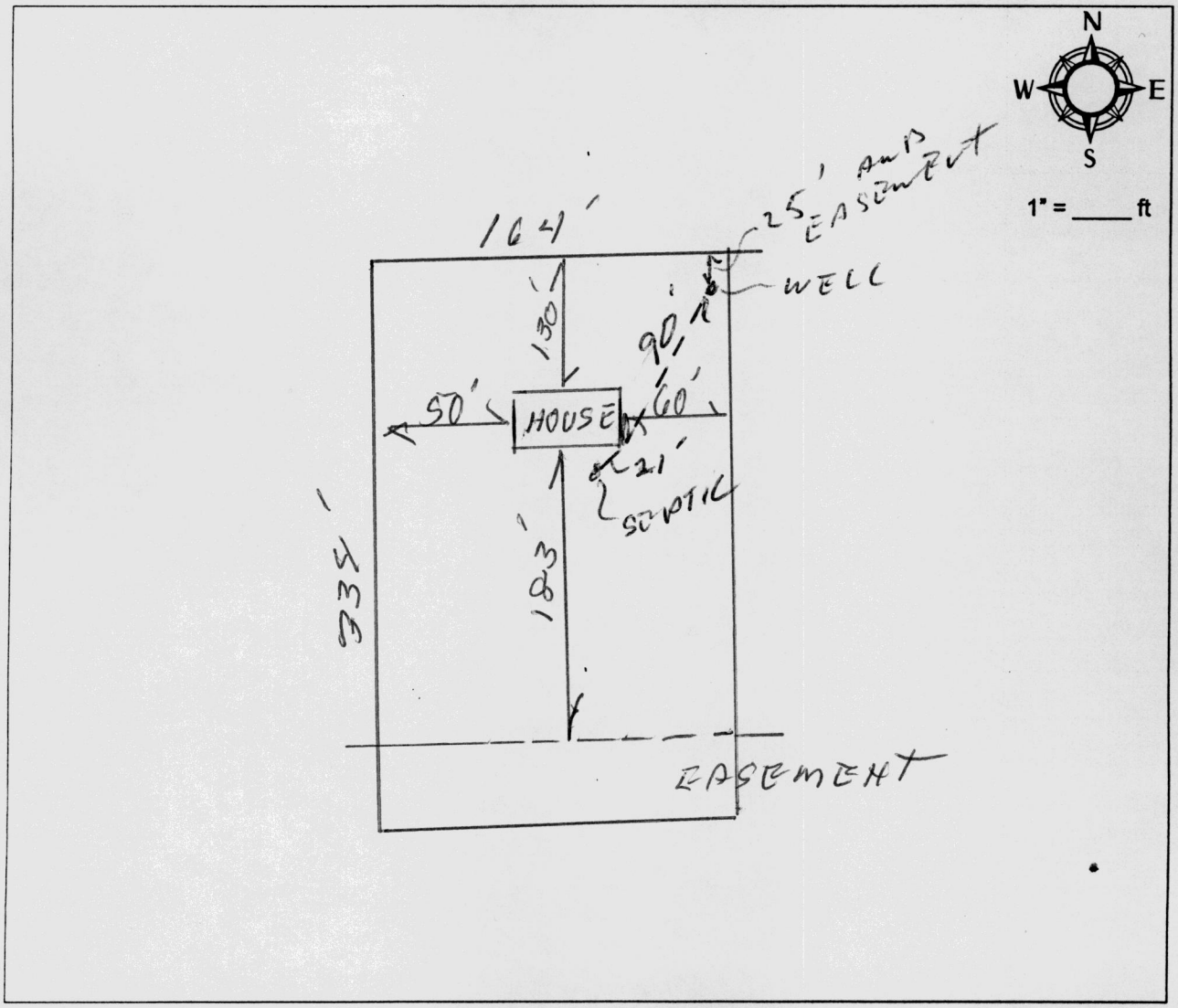
CHECK ONE: ☐ FILING MANUALLY
☒ FILING ELECTRONICALLY* *DRILLER'S E-MAIL ADDRESS: BOTACO@GMAIL.COM

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE	COUNTY APPROVAL CODE
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.	101432054

WELL SITE PLAN

NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER		
	BOOK	MAP	PARCEL
MKG MANAGEMENT LLC	202	19	013R

- 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 PINAL COUNTY ON-SITE WASTEWATER DIVISION
Dave Cruce, R.S.		
COUNTY OR LOCAL AUTHORITY SIGNATURE		
Dave Cruce, R.S.		
TELEPHONE NUMBER	DATE	
520.866.7962	6.9.15	JUN 09 2015

APPROVED BY: Dave Cruce, R.S.

Arizona Department of Water Resources
Water Management Support Section
3550 N. Central Ave. Suite 200, Phoenix, Az 85012
(602) 771-8500 --- (800) 352-8488
www.water.az.gov

Certification to the Notice of Intention to Drill an Exempt Well within an Active Management Area Pursuant to A.R.S. § 45-454(C) & (D)

FILE NUMBER D(5-9)10 CBB
WELL REGISTRATION NUMBER **55 -** 918328

Exempt Well Certification of Compliance with A.R.S. § 45-454(C) or Request for Exemption Pursuant to A.R.S. § 45-454(D)

Effective January 1, 2006, Arizona Revised Statute (A.R.S.) § 45-454(C) prohibits the drilling of an exempt well (a well that has a maximum pump capacity of not more than thirty-five gallons per minute and that is used only for non-irrigation purposes) on land if any part of the land is within 100 feet of the operating water distribution system of a municipal water provider that has an assured water supply designation (designated water provider) within the boundaries of an Active Management Area (AMA) as shown on a digitized service area map provided to the Director by the municipal provider and updated by the municipal provider as specified by the Director. A.R.S. § 45-454(D) provides that the Director shall provide an exemption from this prohibition if one of the following applies:

1. The landowner submitted a written request for service to the municipal provider that operates the distribution system and the municipal provider did not provide written verification to the landowner within thirty calendar days after receipt of the request that water service is available to the landowner after payment of any applicable fee to the municipal provider.

2. The total capital cost and fees for connecting to the operating water distribution system exceed the total capital cost and fees for drilling and fully equipping the exempt well.

3. If the applicant must obtain an easement across other land to connect to the water distribution system of the municipal provider, the applicant sent the owner of the land a request for the easement by certified mail, return receipt requested, and either the applicant did not receive a response to the request within thirty calendar days of mailing the request or the request was denied.

4. The landowner does not qualify for an exemption pursuant to 1, 2 or 3 above and the landowner provides written verification from the municipal provider that the landowner shall not receive or request water service from the municipal provider while the exempt well is operational. The exemption for the well is revoked if the landowner or any subsequent landowner receives water service from the municipal provider. **In determining whether to approve or reject an application to drill a non-exempt well under A.R.S. § 45-599, the director shall not consider any impacts the proposed non-exempt well may have on the exempt well drilled pursuant to this paragraph.**

In order to obtain authority to drill an exempt well within an AMA, you must fill out the appropriate box below certifying compliance with A.R.S. § 45-454(C) or requesting an exemption pursuant to A.R.S. § 45-454(D).

