

Run Date: 07/26/2011

# AZ DEPARTMENT OF WATER RESOURCES

## WELL REGISTRY REPORT - WELLS55

Location D 20.0 17.0 27 B C D Well Reg.No 55 - 220690 AMA NOT WITHIN ANY AMA OR INA

Registered Name KENNETH PIETRAS  
4657 WHITE PINE DR  
ERIE PA 15506

File Type AFTER THE FACT FILING OF NOTICE  
Application/Issue Date 07/26/2011

**ILLEGAL WELL**

Owner OWNER  
Driller No. 565  
Driller Name JS & K DRILLING, INC.  
Driller Phone 520-456-9008  
County SANTA CRUZ  
Parcel No. 109-25-011  
Intended Capacity GPM 10.00

Well Type EXEMPT  
SubBasin CIENEGA CREEK  
Watershed SANTA CRUZ RIVER  
Registered Water Uses DOMESTIC  
Registered Well Uses WATER PRODUCTION  
Discharge Method NO DISCHARGE METHOD LISTED  
Power NO POWER CODE LISTED

Well Depth 0.00 Case Diam 0.00 Tested Cap 0.00  
Pump Cap. 0.00 Case Depth 0.00 CRT  
Draw Down 0.00 Water Level 0.00 Log  
Acres Irrig 0.00 Finish NO CASING CODE LISTED

Contamination Site: NO - NOT IN ANY WQARF SITE

Comments See INV 11X-8073 "Illegal Well"  
Well located at 15 Milky Way Road, Sonoita, AZ. Per the well owner, Kenneth Pietras, this well was drilled and completed by JS & K Drilling #365 on 4/28/07, with the pump being installed on 11/25/08. Notice of Intention to Drill (NOID) filed "After-the-Fact" on 7/26/11. Santa Cruz County Health Services endorsed their part of the NOID on 5/6/08. bew  
Well inspection to be conducted in order to verify status of the well and to confirm that the minimum well construction standards have been met. File update conducted 7/26/11. mib

Places Of Use  
D 20.0 17.0 27 B C D

Current Action  
5/6/2008 210 COUNTY HEALTH AUTHORITY ENDORSED  
Action Comment: County Health Services endorsement dated 5/6/08. Per owner, well completed 4/28/07. mib

Action History  
7/26/2011 850 CHANGE OF WELL DATA  
Action Comment: mib  
7/25/2011 150 NOI RECEIVED FOR A NEW PRODUCTION WELL  
Action Comment: bew

**COMPLAINT**  
DATE 7/26/11 mib

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

*KENNETH PITRAS*  
*4657 WHITE PINE DR*  
*ERIE, PA 16506*  
*Divided 4/28/2007*  
*Prop Cap 11/25/2008*

AMA / INA	B	SB	FILE NUMBER
RECEIVED	DATE	WS	D/20-11/27 BCD
ISSUED	DATE	WQARF	CERCLA
7/25/2011	09	000	55-220690

**ILLEGAL WELL**

**CITY APPROVAL** (if applicable)  
a parcel of land of 5 or fewer acres, the applicable county or local health authority to the Department of Water Resources. You must also attach a site plan (pg. 3).

25 2011

**WATER MGMT** SANTA CRUZ COUNTY HEALTH SERVICES

Insufficient Information to Make a Determination  
**COUNTY OR LOCAL AUTHORITY NAME AND TITLE**  
*Bonnie Rae Greenwald, Sr. Sanitarian*

**TELEPHONE NUMBER** *520-375-7900* **DATE** *5-6-2008* **COUNTY OR LOCAL AUTHORITY SIGNATURE**  
*Bonnie Rae Greenwald, R.S.*

