



Well Registry Information

Registration Number 55- **220225**

General	Construction	Status	Owner	Driller	Pump Data	
Well Information						
Site Type	W - WELL	Well Type	E - EXEMPT	Replaces Well 55-		
Location Information						
Cadastral	D13025029ABD	Book	202	Map	69	
Parcel	010	Latitude	32 16 46		Longitude	109 48 46
Basin and County Information						
Basin	WILLCOX	Sub Basin	82 - WILLCOX		Watershed	12 - WILLCOX PLAYA
AMA/INA	0 - NOT WITHIN ANY AMA OR INA		County	2 - COCHISE		
Site Uses						
Site Use 1 WATER PRODUCTION			Water Uses			
Site Use 2			Water Use 1 DOMESTIC			
Site Use 3			Water Use 2			
			Water Use 3			
GWSI Well Information What is this?						
GWSI Site ID	No corresponding GWSI well		GWSI Local ID	No corresponding GWSI well		

Well Registry is ADWR's well database containing reported information on well status, location and construction.



Well Registry Information

Registration Number **55- 220225**

General	Construction	Status	Owner	Driller	Pump Data					
Well Construction Information										
Well Depth (ft)	90	Water Level (ft bls)	52							
Casing Depth (ft)	90	Casing Diameter (in)	6	Casing Type	P - STEEL - PERFORATED OR SLOTTED CASING					
Well Data										
No. of Holes	1	Irrigated Acres		Acre Ft Annum	Intended Capacity (GPM) 30					
Pump Completion Report										
Tested Capacity(GPM)		Pump Capacity(GPM)		Draw Down (ft)						
Pump Type		Power Type		Method of Discharge						
Place of Use										
Township	N/S	1/2 T	Range	E/W	1/2 R	Section	160 Acre	40 Acre	10 Acre	Cadastral
13	S		25	E		29	A	B	D	D13025029ABD

Well Registry is ADWR's well database containing reported information on well status, location and construction.



Well Registry Information

Registration Number 55- **220225**

General	Construction	Status	Owner	Driller	Pump Data
Well Status					
Application Date	11/09/2010	Well Accepted	Y - Yes	Log Received	X - Received Log Canceled
Well Action					
Action Date	Action Code	Action Description	Action Comments		
2/14/2011	750	WELL DRILLER REPORT AND WELL LOG RECEIVED/ENTERED	sym		
2/4/2011	755	WELL CONSTRUCTION COMPLETED	sym		
11/10/2010	555	DRILLER & OWNER PACKETS MAILED	tz		
11/9/2010	550	DRILLING AUTHORITY ISSUED	tz		
11/3/2010	150	NOI RECEIVED FOR A NEW PRODUCTION WELL	tz		
Well Registry Comments					
Well Comments					
<div style="border: 1px solid black; height: 40px;"></div>					

Well Registry is ADWR's well database containing reported information on well status, location and construction.



Well Registry Information

Registration Number **55- 220225**

General	Construction	Status	Owner	Driller	Pump Data
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Owner Information						
Begin Date	End Date	Owner Type	Name Type	First Name	Last Name	Company
11/9/2010		PRIVATE OR COMPANY	OWNER	WILLIAM D.	CLARDY	
Select above owner to view details below						
Street Address						
Address 1	2002 N. HASKELL			Address 2		
City	WILLCOX	State	AZ	Zip	85643	-
Phone Numbers						
Country Code	Phone	(520)384-4818	Ext.	Cell	Home	
Owner Details						
Email	Title	Primary Mailing	Y - Yes	Registered Name	Y - Yes	
Comments						

Well Registry is ADWR's well database containing reported information on well status, location and construction.



Well Registry Information

Registration Number 55- **220225**

General	Construction	Status	Owner	Driller	Pump Data
Driller Information					
Lic No	Company	Address 1	Address 2	City	State Zip Phone
761	MCBEE DRILLING COMPANY, INC.			DEMING	NM
Select above driller to view details below					
Driller License Information					
Active License	I - Inactive	Issue Date	11/09/2010	Expiration Date	11/08/2011
Qualifying Party	SEE COMMENTS	ROC License			
Driller License Comments					
License Comments	SAMUEL JAMES MCBEE 2013-2017 INACTIVE LARRY JAY SIDDALL 2005-2012 SEE 621 Jim McBee, Sam's father, passed away on the morning of 9/23/2013 from injuries suffered in a vehicle accident on I-10 north of Casa Grande. mib				
Driller Comments					

Well Registry is ADWR's well database containing reported information on well status, location and construction.



