

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

3550 N. Central Avenue
Phoenix, Arizona 85012

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

WELL REGISTRATION NO: 55-218815

AUTHORIZED DRILLER: K.R WELL DRILLING, L.L.C

LICENSE NO: 757

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

WELL OWNER: ROBERT T. & AMELIA A. MONSEN 711 ANREY CT. MURPHYS, CA 95247

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

NW ¼ OF THE NW ¼ OF THE NW ¼ SECTION 35 TOWNSHIP 7 NORTH RANGE 17 WEST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 307-7-055V

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 10TH DAY OF MARCH, 2010

Carlene Supt. of
WATER MANAGEMENT SUPPORT

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

NOTICE! The Authorization to drill this well **DOES NOT** constitute or guarantee an approval to use the well for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A) without official prior approval from the Department.



ARIZONA DEPARTMENT OF WATER RESOURCES

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



Janice K. Brewer
Governor

Herbert R. Guenther
Director

March 16, 2009

ROBERT T. & AMELIA A. MONSEN
711 ANREY CT.
MURPHYS, CA 95247

Registration No. 55-218815
File No. B(7-17) 35 BBB

Dear Well Owner:

Enclosed is a copy of the Notice of Intention (NOI) to Drill a well that you recently filed with this Department pursuant to A.R.S. § 45-596. This is to inform you that the Department has approved the NOI and has mailed or otherwise provided a drilling card authorizing the drilling of the well to the well driller identified in the NOI. The driller may not begin drilling until he has received the drilling card, which must be displayed on the drill rig during drilling. **PLEASE NOTE:** The Authorization to drill this well **DOES NOT** constitute or guarantee an approval to use the well for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A). Groundwater may not be withdrawn from this well for these transportation purposes without official prior approval from the Department. Please contact the office in the AMA where the groundwater is to be transported to determine what additional forms are needed and for more information on this process.

Well drilling activities must be completed within one year after the date the NOI was filed with the Department. If drilling is not completed within one year, you must file a new NOI before proceeding with further drilling. If in the course of drilling the well, it is determined that the well cannot be successfully completed as initially intended (dry hole, cave in, lost tools, etc.), the well must be properly abandoned and a Well Abandonment Completion Report must be filed as required by A.A.C. R12-15-816(F).

If you change drillers, you must notify the Department of the new driller's identity. Please ensure that the new driller is licensed by the Department to drill the type of well you require. A new driller may not begin drilling until he receives a new drilling card from the Department. If you are drilling a new or replacement well and it is necessary to change the location of the proposed well, you may not proceed with drilling until you file an amended NOI with the Department and the Department issues an amended drilling card to the driller. If county approval was required for the original well site plan (this applies to domestic wells on parcels that are five acres or less), you must submit a new well site plan with the new well location to your local county health authority for approval prior to filing the amended NOI with the Department.

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

Please be advised that A.R.S. § 45-593(C) requires the person to whom a well is registered to notify the Department of a change in ownership of the well and/or information pertaining to the physical characteristics of the well in order to keep this well registration file current and accurate. Any change in well information or a request to change well driller must be filed on a Request to Change Well Information form (DWR form 55-71A) that may be downloaded from the ADWR Internet website at <<http://www.water.az.gov/adwr/content/forms/default.htm#NOI>>.

Sincerely,

Danae Schoonover
NOI Unit
Water Management Support Section

Enclosures



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

MAR 11 2009 Notice of Intent to
Drill, Deepen, Replace or Modify a Well
 (except a Non-Exempt Well in an Active Management Area)

\$150 or
\$100 FEE

- Review instructions prior to completing form in black or blue ink.
- You must include with your Notice:
 - Check or money order in the amount of the appropriate filing fee.
 - For a well located within an AMA or INA, the fee is \$150.00.
 - For a well not located within an AMA or INA, the fee is \$100.00 if the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not more than 35 gallons per minute. Otherwise, the fee is \$150.00.
- Authority for fee: A.R.S. § 45-596.

AMA/INA	B	58	SB
RECEIVED	DATE	WS	02
3-11-09			
ISSUED	DATE	WQARF	CERCLA
3-16-09			

FILE NUMBER	B(7-17)35BBB
WELL REGISTRATION NUMBER	55-218815

**** PLEASE PRINT CLEARLY ****

SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL (if applicable)

If water from the proposed well will be used for domestic purposes on a parcel of land of 5 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. You must also attach a site plan (pg. 3).