<b>SECTION 2. REGISTRY INFORMATION</b>	
<b>Well Type</b> CHECK ONE <input checked="" type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm and water is not used for irrigation purposes inside an AMA.) (See instructions.) <input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm and the well is located outside an AMA.) (See instructions.) <b>DESIGN PUMP CAPACITY</b> <i>10</i> Gallons Per Minute	<b>Proposed Action</b> 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: <b>ORIGINAL WELL REGISTRATION NUMBER</b> <i>55 -</i> <b>MAXIMUM CAPACITY OF ORIGINAL WELL</b> Gallons Per Minute <b>DISTANCE &amp; DIRECTION FROM ORIGINAL WELL</b> Feet
<b>Location of Well</b> WELL LOCATION ADDRESS (IF ANY) <i>T.B.O - (15 Milky Way SONOITA)</i> <b>TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE</b> <i>20.5 17.E 27 NW 1/4 SW 1/4 SE 1/4</i> <b>COUNTY ASSESSOR'S PARCEL ID NUMBER # OF ACRES</b> <b>BOOK MAP PARCEL</b> <i>109 25 011 4.54</i> <b>PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL)</b> <b>TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE</b> <b>COUNTY WHERE WELL IS LOCATED</b> <i>Santa Cruz</i>	

<b>SECTION 3. OWNER INFORMATION</b>	
<b>Well Owner</b> FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>Kenneth Pitras</i> <b>MAILING ADDRESS</b> <i>4657 WHITE PINE DRIVE</i> <b>CITY / STATE / ZIP CODE</b> <i>Erie, PA 16506</i> <b>CONTACT PERSON NAME AND TITLE</b> <i>Shane Lohse - 520-456-1657</i> <b>TELEPHONE NUMBER</b> <i>814-440-5873</i> <b>FAX</b> <i>520-456-0011</i>	<b>Landowner (if different from Well Owner)</b> FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <b>MAILING ADDRESS</b> <i>Same</i> <b>CITY / STATE / ZIP CODE</b> <b>CONTACT PERSON NAME AND TITLE</b> <b>TELEPHONE NUMBER</b> <b>FAX</b>

<b>SECTION 4.</b>			
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>If Yes:</b>
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?		<input checked="" type="checkbox"/>	You must also request a variance (A.A.C. R12-15-818).
2. Is there another well name or identification number associated with this well (e.g., Lot 35 Well, Smith Well, etc.)?		<input checked="" type="checkbox"/>	PLEASE STATE
3. Is the proposed well a NEW well to be located within an Active Management Area? (See instructions)		<input checked="" type="checkbox"/>	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?		<input checked="" type="checkbox"/>	If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.

Arizona Department of Water Resources

3550 N Central Ave.  
Phoenix AZ 85012

Customer:

TRIPLE L PUMP CO.  
2260 N. MUSTANG HEIGHTS RD.  
HUACHUCA CITY, AZ 85616

Receipt #: 12-18325  
Office: GW Permitting  
Receipt Date: 7/25/2011  
Sale Type: Mail  
Cashier: WRSYM

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
85	15245	4439-6A	EXEMPT WELLS OUTSIDE AMAS, USED FOR DOMESTIC ONLY	55-220690	1	100.00	100.00
<b>RECEIPT TOTAL:</b>							<b>100.00</b>

Payment type: CHECK

Amount Paid: \$100.00

Payment Received Date: 7/25/2011

Check #	1298
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Notes:

55-220690

## Santa Cruz County Parcel Information Search

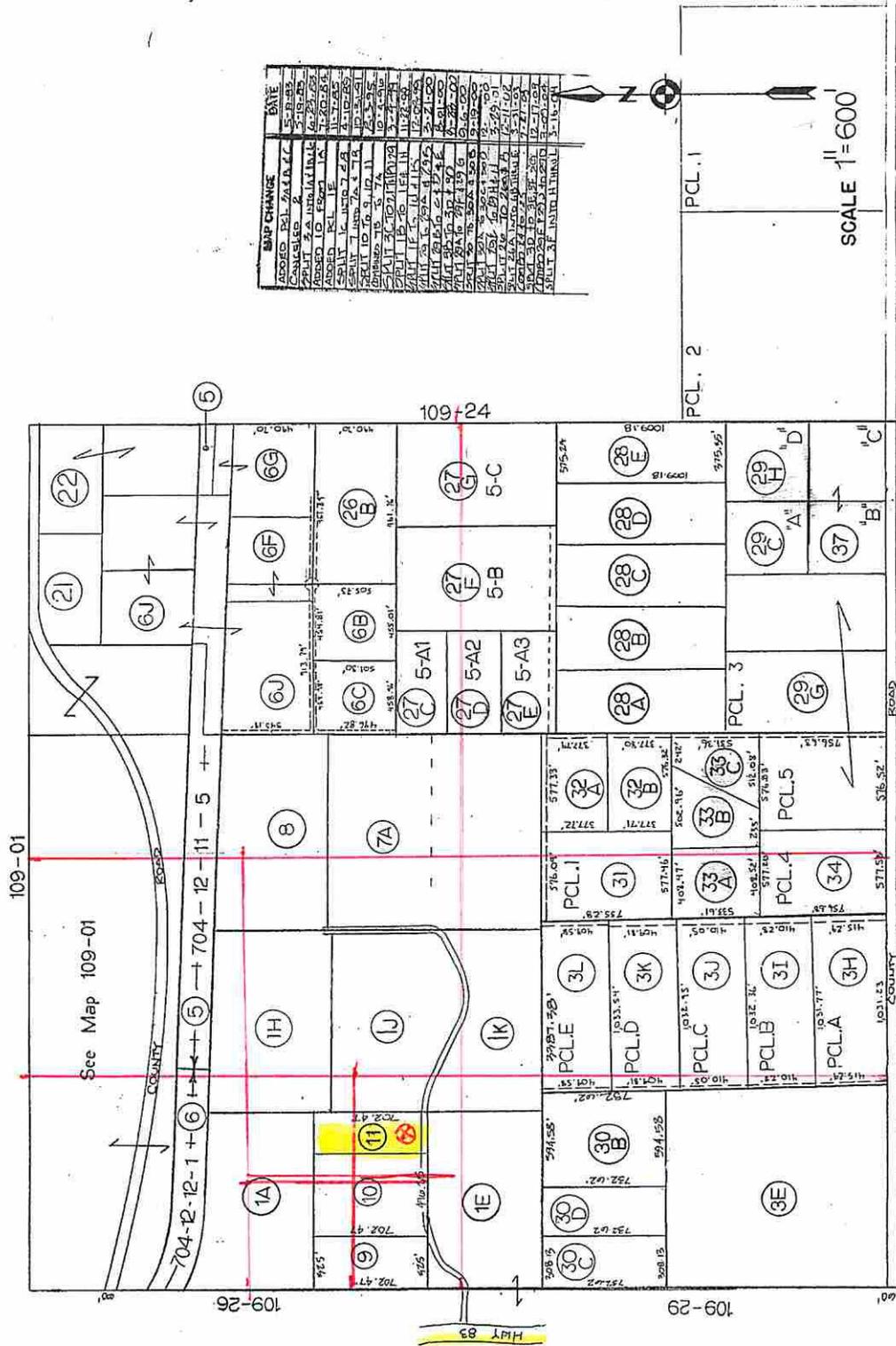
### Assessor Information 109-25-011

<b>Parcel/Tax ID</b>	109-25-011
<b>Tax Year</b>	2010
<b>Site Address</b>	15 MILKY WAY RD,
<b>Owner Name</b>	PIETRAS KENNETH M & BEVERLY A,
<b>Owner Address</b>	HC1 BOX 582 ELGIN, AZ 85611
<b>Tax Area</b>	2501
<b>Land Value</b>	\$66,738.00
<b>Improvement Value</b>	\$250,913.00
<b>Full Cash Value</b>	\$317,651.00
<b>Assessed Full Cash Value</b>	\$32,335.00
<b>Limited Value</b>	\$317,651.00
<b>Assessed Limited Value</b>	\$32,335.00
<b>Value Method</b>	Cost
<b>Exempt Amount</b>	\$0.00
<b>Exempt Type</b>	
<b>Use Code</b>	0134
<b>Property Use</b>	0134-SFR-010-3 RUR NONSUBDIV
<b>Class Code</b>	MIXED
<b>Assessment Ratio</b>	
<b>Sale Price</b>	
<b>Sale Date</b>	
<b>Instrument Type</b>	
<b>Book</b>	
<b>Page</b>	
<b>Parcel Size</b>	4.54 ✓
<b>Township, Range, Section</b>	, ,
<b>Legal Description</b>	A PT IN THEE2 W2 <u>NW4SEC</u> 27 T20S R17E
<b>Property Type</b>	REAL