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
D(13-25) 29 ABD
 WELL REGISTRATION NUMBER
55-220225
 PERMIT NUMBER (IF ISSUED)

**** PLEASE PRINT CLEARLY ****

FEB 14 2011

SECTION 1. DRILLING AUTHORIZATION	
Mail To:	Drilling Firm
	NAME MCBEE DRILLING COMPANY, INC.
	DWR LICENSE NUMBER 761
	ADDRESS P.O BOX 1153
	TELEPHONE NUMBER 520-384-4570
CITY/STATE/ZIP WILLCOX, AZ 85644-1153	FAX

SECTION 2. REGISTRY INFORMATION	
Well Owner	Location of Well
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL WILLIAM D. CLARDY	WELL LOCATION ADDRESS (IF ANY)
MAILING ADDRESS 2002 N. HASKELL	TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 13 S 25 E 29 NE 1/4 NW 1/4 SE 1/4
CITY / STATE / ZIP WILLCOX, AZ 85643	LATITUDE LONGITUDE 32° 16' 77" N 109° 48' 77" W Degrees Minutes Seconds Degrees Minutes Seconds
CONTACT PERSON NAME AND TITLE	METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade
TELEPHONE NUMBER 520-384-4818	FAX
LAND SURFACE ELEVATION AT WELL 4149 Feet Above Sea Level	METHOD OF ELEVATION (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade
WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)	*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input checked="" type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):
COUNTY Cochise	ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL 202 69 010

SECTION 3. WELL CONSTRUCTION DETAILS		
Drill Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ONE <input checked="" 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)	CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Back <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify)	CHECK ONE <input checked="" type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify) SYM
	Condition of Well	Construction Dates
	CHECK ONE <input type="checkbox"/> Capped <input checked="" type="checkbox"/> Pump Installed	DATE WELL CONSTRUCTION STARTED February 2, 2011 DATE WELL CONSTRUCTION COMPLETED February 4, 2011

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.

DRILLING FIRM McBee Drilling Company Inc	SIGNATURE OF QUALIFYING PARTY Larry Seddall	DATE 02/08/11
---	--	------------------

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55-220225

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

DEPTH OF BORING 90 Feet Below Land Surface	DEPTH OF COMPLETED WELL 90 Feet Below Land Surface
---	---

Water Level Information			
STATIC WATER LEVEL 52 Feet Below Land Surface	DATE MEASURED 02/04/11	TIME MEASURED 4 PM	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other:

Borehole			Installed Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (X)				PERFORATION TYPE (X)					SLOT SIZE IF ANY (inches)	
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	12 1/4	0	20	10	X					X					
0	50	7 5/8	0	50	6 5/8	X					X					
50	85	7 5/8	50	85	6 5/8	X							X			
85	90	7 5/8	85	90	6 5/8	X					X					