CERTIFICATION OF COMPLIANCE WITH A.R.S. § 45-454(C)

☒ I certify that no portion of the land on which the proposed exempt well is to be drilled is within one hundred feet of the operating water distribution system of a municipal water provider with an assured water supply designation as shown on the provider's most recent digitized service area map on file with the Arizona Department of Water Resources. I understand that this condition may change prior to the commencement of well drilling and that if, at the time drilling is to commence, the land is within one hundred feet of the operating water distribution system of a municipal water provider with an assured water supply designation as shown on the provider's most recent digitized service area map on file with the Department, the well may not be drilled unless I apply for and am granted an exemption pursuant to A.R.S. § 45-454(D). *(If your exempt well falls into this category, skip to and complete "Signature" on the reverse side)*

Continued on Reverse

REQUEST FOR EXEMPTION PURSUANT TO A.R.S. § 45-454(D)

The land on which the proposed exempt well is to be drilled is within one hundred feet of the operating water distribution system of a municipal water provider with an assured water supply designation as shown on the most recent service area map provided by the municipal provider to the Director of the Arizona Department of Water Resources. Name of municipal provider: _____.

In accordance with A.R.S. § 45-454(D), I am:

☐ Requesting exemption # [1] [2] [3] pursuant to A.R.S. § 45-454(D)(1), (2) or (3) as applicable.
(Check One)

I certify that I meet the requirements for the exemption.

NOTE: If you check this box requesting exemption #1, 2, or 3, you must attach to this form evidence of the applicability of the exemption as follows:

Exemption #1: A copy of the letter you sent to the designated water provider requesting water service and a copy of any written response from the provider.

Exemption #2: A cost comparison of the capital cost and fees associated with drilling and equipping the exempt well versus the capital cost and fees associated with connecting to the designated water provider's operating water distribution system. Please list the name of drilling firm that provided the cost estimate for drilling and equipping the well.

Exemption #3: A copy of the letter sent to the landowner from whom an easement must be obtained, a copy of the receipt showing that the letter was received by the landowner and a copy of any written response received from the landowner.

☐ Requesting exemption #4 pursuant to A.R.S. § 45-454(D)(4), with the **understanding that in determining whether to approve or reject an application to drill a non-exempt well under A.R.S. § 45-599 (applicable to wells designed to pump greater than 35 GPM and located within an AMA) the director shall not consider any impacts the proposed non-exempt well may have on the exempt well for which this exemption is granted**.

NOTE: If you checked this box requesting exemption #4, please demonstrate the applicability of the exemption by attaching to this form written verification from the municipal provider that you shall not receive or request water service from the municipal provider while the exempt well is operational.

SIGNATURE

TYPE OR PRINT NAME OF LANDOWNER	
Dustin Hintz	
SIGNATURE OF LANDOWNER	DATE SIGNED
[signature]	9/1/15

NOTE: A current listing of designated water providers may be found at: http://www.azwater.gov/dwr/ Content/ Find_ by_Category/Permits_Forms_Applications/Files/AssuredWaterSupply/List_of_ Designated_ Providers_2005.pdf.

MKG Management, LLC
5521 W. 4th Street
Reno, NV 89523
775.250.7946

May 23, 2015

To Whom it my concern:

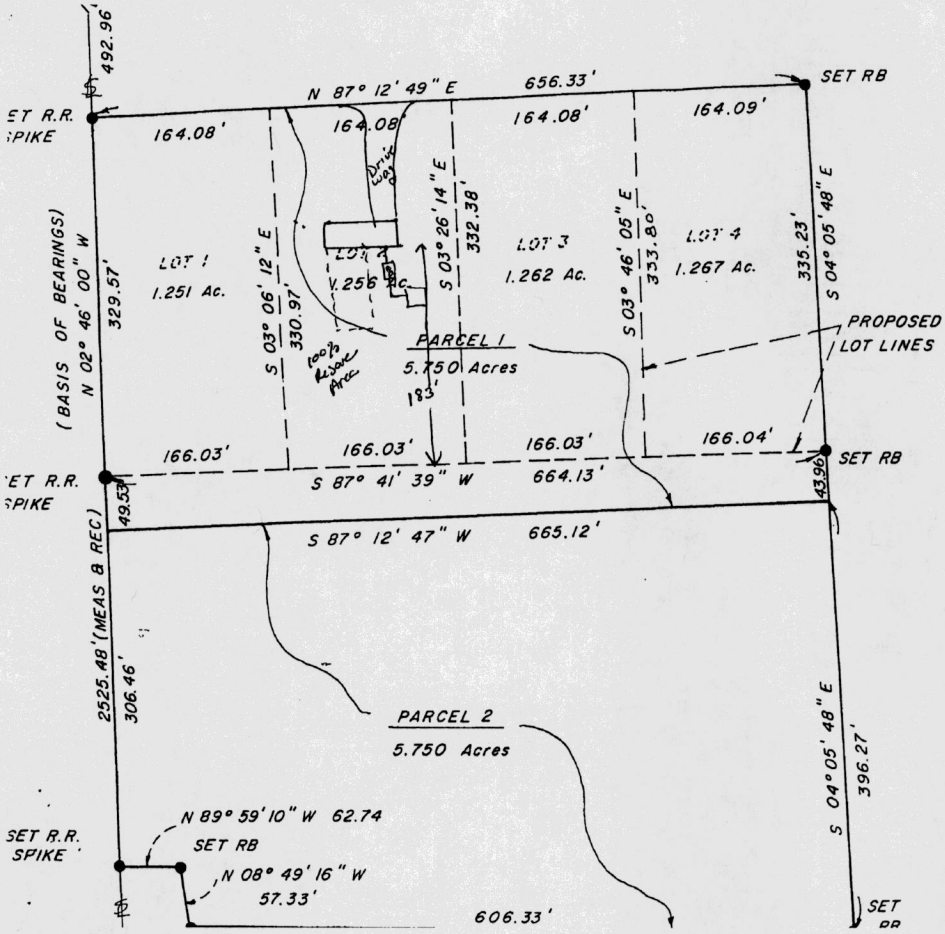
This is authorization for Dustin Hintz to sign on behalf of MKG Management, LLC

Thank you

Kathleen A Geney
Managing Member

Witnessed by

Deneen Hybarger



RESULTS OF SURVEY

OF A PORTION OF THE SW 1/4 OF SEC. 10
T. 5 S., R. 9 E., G. & S.R.M. PINAL COUNTY, ARIZ.

N

I, CALVIN R. GILLIL AND HEREBY CERTIFY THIS MAP AND THE SURVEY SHOWN HEREON WAS PERFORMED UNDER MY DIRECTION DURING THE MONTH OF MAY 1996

REGISTERED LAND SURVEYOR
CERTIFICATE NO.
Date Signed 5/20/96

Calvin R. Gillil

SURVEYING ARIZONA		
SCALE: 1" = 100'	APPROVED BY:	DRAWN BY CAL
DATE: 5-20-96		REVISED

PINAL COUNTY DEPARTMENT OF PUBLIC HEALTH - ENVIRONMENTAL HEALTH SECTION
188 South Main Street, Coolidge, Arizona 85228
(520) 868-7309

PERMIT NO. 681-96

PARCEL NO. 202-19-013F
Lot #2

APPLICATION FOR APPROVAL TO CONSTRUCT, ALTER OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

APPLICANT: Patrick Henry

MAILING ADDRESS: P.O. Box 1612 Coolidge AZ

PHONE 468-8672

ADDRESS OF SITE: Hwy 287 - Hiscox Rd.