Bldg ID	Occupancy	Built As	Quality	Sq Ft	Year	Cash Value
1		Farm Utility Building	Average	284	1988	\$9,486.00
2		Ranch 1 Story	Average Plus	1868	2008	\$241,427.00

NW 5W SE Sec 27 T-20S R-17E

109-25-011 (well in SE corner of parcel)



BNP CHANGE	DATE
ADDED PCL 2A, 1A, 1C	5-18-03
ADDED PCL 2	5-18-03
ADDED TO INTER. 1A, 1B, 1C	6-29-03
ADDED PCL 1E	11-02-03
ADDED PCL 1F	11-02-03
SPLIT 1C INTO 7, 8, 9	4-10-04
SPLIT 1D INTO 10, 11, 12, 13	4-10-04
SPLIT 1E INTO 14, 15, 16	4-10-04
SPLIT 1F INTO 17, 18, 19	4-10-04
SPLIT 1G INTO 20, 21, 22	4-10-04
SPLIT 1H INTO 23, 24, 25	4-10-04
SPLIT 1I INTO 26, 27, 28	4-10-04
SPLIT 1J INTO 29, 30, 31	4-10-04
SPLIT 1K INTO 32, 33, 34	4-10-04
SPLIT 1L INTO 35, 36, 37	4-10-04
SPLIT 1M INTO 38, 39, 40	4-10-04
SPLIT 1N INTO 41, 42, 43	4-10-04
SPLIT 1O INTO 44, 45, 46	4-10-04
SPLIT 1P INTO 47, 48, 49	4-10-04
SPLIT 1Q INTO 50, 51, 52	4-10-04
SPLIT 1R INTO 53, 54, 55	4-10-04
SPLIT 1S INTO 56, 57, 58	4-10-04
SPLIT 1T INTO 59, 60, 61	4-10-04
SPLIT 1U INTO 62, 63, 64	4-10-04
SPLIT 1V INTO 65, 66, 67	4-10-04
SPLIT 1W INTO 68, 69, 70	4-10-04
SPLIT 1X INTO 71, 72, 73	4-10-04
SPLIT 1Y INTO 74, 75, 76	4-10-04
SPLIT 1Z INTO 77, 78, 79	4-10-04
SPLIT 2A INTO 80, 81, 82	4-10-04
SPLIT 2B INTO 83, 84, 85	4-10-04
SPLIT 2C INTO 86, 87, 88	4-10-04
SPLIT 2D INTO 89, 90, 91	4-10-04
SPLIT 2E INTO 92, 93, 94	4-10-04
SPLIT 2F INTO 95, 96, 97	4-10-04
SPLIT 2G INTO 98, 99, 100	4-10-04

REVISIONS:	DATE:
SPLIT 36 INTO 31, 32, 33	5-14-04
SPLIT 37 INTO 34, 35, 36	2-10-05
SPLIT 38 INTO 37, 38, 39	11-02-05
SPLIT 39 INTO 40, 41, 42	11-02-05
SPLIT 40 INTO 43, 44, 45	11-02-05
SPLIT 41 INTO 46, 47, 48	11-02-05
SPLIT 42 INTO 49, 50, 51	11-02-05
SPLIT 43 INTO 52, 53, 54	11-02-05
SPLIT 44 INTO 55, 56, 57	11-02-05
SPLIT 45 INTO 58, 59, 60	11-02-05
SPLIT 46 INTO 61, 62, 63	11-02-05
SPLIT 47 INTO 64, 65, 66	11-02-05
SPLIT 48 INTO 67, 68, 69	11-02-05
SPLIT 49 INTO 70, 71, 72	11-02-05
SPLIT 50 INTO 73, 74, 75	11-02-05
SPLIT 51 INTO 76, 77, 78	11-02-05
SPLIT 52 INTO 79, 80, 81	11-02-05
SPLIT 53 INTO 82, 83, 84	11-02-05
SPLIT 54 INTO 85, 86, 87	11-02-05
SPLIT 55 INTO 88, 89, 90	11-02-05
SPLIT 56 INTO 91, 92, 93	11-02-05
SPLIT 57 INTO 94, 95, 96	11-02-05
SPLIT 58 INTO 97, 98, 99	11-02-05
SPLIT 59 INTO 100, 101, 102	11-02-05
SPLIT 60 INTO 103, 104, 105	11-02-05
SPLIT 61 INTO 106, 107, 108	11-02-05
SPLIT 62 INTO 109, 110, 111	11-02-05
SPLIT 63 INTO 112, 113, 114	11-02-05
SPLIT 64 INTO 115, 116, 117	11-02-05
SPLIT 65 INTO 118, 119, 120	11-02-05