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

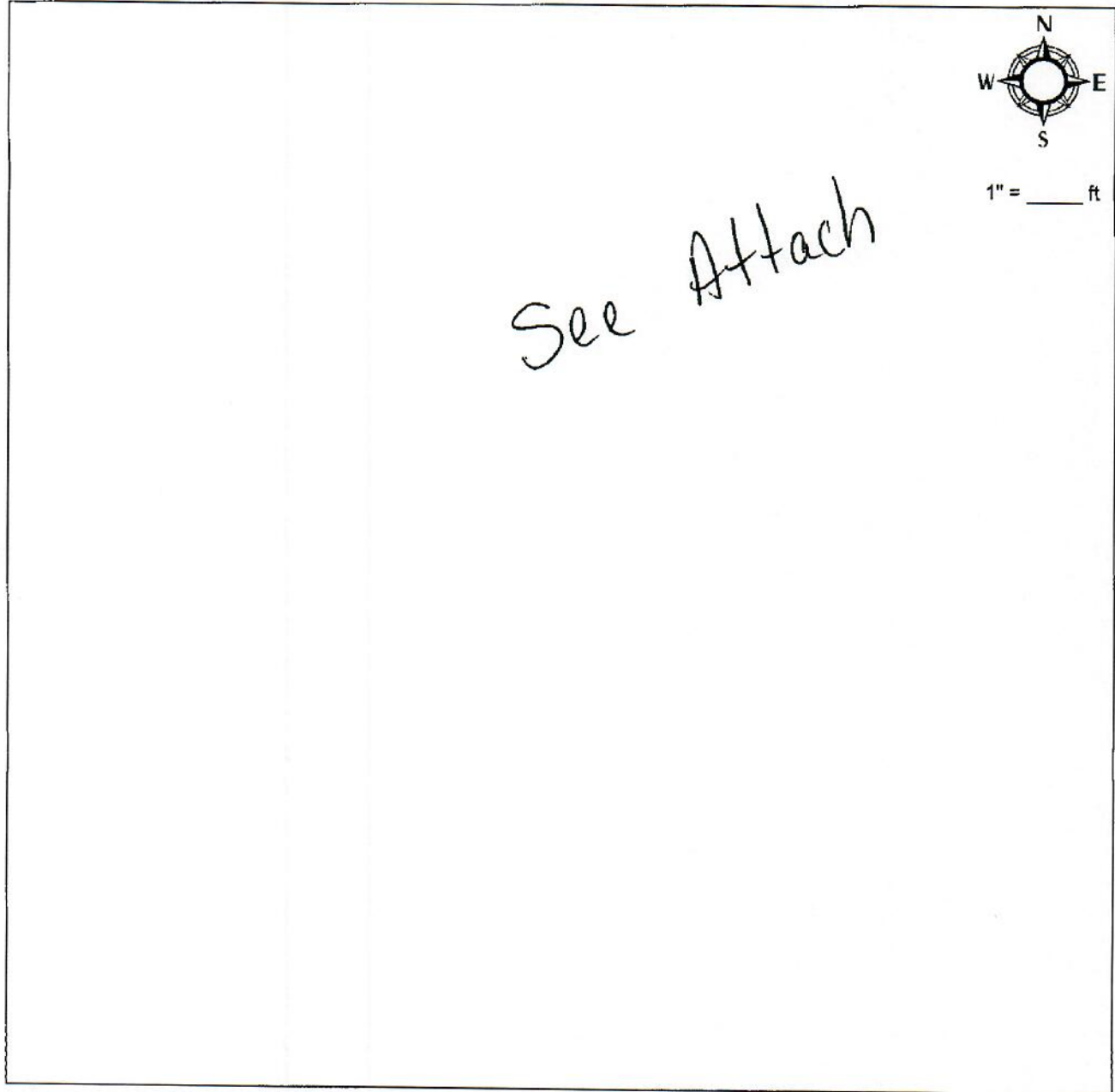
Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55- 220225

SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER	COUNTY	ASSESSOR'S PARCEL ID NUMBER				
WILLIAM D. CLARDY	BOOK	202	MAP	69	PARCEL	010

- 2. 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.
- 3. Please indicate the distance between the well location and any septic tank system or sewer system.