SUBDIVISION: — UNIT: — LOT: #2

GENERAL INFORMATION:

1. FACILITY PROPOSED M.H
2. NO. BEDROOMS/FU's 3 bedrooms
3. DESIGN FLOW 1000 gp.d
4. APPLICATION RATE 1.4
5. LOT SIZE 166 x 329.5
6. WATER SUPPLY private well >100 ft.
7. DEPTH TO GROUNDWATER/BEDROCK >100 ft.
8. SOIL PROFILE

SYSTEM SPECIFICATIONS:

SEPTIC TANK CAPACITY 1000 GAL

ABSORPTION AREA REQUIRED 435 ft SQ. FT.

ABSORPTION AREA TYPE Backhoe pit

SYSTEM CONTRACTOR:

NAME Pinal Ex.

LICENSE TYPE

LICENSE NO.

COMMENTS - SPECIAL INSTRUCTIONS:

1. All setbacks and construction must conform to State Eng. Bulletin #12.
2. Has 8½ x 13' pit with 10½' eff = 452 ft - ok to cover

AGREEMENT:
This system shall be constructed in accordance with the above specifications, State Engineering Bulletin No. 12 and regulations governing individual sewage disposal systems in the State of Arizona and Pinal County.

DATE: 8.27.96 APPLICANT: Patrick J. Henry

PERMIT FEE: 40.00 RECEIVED: CK # 1075 160.00 DATE: 8.27.96

The plans and specifications are approved pending payment of fee. SANITARIAN: P. Trafelet

**** A FINAL INSPECTION IS REQUIRED ****

LOCATION OF TANK: 14' South and 6' east of hose bib

THE ABOVE SYSTEM HAS BEEN INSPECTED AND CONSTRUCTION IS:

APPROVED (X) DISAPPROVED ( ) COVERED W/O INSPECTION ( )

SANITARIAN: Douglas Walker DATE: 9-5-96

PINAL COUNTY DEPARTMENT OF PUBLIC HEALTH - ENVIRONMENTAL HEALTH SECTION

188 South Main Street, Coolidge, Arizona 85228

ZONING CLEARANCE FOR INSTALLATION OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM

NAME: PATRICK HENZEY PHONE: 468-0672

ADDRESS OF PROPERTY: Near Hwy 287

PROPOSED IMPROVEMENTS: MH, septic

EXISTING IMPROVEMENTS: VACANT

LEGAL DESCRIPTION: ATTACHED

SEC 10 TNSP 5S RNGE 9E BOOK 202 MAP 19 PARCEL 013C PART of

SUBDIVISION: — UNIT — LOT/BLOCK —

CURRENT ZONING DESIGNATION: GR FLOOD ZONE CLASSIFICATION: C

ZONING CLEARANCE			
ZONING INSPECTOR	APPROVED	DENIED	DATE
D Holl	✓		8-26-96

Zoning clearance for verification that proposed/existing use is in accordance with the requirements of the County/City Zoning Ordinance. Applicant shall be responsible for obtaining all required approvals, authorizations, permits and inspections.

Application for Approval To Construct, Permit Fee, this Clearance form and two (2) Plot Plans, drawn to scale, with the following information must be submitted to Pinal County Health Department:

1) A site location map providing sufficient details to locate the property. These details may include road or street names, identifiable landmarks.

2) Direction of "NORTH" clearly indicated.

3) Location and distances to other sewage systems, sewer lines, water lines and political boundaries. If none, make a statement to indicate same.

4) Location of driveways, public water and sewer utilities, houses, swimming pools, tennis courts, car ports, water features, and retention ponds within five (5) feet of the property lines.

5) The distances(s) within 100 feet of the proposed on-site disposal system to any live streams, dry washes, road-cuts and wells indicated. If none, make a statement to indicate same.

6) The location of the percolation test hole(s) and boring test hole(s).

7) All individual disposal system components including reserve area properly marked and located at specified distances.

8) Distance of well and individual disposal system components to property line.

9) Location of proposed structures on the property.

10) A floor plan of the residence identifying the number of bedrooms.

11) A topographic map of the proposed site. The contour interval shall clearly identify any wash, watercourse, rock out cropping, road cuts, or other significant topographical features.

ARIZONA DEPARTMENT OF WATER RESOURCES

Phoenix, Arizona 85012

DRILLING CARD

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

WELL REGISTRATION NO: **55-918328**

AUTHORIZED DRILLER: **BOTA COMPANY** LICENSE NO: **197**

NOTICE OF INTENT TO **DRILL AN EXEMPT WELL** HAS BEEN FILED WITH THE DEPARTMENT BY:

WELL OWNER: **MKG MANAGEMENT LLC**

ADDRESS: **5521 W 4TH ST., RENO, NV, 89523**

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

NW 1/4 of the **NW** 1/4 of the **SW** 1/4 Section **10** Township **05 S** Range **09 E**

NO. OF WELLS IN THIS PROJECT: **1** ASSESSOR'S PARCEL NO: **202-19-013F**

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE DAY OF **6/19/2016**

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

This drilling or abandonment authority was granted based upon the certifications made by the above-named Driller in the notice of intent to drill or abandon. Those certifications, along with any variances granted, are listed below. By drilling or abandoning the well pursuant to this authorization, the above-named driller acknowledges the accuracy of the driller certifications. If the certifications are in error, this authorization is invalid and driller must contact the Department of Water Resource's NOI Section in writing at the addres above to correct.

NOTICE! This well is located within an Active Management Area. Pursuant to A.R.S. § 45-454(C), this well may not be drilled if, at the time well drilling commences, any portion of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a municipal provider with a designation of assured water supply as shown on the most recent digitized service area map filed by the municipal provider with the director of ADWR.

Variance(s) Granted To Driller: **None**

Certification(s) Made By Driller:

þ By checking this box, I certify that I have all necessary Registrar of Contractor (ROC) licenses in all necessary license categories for this drilling or abandonment project and that those licenses are current.

þ By checking this box, I certify that I have been authorized by the above-named well owner to submit this Notice of Intent on the well owner's behalf.

þ By checking this box, I certify that I have obtained written certification from the land owner stating that the proposed well site is not within 100 feet of any septic tank system, sewage disposal area, landfill, hazardous waste facility, storage area of hazardous materials or petroleum storage areas and tanks. A copy of the land owner's written certification shall be submitted to ADWR with the Well Driller Report and Well Log or the Well Abandonment Completion Report within 30 days of completion of drilling or abandonment.