No wells in NW 1/4

ARIZONA DEPARTMENT OF WATER RESOURCES WELL REPORT

Quad	Town	Range	Sect	Q160	Q40	Q10	Reg No.	Registered Full Name & Address	Well Depth	Case Depth	Case Diameter	Water Level	Pump (GPM)	Most Recent Auth. Issued:		Org. Drill Date	Reg Wtr Use	Wtr-shed	Log	CRT	
														Drill Lic No	Issue Date						
D	20.0	17.0	20	0	0	0	55 - 809246	REGINA SKOV 9195 E LEHIGH AVE #182 DENVER, CO 80237	0	0	0	0	0	0				D	09		
				B/M/P: 109-17-005A																	
Well Type: EXEMPT																					
D	20.0	17.0	20	A	B	C	55 - 581658	DANIEL DEANDA BOX 2868 SIERRA VISTA, AZ 85636-2868	300	300	5	200	0	177	06/13/2000	06/29/2000	D	09	X		
				B/M/P: 109-17-020																	
Well Type: EXEMPT																					
D	20.0	17.0	20	A	B	D	55 - 620788	STAR VIEW RANCH EST, 6601 E GRANT RD #110 TUCSON, AZ 85715	250	250	4	140	30	0		06/01/1979	D	09			
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	A	C	A	55 - 620781	STAR VIEW RANCH EST, 6601 E GRANT RD #110 TUCSON, AZ 85715	275	275	6	120	386	0		05/20/1979	D	09			
				B/M/P:																	
Well Type: NON-EXEMPT																					
D	20.0	17.0	20	C	A	C	55 - 620784	SHORT, DEAN,C 5271 MISSION HILL DR TUCSON, AZ 85718	630	175	14	125	400	0		01/01/1955	A	09			
				B/M/P:																	
Well Type: NON-EXEMPT																					
D	20.0	17.0	20	C	A	C	55 - 620785	SHORT, DEAN,C 5271 MISSION HILL DR TUCSON, AZ 85718	200	200	5	125	5	0			J	09			
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	C	B	D	55 - 562804	WILMES, WILLIAM, BOX 261 SONOITA, AZ 85637	350	350	8	270	15	177		05/26/1997	D	09	X	X	
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	C	B	D	55 - 527701	WILMES, WILLIAM L., PO BOX 261 SONOITA, AZ 85637	270	270	4	186	16	517		05/25/1990	D	09	X	X	
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	D	A	A	55 - 633730	THOAMS M ROGOS 940 E PARADISE LANE PHOENIX, AZ 85022	300	300	6	200	20	0			DJ	09			
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	D	B	C	55 - 561778	FRIEL, MICHAEL,A 1914 N TUCKER DRIVE TUCSON, AZ 85716	350	350	8	260	0	177		05/20/1997	D	09	X		
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	D	C	A	55 - 563888	PETER HUMPHREYS PO BOX 403 SONOITA, AZ 85637	0	316	8	192	16	122			D	09		X	
				B/M/P:																	
Well Type: EXEMPT																					
D	20.0	17.0	20	D	D	A	55 - 602888	JOHN AND KERRY HUNT P.O. BOX 1381 SONOITA, AZ 85637	300	300	6	200	15	0		10/21/1978	D	09			
				B/M/P: 109-17-006																	
Well Type: EXEMPT																					



ARIZONA DEPARTMENT OF WATER RESOURCES  
 Information Management Unit  
 P.O. Box 36020, Phoenix, Arizona 85067-3589  
 (602) 771-8527 \* (800) 352-8488  
 www.water.az.gov

## Well Driller Report and Well Log

◆ This report should be prepared by the driller in detail and filed with the Department within 30 days following completion of the well.