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

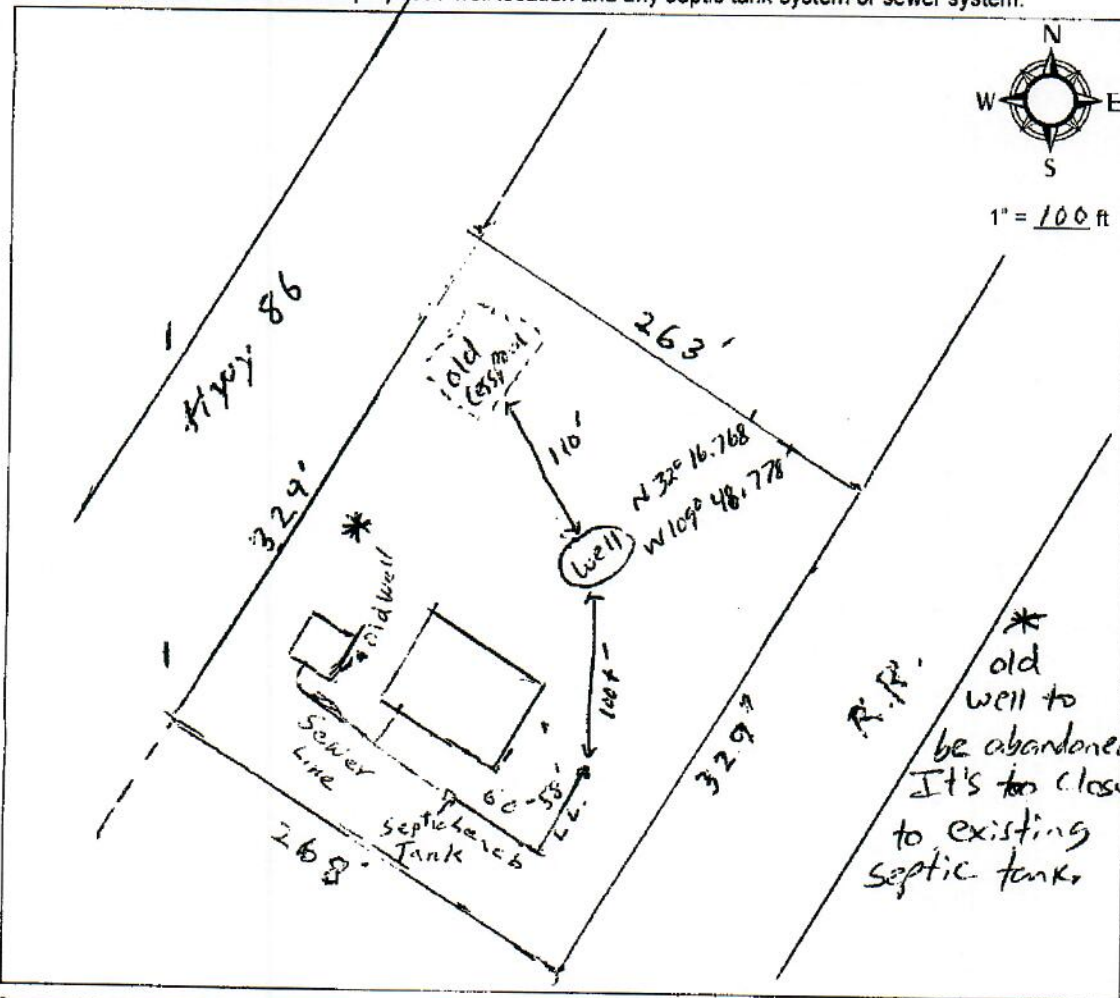
WELL REGISTRATION NUMBER
55 - 2222

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

*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE	COUNTY APPROVAL CODE
<i>If applicant is filing this NOI electronically via the ADWR website and County approval is required, please indicate approval by providing a County Approval Code.</i>	

WELL SITE PLAN		
NAME OF WELL OWNER <i>William D. Clardy</i>	COUNTY ASSESSOR'S PARCEL ID NUMBER	
	BOOK <i>202</i>	MAP <i>69</i>
		PARCEL <i>202-69-010</i>

- ❖ 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 <i>Danny Nikitz / Cochise Co.</i>	Official County or Local Seal or Stamp
COUNTY OR LOCAL AUTHORITY SIGNATURE <i>Danny Nikitz</i>	
TELEPHONE NUMBER <i>520-586-8207</i>	DATE <i>10-27-10</i>

APPROVED

ARIZONA DEPARTMENT OF WATER RESOURCES

3550 N. Central Avenue, Phoenix, Arizona 85012

Telephone (602) 771-8500

Fax (602) 771-8691

November 09, 2010



Janice K. Brewer
Governor

Herbert R. Guenther
Director

WILLIAM D. CLARDY
2002 N. HASKELL
WILLCOX, AZ 85643

Registration No. 55-220225

File No. D(13-25) 29 ABD

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.

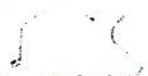
Well drilling activities must be completed within one year after the date the NOI was filed with the Department. If drilling is not completed within one year, you must file a new NOI before proceeding with further drilling. If in the course of drilling the well, it is determined that the well cannot 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,


Tana Zachreson
NOI Unit
Water Management Support Section

Enclosures



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

**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: 55-220225

AUTHORIZED DRILLER: MCBEE DRILLING COMPANY, INC.