CHECK ONE

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

APPROVED

LA PAZ CO. HEALTH DEPT.

DATE 3/10/2009

BY [Signature]

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

JOYCE MCCLUSKEY DIRECTOR, ENVIRONMENTAL HEALTH DIV.

TELEPHONE NUMBER
928-669-1100

DATE
MARCH 10, 2009

COUNTY OR LOCAL AUTHORITY SIGNATURE
[Signature] RS

SECTION 2. REGISTRY INFORMATION

Well Type 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.)	Proposed Action CHECK ONE <input checked="" type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Replace <input type="checkbox"/> Modify If Deepening, Replacing or Modifying: ORIGINAL WELL REGISTRATION NUMBER 55 - MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute DESIGN PUMP CAPACITY 10 Gallons Per Minute	Location of Well WELL LOCATION ADDRESS (IF ANY) 29115 MAM LN., Base TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 7N 17W 35 NW ¼ NW ¼ NW ¼ COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL # OF ACRES 307 07 055V 1.19 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 7N 17W 35 NW¼ NW¼ NW¼
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SECTION 3. OWNER INFORMATION

Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Robert T. & Amelia A. MONSEN MAILING ADDRESS 711 ANREY CT CITY / STATE / ZIP CODE MURPHYS, CA 95247 CONTACT PERSON NAME AND TITLE AMELIA A. MONSEN TELEPHONE NUMBER 209-743-4116 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
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Called on 3-16-09. Done the paperwork & under name. DL.

Received
FEB 27 2009
La Paz County Health Department

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 - 218815

SECTION 6. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
Drilling Firm		Principal Use of Water	Other Uses of Water
NAME K.R. Well Drilling LLC		CHECK ONE	CHECK ALL THAT APPLY.
DWR LICENSE NUMBER 757	ROC LICENSE CATEGORY K.53	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
TELEPHONE NUMBER 928-851-2975	FAX 928-851-2975	<input type="checkbox"/> Utility	<input type="checkbox"/> Utility
MAILING ADDRESS P.O. Box 763		<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
CITY / STATE / ZIP CODE Bouse, AZ. 85325		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
DATE CONSTRUCTION IS SCHEDULED TO BEGIN 03-01-09		<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Mining	<input type="checkbox"/> Mining
		<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge
		<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other* (please specify):	<input type="checkbox"/> Other* (please specify):

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)					
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED
0	20	13	+1	20	8 5/8	X*				X				
20	140	7 3/8	0	100	4.95		X			X				
			100	140	4.95		X					X		

RECEIVED
WATER MGMT
RECEIVED
MAR 11 2009
WATER MGMT
RECEIVED
WATER MGMT

* 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	
<input type="checkbox"/> 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	
SIGNATURE OF WELL OWNER Robert J. Munser	SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) Amelia A. Munser
SIGNATURE OF WELL OWNER [Signature]	SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) Amelia G. Munser
DATE 3/15/09	DATE 3/15/09