FILE NUMBER <b>D(20-17) 27 BCD</b>
WELL REGISTRATION NUMBER <b>55-220690</b>
PERMIT NUMBER ( IF ISSUED )

\*\* PLEASE PRINT CLEARLY \*\*

ILLEGAL WELL

SECTION 1. DRILLING AUTHORIZATION							
<b>Mail To:</b>	<b>Drilling Firm</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>NAME</small> JS &amp; K DRILLING, INC.</td> <td style="width: 50%;"><small>DWR LICENSE NUMBER</small> 565</td> </tr> <tr> <td><small>ADDRESS</small> 2235 N. RANCH TRAIL</td> <td><small>TELEPHONE NUMBER</small> 520-456-9008</td> </tr> <tr> <td><small>CITY/STATE/ZIP</small> HUACHUCA CITY, AZ 85616-8283</td> <td><small>FAX</small></td> </tr> </table>	<small>NAME</small> JS & K DRILLING, INC.	<small>DWR LICENSE NUMBER</small> 565	<small>ADDRESS</small> 2235 N. RANCH TRAIL	<small>TELEPHONE NUMBER</small> 520-456-9008	<small>CITY/STATE/ZIP</small> HUACHUCA CITY, AZ 85616-8283	<small>FAX</small>
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SECTION 2. REGISTRY INFORMATION																									
<b>Well Owner</b>	<b>Location of Well</b>																								
<small>FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL</small> KENNETH PIETRAS	<small>WELL LOCATION ADDRESS (IF ANY)</small>																								
<small>MAILING ADDRESS</small> 4657 WHITE PINE DR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><small>TOWNSHIP (N/S)</small></td> <td><small>RANGE (E/W)</small></td> <td><small>SECTION</small></td> <td><small>160 ACRE</small> 1/4</td> <td><small>40 ACRE</small> 1/4</td> <td><small>10 ACRE</small> 1/4</td> </tr> </table>	<small>TOWNSHIP (N/S)</small>	<small>RANGE (E/W)</small>	<small>SECTION</small>	<small>160 ACRE</small> 1/4	<small>40 ACRE</small> 1/4	<small>10 ACRE</small> 1/4																		
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<small>LATITUDE</small>			<small>LONGITUDE</small>																						
°	'	"	°	'	"																				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds																				
		"N			"W																				
<small>CONTACT PERSON NAME AND TITLE</small>	<small>METHOD OF LATITUDE / LONGITUDE (CHECK ONE)</small> <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade																								
<small>TELEPHONE NUMBER</small> 814-440-5873	<small>FAX</small>																								
<small>WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)</small>	<small>LAND SURFACE ELEVATION AT WELL</small> <div style="text-align: right;">Feet Above Sea Level</div>																								
	<small>METHOD OF ELEVATION (CHECK ONE)</small> <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade																								
	<small>*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)</small> <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><small>COUNTY</small></td> <td><small>ASSESSOR'S PARCEL ID NUMBER</small></td> </tr> <tr> <td></td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><small>BOOK</small></td> <td style="text-align: center;"><small>MAP</small></td> <td style="text-align: center;"><small>PARCEL</small></td> </tr> <tr> <td style="text-align: center;">109</td> <td style="text-align: center;">25</td> <td style="text-align: center;">011</td> </tr> </table> </td> </tr> </table>	<small>COUNTY</small>	<small>ASSESSOR'S PARCEL ID NUMBER</small>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><small>BOOK</small></td> <td style="text-align: center;"><small>MAP</small></td> <td style="text-align: center;"><small>PARCEL</small></td> </tr> <tr> <td style="text-align: center;">109</td> <td style="text-align: center;">25</td> <td style="text-align: center;">011</td> </tr> </table>	<small>BOOK</small>	<small>MAP</small>	<small>PARCEL</small>	109	25	011														
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109	25	011																							