By checking this box, I certify that I have received county health authority approval for the proposed well location

þ	associated with this NOI application within the past year.
þ	By checking this box, I certify that I shall submit the well site plan, showing written approval and endorsement by the county or local health authority, to ADWR with the Well Driller Report/Log within 30 days of completion of drilling.
þ	By checking this box, I certify that the information above is complete and correct, and that the well shall be drilled or abandoned in compliance with all pertinent statutes and rules, including any special standards that may be required to protect the aquifer or other water sources.
þ	By checking this box, I certify that the proposed well meets the criteria of an exempt well as outlined in A.R.S. § 45-454.
þ	By checking this box, I certify that there are no water production wells located on this parcel.
þ	By checking this box, I certify that this NOI application is not an application to replace, deepen, or modify an existing well.
þ	By checking this box, I certify, on behalf of the landowner, that no portion of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a municipal provider with an assured water supply designation as shown on the municipal provider's most recent digitized service area map filed by the municipal provider with the director of ADWR.
þ	By checking this box, I understand that 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.
þ	I certify the point of use for the water to be pumped from this well is the same ground water basin as this well.
þ	It is understood that the location of the water distribution system may change between now and the time of drilling. Prior to drilling the well, it is the responsibility of the landowner to come to ADWR's offices and review the most up-to-date digitized service area maps of nearby municipal providers with a designation of assured water supply on file with ADWR, to verify whether any portion of the land on which the well will be drilled is within 100 feet of the operating water distribution system of a municipal provider with a designation of assured water supply. If any portion of the land is within 100 feet of the operating water distribution system of a water provider with a designation of assured water supply, as shown on the provider's most recent digitized service area map on file with ADWR, the drilling of the well is prohibited unless an exemption to A.R.S. § 45-454(C) is requested and granted.

ARIZONA DEPARTMENT OF WATER RESOURCES
Electronic Filing - NOI Report

Phoenix, Arizona

NOI Type: Notice of Intent to Drill, Deepen, Replace or Modify a Well
Well Type: EXEMPT
Date Received at ADWR Website: 6/19/2015

Fee Paid: $150.00 Order Number: -3817

Well Registration Number: 55 - 918328
Number of Wells/Holes: 1 Drilling Authority Expires On: 6/19/2016

Driller's ADWR License Number: 197

Authorized Driller: BOTA COMPANY
ROC License Number Entered By Driller: 056531
Qualifying Party License Categories: C-53

Well Owner Name: MKG MANAGEMENT LLC
Well Owner Address: 5521 W 4TH ST.
Well Owner City, State - Zip: RENO, NV - 89523
Well Owner Phone: 480 371-4042

Book: 202 Map:19 Parcel: 013F

Is the Land Owner the same as the Well Owner?: Yes

Well Location: **NW** 1/4 of the **NW** 1/4 of the **SW** 1/4 Section **10** Township **5 S** Range **9 E**

AMA: PINAL AMA
County: PINAL
Contamination Site: NOT IN A REMEDIAL ACTION SITE

Design Pumping Capacity: **<= 35 GPM**

Primary Water Use: **DOMESTIC**
Secondary Water Use(s): **STOCK**

Was written approval obtained from the applicable county or local health authority to drill the proposed well?:
Obtained

County Approval Pin: **101432054**

Is this application for an exempt well which will be used to serve the same non-irrigation use at the same location as (i.e., same parcel) as another exempt well?: **No**

Is the proposed water use for domestic purposes on <= 5 acres?: **Yes**

Is any portion of the land, on which the well is to be located, within 100 feet of a designated municipal provider's operating water distribution system as shown on the municipal provider's most recent digitized service area map filed by the municipal provider with the director of ADWR. **No**

Will the installed pump have a pumping capacity of greater than 35 GPM, or will the well will be used to withdraw greater than 10 Acre Feet per year?: **N/A**

Variance(s) Granted To Driller: **None**

Certification(s) Made By Driller:

- ☐ By checking this box, I certify that I have all necessary Registrar of Contractor (ROC) licenses in all necessary license categories for this drilling or abandonment project and that those licenses are current.
- ☐ By checking this box, I certify that I have been authorized by the above-named well owner to submit this Notice of Intent on the well owner's behalf.
- ☐ By checking this box, I certify that I have obtained written certification from the land owner stating that the proposed well site is not within 100 feet of any septic tank system, sewage disposal area, landfill, hazardous waste facility, storage area of hazardous materials or petroleum storage areas and tanks. A copy of the land owner's written certification shall be submitted to ADWR with the Well Driller Report and Well Log or the Well Abandonment Completion Report within 30 days of completion of drilling or abandonment.
- ☐ By checking this box, I certify that I have received county health authority approval for the proposed well location associated with this NOI application within the past year.
- ☐ By checking this box, I certify that I shall submit the well site plan, showing written approval and endorsement by the county or local health authority, to ADWR with the Well Driller Report/Log within 30 days of completion of drilling.
- ☐ By checking this box, I certify that the information above is complete and correct, and that the well shall be drilled or abandoned in compliance with all pertinent statutes and rules, including any special standards that may be required to protect the aquifer or other water sources.
- ☐ By checking this box, I certify that the proposed well meets the criteria of an exempt well as outlined in A.R.S. § 45-454.
- ☐ By checking this box, I certify that there are no water production wells located on this parcel.
- ☐ By checking this box, I certify that this NOI application is not an application to replace, deepen, or modify an existing well.
- ☐ By checking this box, I certify, on behalf of the landowner, that no portion of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a municipal provider with an assured water supply designation as
shown on the municipal provider's most recent digitized service area map filed by the municipal provider with the director of ADWR.
- ☐ By checking this box, I understand that 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.
- ☐ I certify the point of use for the water to be pumped from this well is the same ground water basin as this well.
- ☐ It is understood that the location of the water distribution system may change between now and the time of drilling. Prior to drilling the well, it is the responsibility of the landowner to come to ADWR's offices and review the most up-to-date digitized service area maps of nearby municipal providers with a designation of assured water supply on file with ADWR, to verify whether any portion of the land on which the well will be drilled is within 100 feet of the operating water distribution system of a municipal provider with a designation of assured water supply. If any portion of the land is within 100 feet of the operating water distribution system of a water provider with a designation of assured water supply, as shown on the provider's most recent digitized service area map on file with ADWR, the drilling of the well is prohibited unless an exemption to A.R.S. § 45-454(C) is requested and granted.

Arizona Department of Water Resources
Information Management Unit
PO Box 36020 l Phoenix, Arizona 85067-36020
(602) 771-8527 l 602-771-8500

Well Driller Report and Well Log

THIS REPORT MUST BE FILED WITHIN **30 DAYS** OF COMPLETING THE WELL.

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK

FILE NUMBER
D(5-9) 10 CBB

WELL REGISTRATION NUMBER
55 - 918328

PERMIT NUMBER (IF ISSUED)

SECTION 1. DRILLING AUTHORIZATION

Drilling Firm

Mail To:

NAME: BOTA COMPANY	DWR LICENSE NUMBER: 197
ADDRESS: P.O. BOX 687	TELEPHONE NUMBER: 520-868-5289
CITY / STATE / ZIP: FLORENCE, AZ, 85232-0687	FAX:

SECTION 1. REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL: MKG MANAGEMENT LLC

MAILING ADDRESS: 5521 W 4TH ST.