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

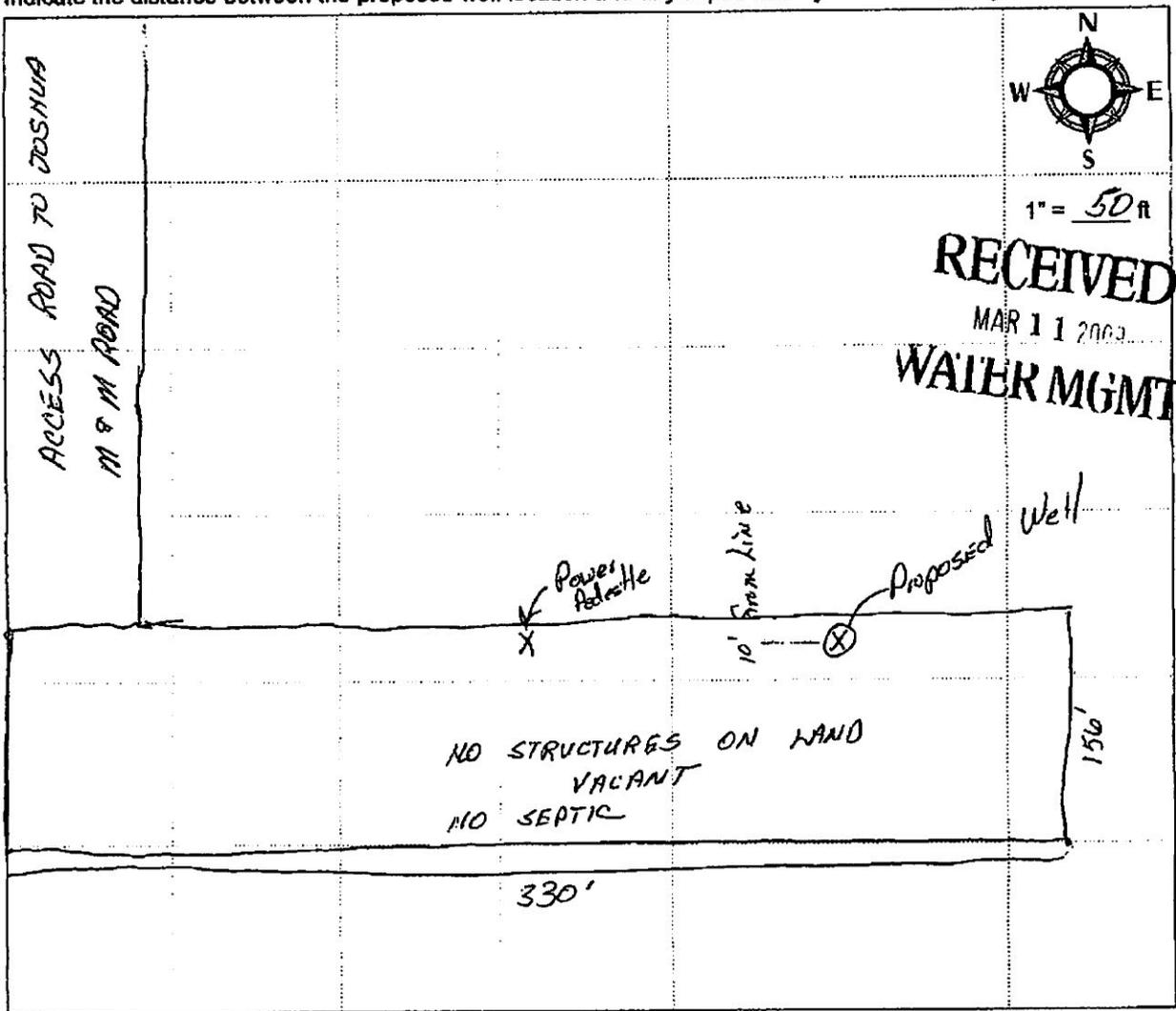
WELL REGISTRATION NUMBER
55 - **218815**

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

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.

WELL SITE PLAN
NAME OF WELL OWNER: **Robert T. & Amelia A. Jensen JR**
COUNTY ASSESSOR'S PARCEL ID NUMBER:
BOOK: **307** MAP: **07** PARCEL: **055 V**

- ❖ 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: **LA PAZ CO**
Joyce McCluskey EH Div
COUNTY OR LOCAL AUTHORITY SIGNATURE: *J. McCluskey*
TELEPHONE NUMBER: **928-669-1100** DATE: **MAR 3, 2009**

OFFICIAL APPROVAL Seal or Stamp
APPROVED
LA PAZ CO. HEALTH DEPT.
DATE: **3/10/2009**
BY: *J. McCluskey*

Printed: 3/11/2009 12:00:43 PM

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

AMY & BOB MONSEN
711 ANREY CT
MURPHYS, CA 95247

Receipt #: 09-3907
Office: MAIN OFFICE
Receipt Date: 3/11/2009
Sale Type: Mail
Cashier: WRCCC

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
108	15245	4439-06	NOTICE OF INTENT TO DRILL WELL		1	100.00	100.00
RECEIPT TOTAL:							100.00

Payment type: CHECK

Amount Paid: \$100.00

Check # 3248

Notes: well owner: Robert T. & Arnelin A. Monsen JR

RECEIVED
MAR 11 2009
WATER MGMT

218815