SECTION 3. WELL CONSTRUCTION DETAILS		
<b>Drill Method</b>	<b>Method of Well Development</b>	<b>Method of Sealing at Reduction Points</b>
<small>CHECK ONE</small> <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify)	<small>CHECK ONE</small> <input type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Back <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	<small>CHECK ONE</small> <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify)
	<b>Condition of Well</b>	<b>Construction Dates</b>
	<small>CHECK ONE</small> <input type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	<small>DATE WELL CONSTRUCTION STARTED</small>  <small>DATE WELL CONSTRUCTION COMPLETED</small>

*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.*

<small>DRILLING FIRM</small>	<small>SIGNATURE OF QUALIFYING PARTY</small>	<small>DATE</small>
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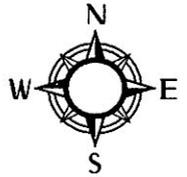
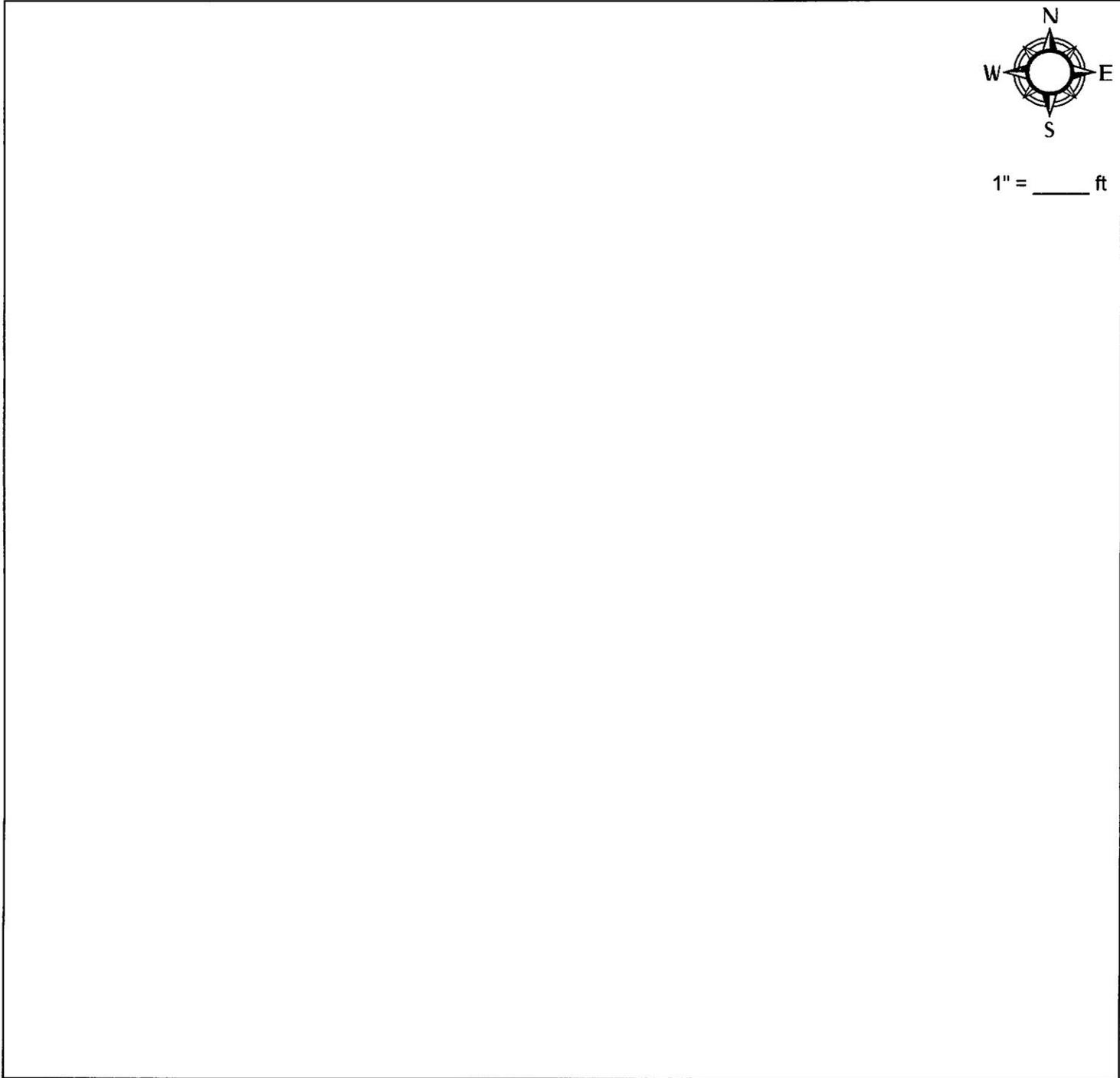
Well Driller Report and Well Log