CITY / STATE / ZIP: RENO, NV, 89523

CONTACT PERSON NAME AND TITLE:

TELEPHONE NUMBER: 480 371-4042

FAX:

WELL NAME (e.g., MW-1, PZ-3, lot 25 Well, Smith Well, etc.):

Location of Well

WELL LOCATION ADDRESS (IF ANY):

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
			1/4	1/4	1/4

LATITUDE			LONGITUDE		
°	'	"N	°	'	"W

METHOD OF LATITUDE/LONGITUDE (CHECK ONE)
☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade

LAND SURFACE ELEVATION AT WELL: Feet Above Sea Level

METHOD OF ELEVATION (CHECK ONE)
☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade

*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)
☐ NAD-83 ☐ Other (please specify)

COUNTY:

ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)

BOOK	MAP	PARCEL
202	19	013F

SECTION 3. WELL CONSTRUCTION DETAILS

Drilling Method

CHECK ONE
- ☐ Air Rotary
- ☐ Bored or Augered
- ☐ Cable Tool
- ☐ Dual Rotary
- ☐ Mud Rotary
- ☐ Reverse Circulation
- ☐ Driven
- ☐ Jetted
- ☐ Air Percussion / Odex Tubing
- ☐ Other (please specify)

Method of Well Development

CHECK ONE
- ☐ Airlift
- ☐ Bail
- ☐ Surge Block
- ☐ Surge Pump
- ☐ Other (please specify)

Condition of Well

CHECK ONE
- ☐ Capped
- ☐ Pump Installed

Method of Sealing at Reduction Points

CHECK ONE
- ☐ None
- ☐ Packed
- ☐ Swedged
- ☐ Welded
- ☐ Other (please specify)

Construction Dates

DATE WELL CONSTRUCTION STARTED:

DATE WELL CONSTRUCTION COMPLETED:

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.

SIGNATURE OF QUALIFYING PARTY:

DATE:

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 918328

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

Depth

DEPTH OF BORING (Feet Below Land Surface)	DEPTH OF COMPLETED WELL (Feet Below Land Surface)

Water Level Information

STATIC WATER LEVEL (Feet Below Land Surface)	DATE MEASURED	TIME MEASURED	IF FLOWING WELL, METHOD OF FLOW REGULATION
			☐ Valve ☐ Other:

Borehole			Installed Casing													
DEPTH FROM SURFACE			DEPTH FROM SURFACE			MATERIAL TYPE (T)				PERFORATION TYPE (T)						
FROM (feet)	TO (feet)	BOREHOLE DIAMETER (inches)	FROM (feet)	TO (feet)	OUTER (inches)	STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED	IF OTHER TYPE, DESCRIBE	SLOT SIZE (inches)

Installed Annular Material

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

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 918328

SECTION 5. GEOLOGIC LOG OF WELL

DEPTH FROM SURFACE FROM (feet)	TO (feet)	**Description** Describe material, grain size, color, etc.	Check (T) every interval where water was encountered (if known)

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55 - 918328

SECTION 6. WELL SITE PLAN			
NAME OF WELL OWNER	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)		
MKG MANAGEMENT LLC	BOOK 202	MAP 19	PARCEL 013F

v Please draw the following: (1) the boundaries of property on which the well was located; (2) the 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.

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

						N W E S
						1" = _____ ft

Form 55-55 Instructions

Well Driller Report and Well Log

Introduction

These instructions are a guide to filling out Form DWR 55-55 (Rev. 06/15/2010), entitled "Well Driller Report and Well Log." Please review the instructions prior to completing the form in black or blue ink. Forms may be obtained at any Arizona Department of Water Resources (ADWR) office and at ADWR's web site, http://www.azwater.gov. For information about the form or these instructions, contact Groundwater Permitting & Wells at (602) 771-8500. There is no fee for filing this form.

When Form DWR 55-55 Must be Filed

Within 30 days after completion of the drilling, deepening or modification of a well, the licensed well driller who performed the work must file a Well Driller Report and Log with ADWR. Because the information in the report describes the well as it was actually constructed, and comes from the person who constructed the well, the information is very valuable to ADWR. For that reason, it is very important to fill out the report with the most accurate information possible.

Instructions for Filling out the Form

Well Registration and Permit Numbers

Fill in the registration number of the well and any ADWR permit number associated with the well in the upper right-hand corner of the first page. Also fill in the well registration number in the upper right-hand corner of all other pages so that the well information on those pages can be identified when the pages are separated during computer imaging.

Section 1 - Drilling Authorization

Fill in the name, address, DWR license number and telephone and fax numbers of the drilling firm filing the report.

Section 2 - Registry Information

Well Owner

Fill in the name, mailing address, telephone number and fax number (if available) of the well owner. If the well owner is a corporation, governmental unit or other entity, provide the name of a contact person.

Location of Well

Fill in the following information relating to the location of the well:

- The street address of the property where the well is located. For monitor wells or other wells associated with contaminant investigations or remedial projects, this will usually be the same as the facility address.

- The legal description of the well site. The legal description is the township, range, section, and in decreasing order, the quarters of that section so that the well location falls in a 10-acre block within that section. Normally, the legal description will be the same as that given in the original Notice of Intent to drill the well, but occasionally a more accurate description is discovered after the Notice is filed.

- The latitude and longitude (in degrees-minutes-seconds format) and land surface elevation at the well, and the method used to determine these data. **Please note this information is mandatory.** Use of a Global Positioning System (GPS) receiver is the only method accepted by the Department. The GPS unit should be adjusted to use the NAD-83 datum. Please indicate if the geographic coordinate datum used was NAD-83, and if not, which datum was used.

- The name of the county and the tax assessor's parcel identification number for the land where the well is located. This information can normally be taken from the original Notice of Intent to drill the well, and may also be obtained from the county tax assessor's office. Federal or State land will not have a parcel identification number.

Section 3 - Well Construction Details

Section 3 requires details on the construction of the well. Indicate the drill method by checking the appropriate box. If the drill method is not listed, check the "Other" box and describe the method. To the right of that, indicate the method of well development by checking the

appropriate box. Next, indicate the method of sealing at reduction points. If the method used is not listed, check "Other" and provide a brief explanation. Under *Well Driller Completion Report and Well Log* Form 55-55 Instructions (Rev. 06/2010) Page 2

Condition of Well, indicate whether the well was capped, or a pump was installed, when you left it. Then fill in the date when well construction started, and the date when well construction was completed.

Signature Block

The form must be signed and dated by the qualifying party of the drilling firm.

Section 4 - Well Construction Design (As Built)

Section 4 contains tables to fill in information on the existing borehole, the installed casing and the installed annular material. The tables are broken down by depth interval.

In the first set of boxes, fill in the depth of the boring and the depth of the completed well, as measured in feet below the land surface.

Under **Water Level Information** please indicate the static water level in the well, as measured in feet below the land surface, and the date and time the water level was measured. If the well is a flowing well, include the method by which the artesian flow is regulated.

In the **Borehole** table, fill in the diameter of the borehole in inches, and indicate the depth interval for each change in diameter. In the **Installed Casing** table, fill in the outer diameter of the casing in inches, check the appropriate boxes indicating the type of casing material and the type of perforations, and fill in the slot size of any perforations. Fill in the depth interval for each change in information. Please note that not every interval will be perforated. Check the "Blank or None" box for non-perforated depth intervals. If the type of casing material or perforations is not listed, describe the type in the appropriate box.

In the **Installed Annular Material** table, check the appropriate boxes indicating the type of annular material or filter pack installed at each depth interval. Fill in the size of the filter pack used. Provide the depth interval for each change in information. If the type of annular material is not listed, describe the material in the appropriate box.

Section 5 - Geologic Log of Well

Section 5 requires the geologic or lithologic log of the well. Describe the various units encountered during drilling. Provide as much description as possible. The log description must be broken down by depth intervals below ground surface, and every interval where groundwater, including perched groundwater, was encountered must be checked. If a consulting firm was involved with the well construction, the consultant's lithologic log may be submitted in lieu of completing Section 5.

Section 6 - Well Site Plan

In the boxes at the top of Section 6, fill in the name of the well owner and the county tax assessor's parcel identification number for the land where the well is located. Below that, provide a scale drawing of where the well was actually constructed on the parcel, illustrating the property boundaries, the well location and any structures on the property. The drawing must also show the location of any septic tank or sewer systems on the property or within 100 feet of the well, even if on neighboring property, and the distance between the well and the septic tank or sewer system. The drawing should closely match the drawing on the original Notice of Intent to drill the well, but the purpose of this drawing is to show where the well was actually drilled, especially if the location is different than originally planned. This information will be shared with the county.

Where to File Form

Completed forms may be mailed to ADWR at the following address:

Arizona Department of Water Resources
Groundwater Permitting and Wells
PO Box 36020
Phoenix, AZ 85067-36020

Completed forms may also be submitted to ADWR's main office at 3550 North Central Avenue, Second Floor., Phoenix, AZ 85012.

The completed form must be legible and of good quality when received by ADWR so that it can be scanned into ADWR's permanent records.

ARIZONA DEPARTMENT of WATER RESOURCES
3550 North Central Avenue, Second Floor
Phoenix, AZ 85012
602-771-8500
azwater.gov

June 19, 2015

MKG MANAGEMENT LLC
5521 W 4TH ST.
RENO, NV 89523

DOUGLAS A. DUCEY
Governor

THOMAS BUSCHATZKE
Director

Registration No. 55- 918328
File Number: D(5-9) 10 CBB

Dear Well Applicant:

Enclosed is a copy of the Notice of Intention to Drill (NOI) a well which you or your driller recently filed with the Department of Water Resources. This letter is to inform you that the Department has approved the NOI and has mailed, or made available for download, a drilling authorization card to your designated well drilling contractor. The driller may not begin drilling until he/she has received the authorization, and must keep it in their possession at the well site during drilling.

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, a new NOI must be filed and authorization from this Department received before proceeding with drilling. If 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 by your driller [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 on a Request to Change Well Information (form 55-71A). 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/she receives a new drilling authorization card from the Department.

If you find it necessary to change the location of the proposed well(s), you may not proceed with drilling until you file an amended NOI with the Department. An amended drilling authorization card will then be issued to the well drilling contractor, which must be in their possession before drilling begins.

Arizona statute [A.R.S. § 45-600] requires registered well owners to file a Pump Installation Completion Report (form 55-56) with the Department within 30 days after the installation of pumping equipment, if authorized. A blank report is enclosed for your convenience. State statute also requires the driller to file a complete and accurate Well Drillers Report and Well Log (form 55-55) within 30 days after completion of drilling. A blank report form was provided to your driller with the drilling authorization card. You should insist and ensure that all of the required reports are accurately completed and timely filed with the Department.

Please be advised that Arizona statute [A.R.S. § 45-593(C)] requires a registered well owner 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 (form 55-71A) that may be downloaded from the ADWR Internet website at www.azwater.gov.

Sincerely,

Groundwater Permitting and Wells Section

ARIZONA DEPARTMENT of WATER RESOURCES
3550 North Central Avenue, Second Floor
Phoenix, AZ 85012
602-771-8500
azwater.gov

6/19/2015

MKG MANAGEMENT LLC
5521 W 4TH ST.
RENO, NV 89523

DOUGLAS A. DUCEY
Governor

THOMAS BUSCHATZKE
Director

Re: Senate Bill 1190: Drilling Restriction on Exempt Wells within Active Management Areas

Dear Applicant:

The purpose of this letter is to inform you of recent amendments made to the Groundwater Code by the enactment of Senate Bill 1190. These amendments may potentially affect the well drilling authorization issued for well no. 55-918328, to be located on Assessor's Parcel No. (APN) add bmp located at add file number

Effective January 1, 2006, Arizona Revised Statute (A.R.S.) § 45-454 (C) prohibits the drilling of an exempt well (a well that has a maximum pump capacity of not more than thirty-five gallons per minute and that is used only for non-irrigation purposes) on land if any part of the land is within 100 feet of the operating water distribution system of a municipal water provider that has an assured water supply designation (designated water provider) within the boundaries of an Active Management Area (AMA) as shown on a digitized service area map provided to the Director by the municipal provider and updated by the municipal provider as specified by the Director. A.R.S.§ 45-454 (D) provides that the Director shall provide an exemption from this prohibition if one of the following applies:

1. The landowner submitted a written request for service to the municipal provider that operates the distribution system and the municipal provider did not provide written verification to the landowner within thirty calendar days after receipt of the request that water service is available to the landowner after payment of any applicable fee to the municipal provider.

2. The total capital cost and fees for connecting to the operating water distribution system exceed the total capital cost and fees for drilling and fully equipping the exempt well.

3. If the applicant must obtain an easement across other land to connect to the water distribution system of the municipal provider, the applicant sent the owner of the land a request for the easement by certified mail, return receipt requested, and either the applicant did not receive a response to the request within thirty calendar days of mailing the request or the request was denied.

4. The landowner does not qualify for an exemption pursuant to paragraphs 1, 2, or 3 above and the landowner provides written verification from the municipal provider that the landowner shall not receive or request water service from the municipal provider while the exempt well is operational. The exemption for the well is revoked if the landowner or any subsequent landowner receives water service from the municipal provider. In determining whether to approve or reject an application to drill a non-exempt well under A.R.S. § 45-599, the director shall not consider any impacts the proposed non-exempt well may have on the exempt well drilled pursuant to this paragraph.

In addition, Senate Bill 1190 does not prohibit a property owner, after January 1, 2006, from drilling a replacement exempt well for an existing lawful exempt well if the replacement well does not increase the total number of operable exempt wells on the applicant's land, [A.R.S.§ 45-454 (E)], or prohibit the drilling of a well for the purpose of remediating groundwater if it meets one of the following exemptions pursuant to [A.R.S.§ 45-454 (F)]:

1. The remediation well is for an approved Department of Environmental Quality or United States Environmental Protection Agency remediation program.