WELL REGISTRATION NUMBER  
**55- 220690**

**SECTION 6. WELL SITE PLAN**

NAME OF WELL OWNER	COUNTY	ASSESSOR'S PARCEL ID NUMBER				
KENNETH PIETRAS	BOOK	109	MAP	25	PARCEL	011

- ◆ Please draw the following: (1) the boundaries of property on which the well was located; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ◆ Please indicate the distance between the well location and any septic tank system or sewer system.



1" = \_\_\_\_\_ ft



ARIZONA DEPARTMENT OF WATER RESOURCES  
 Information Management Unit  
 P.O. Box 36020, Phoenix, Arizona 85067-3589  
 (602) 771-8527 \* (800) 352-8488  
 www.water.az.gov

## Pump Installation Completion Report

- Review instructions prior to completing form
- The registered well owner should file this report with the Department within 30 days following installation of pump equipment

FILE NUMBER  
**D(20-17) 27 BCD**  
 WELL REGISTRATION NUMBER  
**55- 220690**

**ILLEGAL WELL**

\*\* PLEASE PRINT CLEARLY \*\*

### SECTION 1. REGISTRY INFORMATION

<b>Well Owner</b>		<b>Location of Well</b>					
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL KENNETH PIETRAS		WELL LOCATION ADDRESS (IF KNOWN)					
MAILING ADDRESS 4657 WHITE PINE DR		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP ERIE, PA 15506		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)					
CONTACT PERSON NAME AND TITLE		BOOK	MAP	PARCEL	1/4 1/4 1/4		
TELEPHONE NUMBER 814-440-5873		COUNTY WHERE WELL IS LOCATED					
FAX		109		25		011	

### SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED	<b>Pitless Adaptor</b>	
<b>Pump Type</b>	CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION)	
CHECK ONE	Was a pitless adaptor installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston	IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED _____ Feet	
<input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (please specify)	<b>Power Type</b>	
RATED PUMP CAPACITY _____ Gallons Per Minute	CHECK ONE	
	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Hand	
	HORSE POWER RATING OF MOTOR	

### SECTION 3. WELL TEST

Pump Test Data	Method of Discharge Measurement	Method of Measuring Water Level
DATE WELL TESTED	CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket - Barrel - Stopwatch <input type="checkbox"/> Current <input type="checkbox"/> Estimated - Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir - Flume <input type="checkbox"/> Other (please specify)	CHECK ONE <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line (Sounder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (please specify)
STATIC WATER LEVEL (A) Feet Below Land Surface		
PUMPING WATER LEVEL (B) Feet Below Land Surface		
DRAWDOWN [(B) - (A)]		
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 <input type="checkbox"/> FT <input type="checkbox"/> PSI		

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



# Pump Installation Completion Report

## Introduction

These instructions are a guide to filling out Form DWR 55-56 (Rev. 06/15/2010), 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 Groundwater Permitting & Wells 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**  
Water Management Division  
P. O. Box 36020  
Phoenix, AZ 85067-6020

Completed forms may also be submitted to ADWR’s main office at 3550 N. Central Ave., Phoenix, AZ 85012-2105

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.