2. A registered geologist certifies that the remediation well is for the purpose of remediation.

The proposed location of well no. 55-918328 is within the PINAL AMA. Please be aware that under A.R.S. § 45-454(C) you may not drill well no. 55-918328 if, at the time well drilling is to commence, any part of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a designated water provider as shown on the most recent digitized service area map provided to the Director by the designated water provider, unless you apply for and are granted one of the exemptions listed above. If you drill your well in violation of A.R.S. § 45-454(C), the Department may commence an enforcement action against you in which it may seek an order requiring you to pay civil penalties and/or abandon the well.

It is your responsibility to ensure that your well is not drilled in violation of A.R.S. § 45-454(C). Therefore, you should come to the Department's offices prior to commencing well drilling to review the digitized service area maps of designated water providers on file with the Department to determine whether any part of the land on which the well is to be drilled is within 100 feet of the operating water distribution system of a designated water provider. The digitized service area maps of designated water providers will be available for review by the public at the Department's Phoenix office and in the outlying AMA offices. For security purposes, these maps may not be reproduced or electronically transferred. The Department will update the service area map of a designated water provider upon request by the provider, **so it is important you review the maps as close to the drilling date as possible.**

A current listing of designated water providers may be found at:
http://www.azwater.gov/dwr/Content/Find_by_Category/Permits_Forms_Applications/Files/AssuredWaterSupply/UPDATED_List_of_Designated_Providers_2005.pdf.

As stated above, if the land on which the well is to be drilled is within 100 feet of a designated water provider's operating water distribution system, the well may be drilled on or after January 1, 2006 if you apply for and are granted one of the exemptions listed above. To request an exemption, you or your well driller must file with the Department supplemental form Exempt Well Certification of Compliance with A.R.S. § 45-454(C) or Request for Exemption Pursuant to A.R.S. § 45-454(D) [form A.R.S. § 45-454(C) & (D)] or Remediation Well Certification of Compliance with A.R.S. § 45-454(C) or Request for Exemption Pursuant to A.R.S. § 45-454(F) [form A.R.S. § 45-454(C) & (F)] certifying that the exemption applies. These supplemental forms are available at all Department offices and online at:
http://www.azwater.gov/dwr/Content/Find_by_Program/Wells/Well_Drilling/FORMS/A.R.S. § 45-454(C) & (D).pdf
and http://www.azwater.gov/dwr/Content/Find_by_Program/Wells/Well_Drilling/FORMS/A.R.S. § 45-454(C) & (F).pdf.
Upon receipt of the supplemental form, the Department will review the form and determine whether you qualify for the exemption. If the Department determines that you qualify for the exemption, it will issue the exemption authorizing the drilling of the well. If the Department determines that you do not qualify for the exemption, it will send you notice of the determination and a notice of your right to appeal the determination.

If you have any questions concerning well no. 55-918328 please contact the Notice of Intent Unit at (602) 771-8527.
For additional information on Senate Bill 1190, please visit the Department's website at http://www.azwater.gov.

Arizona Department of Water Resources
Information Management Unit
PO Box 36020 , Phoenix, AZ 85067-36020
(602) 771-8527 ▪ 1-800-352-8488

Pump Installation Completion Report

- Review instructions prior to completing form in black or blue ink.
- The registered well owner shoud file this report with the Department within 30 days following installation of pump equipment.

** PLEASE PRINT CLEARLY **

FILE NUMBER
D(5-9) 10 CBB
WELL REGISTRATION NUMBER
55 - 918328

SECTION 1. REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
MKG MANAGEMENT LLC

MAILING ADDRESS
5521 W 4TH ST.

CITY / STATE / ZIP
RENO, NV, 89523

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER
480 371-4042

FAX

Location of Well

WELL LOCATION ADDRESS (IF ANY)

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4

COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)

BOOK	MAP	PARCEL
202	19	013F

COUNTY WHERE WELL IS LOCATED

SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED

Pump Type

CHECK ONE

- ☐ Air Lift
- ☐ Bucket
- ☐ Centrifugal
- ☐ Jet
- ☐ Piston
- ☐ Rotary
- ☐ Submersible
- ☐ Turbine
- ☐ Other *(Please Specify):*

RATED PUMP CAPACITY
Gallons Per Minute

Pitless Adaptor

CHECK ONE *(SEE INSTRUCTIONS FOR DEFINITION)*

Was a pitless adaptor installed? ☐ Yes ☐ No

IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED
Feet

Power Type

CHECK ONE

- ☐ Diesel Engine
- ☐ Electric Motor
- ☐ Gasoline Engine
- ☐ Hand
- ☐ Natural Gas
- ☐ Windmill
- ☐ Other *(Please Specify):*

HORSE POWER RATING OF MOTOR

SECTION 3. PUMP TEST

Pump Test Data

DATE WELL TESTED

STATIC WATER LEVEL (A)
Feet Below Land Surface

PUMPING WATER LEVEL (B)
Feet Below Land Surface

DRAWDOWN [(B) - (A)]
Feet Below Land Surface

TEST PUMPING RATE
Gallons Per Minute

DURATION OF PUMP TEST (Minimum 4 Hours)
Hours

TOTAL PUMPING LIFT
Feet

FOR FLOWING WELL, MEASURED SHUT IN HEAD ☐ FT ☐ PSI

Method of Discharge Measurement

CHECK ONE

- ☐ Bailer
- ☐ Bucket - Barrel - Stopwatch
- ☐ Current
- ☐ Estimated - Air Lift
- ☐ Gauge
- ☐ Meter
- ☐ Orifice
- ☐ Volume
- ☐ Weir - Flume
- ☐ Other *(Please Specify):*

Method of Measuring Water Level

CHECK ONE

- ☐ Air Line
- ☐ Electric Measuring Line (Sounder)
- ☐ Steel Tape
- ☐ Other *(Please Specify):*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER

DATE

Form 55-56 Instructions

Pump Installation Completion Report

Introduction

These instructions are a guide to filling out Form DWR 55-56 (Rev. 07/20/07), entitled "Pump Installation Completion Report." Please review the instructions prior to completing the form in black or blue ink. Forms may be obtained at any Arizona Department of Water Resources (ADWR) office and at ADWR's Web site, http://www.azwater.gov. For information about the form or these instructions, contact the Supervisor of the Notice of Intent Program at (602) 771-8500. There is no fee for filing this form.

When Form DWR 55-56 Must be Filed

A Pump Installation Completion Report must be filed by the owner of a well within 30 days after a pump is installed in the well. It is recommended that the report be filled out with the assistance of the firm that installed the pump. The information in the report, including where the well is located, who owns the well, and what pump equipment was installed in the well, will be placed in ADWR's database of all wells in Arizona. Because the report will describe conditions in the well as they actually exist, the information is very valuable to ADWR. For that reason, it is very important to fill out the report with the most accurate information possible.

Instructions for Filling out the Form

Well Registration Number

Fill in the registration number of the well in the box in the upper right-hand corner of the form. If this is a new well, the number will be the registration number that ADWR assigned to the well when the Notice of Intent to drill the well was filed.

Section 1 - Registry Information

Well Owner

Fill in the well owner's name, mailing address and telephone and fax numbers. If the well owner is a corporation, governmental unit or other entity, provide the name of a contact person.

Location of Well

Fill in the following information relating to the location of the well:

The street address of the property where the well is located, if the property has a street address.

- The legal description of the well location. The legal description is the township, range, section, and in decreasing order, the quarters of that section so that the well location falls in a 10-acre block within that section. This will usually be the same as the legal description for the well location submitted with the original Notice of Intent to drill the well, but occasionally a more accurate legal description is discovered after the Notice is filed.

- The county tax assessor's parcel identification number for the land where the well is located. This information can normally be taken from the original Notice of Intent to drill the well, and may also be obtained from the county tax assessor's office. Federal or State land will not have a parcel identification number.

- The name of the county where the well is located.

Section 2 - Equipment Installed

Section 2 requires information on the pump equipment installed in the well. In the space in the upper left-hand corner of the section, fill in the date the pump equipment was installed.

Pitless adaptor is defined in Arizona Administrative Code R12-15-801(21), as a commercially manufactured watertight unit or device designed for attachment to a steel well casing which permits discharge from the well below the land surface and allows access into the well casing while preventing contaminants from entering the well. In the box labeled **Pitless Adaptor,** check yes if a pitless adaptor was installed and note at what depth below grade the device was installed.

In the block labeled **Pump Type**, check the appropriate box indicating the type of pump installed. If the type of pump is not listed, check "Other" and describe the pump type. Below that block, fill in the rated pump capacity of the pump in gallons per minute.

In the block labeled **Power Type**, check the appropriate box indicating the type of power the pump uses. If the type of power is not listed, check "Other" and describe the power type. Below that block, fill in the horsepower rating of the

motor. This information can be obtained from the firm that installed the pump.

Section 3 - Pump Test

Section 3 contains three blocks for providing information on the results of the pumping test that is required to be performed on the well and pump. In the block labeled **Pump Test Data**, fill in the following information:

- The date the well was tested.
- The static water level in the well. This is the water level in the well immediately prior to the pumping test, as measured in feet below the land surface.
- The pumping water level. This is the water level in the well immediately after the pump was operated for at least four hours, as measured in feet below the land surface.
- Drawdown. This is the difference between the pumping water level and the static water level.
- The pumping rate during the test, as measured in gallons per minute.
- The duration of the pumping test, which must be at least four hours of continuous operation.
- The total pumping lift, if known, as measured in feet.
- If the well is a flowing or artesian well, the shut-in pressure head in feet or pounds per square inch.

In the block labeled **Method of Discharge Measurement**, check the appropriate box indicating how the discharge was measured during the pumping test. If the method of measurement is not listed, check "Other" and provide a brief description of the method.

In the block labeled **Method of Measuring Water Level**, check the appropriate box indicating the method by which the water levels were measured during the pumping test. If the method used is not listed, check "Other" and provide a brief description of the method.

Signature Block

The form must be signed and dated by the well owner.

Where to File Form

Completed forms may be mailed to ADWR at the following address:

Arizona Department of Water Resources
Groundwater Permitting and Wells
PO Box 36020
Phoenix, AZ 85067-36020

Completed forms may also be submitted to ADWR's main office in Phoenix at 3550 North Central Avenue, Second Floor Phoenix, Az. 85012.

The completed form must be legible and of good quality when received by ADWR so that it can be scanned into ADWR's permanent records.

ARIZONA DEPARTMENT of WATER RESOURCES
3550 North Central Avenue, Second Floor
Engineering and Permits Division
Phoenix, AZ 85012
602-771-8500

NOTICE TO WELL DRILLERS

This is a reminder that a valid drill card be present for the drilling of each and every well constructed on a site.* The problem seems to occur during the construction of a well when an unexpected problem occurs. Either the hole collapses, the hole is dry, a drill bit is lost and can't be recovered, or any number of other situations where the driller feels that he needs to move over and start another well. If you encounter this type of scenario, please be aware drillers do not have the authority to start another well without first obtaining drilling authority for the new well. Please note the following statutes and regulations pertaining to well drilling and construction:

ARIZONA REVISED STATUTE (A.R.S.)

A.R.S. § 45-592.A.

A person may construct, replace or deepen a well in this state only pursuant to this article and section 45-834.01. The drilling of a well may not begin until all requirements of this article and section 45-834.01, as applicable, are met.

***

A.R.S. § 594.A.

The director shall adopt rules establishing construction standards for new wells and replacement wells, the deepening and abandonment of existing wells and the capping of open wells.

***

A.R.S. § 600.A

A well driller shall maintain a complete and accurate log of each well drilled.

ARIZONA ADMINISTRATIVE CODE (A.A.C.)

A.A.C. R12-15-803.A.
A person shall not drill or abandon a well, or cause a well to be drilled or abandoned, in a manner which is not in compliance with A.R.S. Title 45, Chapter 2, Article 10, and the rules adopted thereunder.

****

A.A.C. R12-15-810.A.
A well drilling contractor or single well licensee may commence drilling a well only if the well drilling contractor or licensee has possession of a drilling card at the well site issued by the Director in the name of the well drilling contractor or licensee, authorizing the drilling of the specific well in the specific location.

****

A.A.C. R12-15-816.F.
In the course of drilling a new well, the well may be abandoned without first filing a notice of intent to abandon and without an abandonment card.

*** THIS REQUIREMENT DOES NOT PERTAIN TO THE DRILLING OF MINERAL EXPLORATION, GEOTECHNICAL OR HEAT PUMP BOREHOLES**

Arizona Department of Water Resources
Groundwater Permitting and Wells Section
PO Box 36020 , Phoenix, AZ 85067-36020
(602) 771-8527 ▪ 1-800-352-8488
www.azwater.gov

Landowner Authorization to Drill or Abandon a Well on Landowner's Parcel

Landowner Authorization to Drill or Abandon a Well by a Third Party on Landowner's Parcel Pursuant to A.R.S. § 45-596 and A.A.C. R12-15-809

FILE NUMBER
D(5-9) 10 CBB
WELL REGISTRATION NUMBER
55 - 918328

The Arizona Department of Water Resources requires a well driller or well owner to obtain written permission from the owner of the land on which they intend to drill or abandon a well. Landowners, or their designated representative, must authorize the well to be drilled or abandoned with their signature on the Notice of Intent or on this form, to be attached to the Notice of Intent form.

PARCEL ADDRESS _____

COUNTY PARCEL ID 202 - 19 - 013F COUNTY PINAL
BOOK MAP PARCEL

In accordance with A.R.S. § 45-496 and A.A.C. R12-15-809, I certify that:

¨ I am the owner of the parcel on which I am giving permission for a well to be ¨ drilled or ¨ abandoned.

¨ I am an authorized representative of the owner of the parcel on which I am giving permission for a well to be ¨ drilled or ¨ abandoned.

SIGNATURE	
TYPE OR PRINT NAME OF LANDOWNER / RESPRESENTATIVE	TITLE
SIGNATURE	DATE SIGNED