LICENSE NO: 761

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

WELL OWNER: WILLIAM D. CLARDY 2002 N. HASKELL WILLCOX, AZ 85643

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

SE 1/4 OF THE NW 1/4 OF THE NE 1/4 SECTION 29 TOWNSHIP 13 SOUTH RANGE 25 EAST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 202-69-010

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 8TH DAY OF NOVEMBER, 2011

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.



Run Date: 11/09/2010

AZ DEPARTMENT OF WATER RESOURCES
WELL REGISTRY REPORT - WELLS55

Location D 13.0 25.0 29 A B D Well Reg.No 55 - 220225 AMA NOT WITHIN ANY AMA OR INA

Registered Name WILLIAM D. CLARDY
2002 N. HASKELL

File Type NEW WELLS (INTENTS OR APPLICATIONS)
Application/Issue Date 11/09/2010

WILLCOX AZ 85643

Owner OWNER
Driller No. 761
Driller Name MCBEE DRILLING COMPANY, INC.
Driller Phone 520-384-4570
County COCHISE
Parcel No. 202-69-010
Intended Capacity GPM 30.00

Well Type EXEMPT
SubBasin WILLCOX
Watershed WILLCOX PLAYA
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

Places Of Use

D 13 0 25 0 29 A B D

Current Action

11/10/2010 555 DRILLER & OWNER PACKETS MAILED
Action Comment: tz

Action History

11/9/2010 550 DRILLING AUTHORITY ISSUED
Action Comment: tz
11/3/2010 150 NOI RECEIVED FOR A NEW PRODUCTION WELL
Action Comment: tz
10/27/2010 210 COUNTY HEALTH AUTHORITY ENDORSED
Action Comment: tz



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
RECEIVED	DATE	WS
11/3/10	12	
ISSUED	DATE	WQARF CERCLA
11/9/10		

FILE NUMBER
D/13-25/29ABD
WELL REGISTRATION NUMBER
55-220225

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

COUNTY OR LOCAL AUTHORITY NAME AND TITLE
 Dany Nikitas/ Cochise Co.

TELEPHONE NUMBER: 520-586-8207 DATE: 10-27-10

Official County or Local Seal or Stamp

APPROVED

COUNTY OR LOCAL AUTHORITY SIGNATURE
 [Signature]

SECTION 2. REGISTRY INFORMATION

Well Type

CHECK ONE

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: 30 Gallons Per Minute

Proposed Action

CHECK ONE

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): 2002 N. Haskell

COUNTY WHERE WELL IS LOCATED: Cochise

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
13	25	29	NE 1/4	NW 1/4	SE 1/4

COUNTY ASSESSOR'S PARCEL ID NUMBER: BOOK 202, MAP 69, PARCEL 010, # OF ACRES 2

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 well 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: William D. Clardy

MAILING ADDRESS: 2002 N. Haskell

CITY / STATE / ZIP CODE: Willcox, Arizona 85643

CONTACT PERSON NAME AND TITLE: William D. Clardy Owner

TELEPHONE NUMBER: 520-384-4818 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: _____

RECEIVED
 NOV 09 2010
WATER MGMT

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- 22025

SECTION 5. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
Drilling Firm		Principal Use of Water	Other Uses of Water
NAME McBee Drilling Company Inc		CHECK ONE	CHECK ALL THAT APPLY
DWR LICENSE NUMBER 761	ROO LICENSE CATEGORY K53	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
TELEPHONE NUMBER 526384-4570	FAX	<input type="checkbox"/> Utility	<input type="checkbox"/> Utility
MAILING ADDRESS P O Box 1193		<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
CITY / STATE / ZIP CODE Willcox AZ 85644-1153		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
DATE CONSTRUCTION IS SCHEDULED TO BEGIN ASAP		<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)			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
0	20	12 3/4	0	20	8	X*									Cement
20	120	8	20	120	6	X				X					
120	150	8	120	150	6	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
William D. Clardy

SIGNATURE OF WELL OWNER
William D. Clardy

DATE
10-26-10

SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)

DATE

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

WELL REGISTRATION NUMBER
55 - 726725

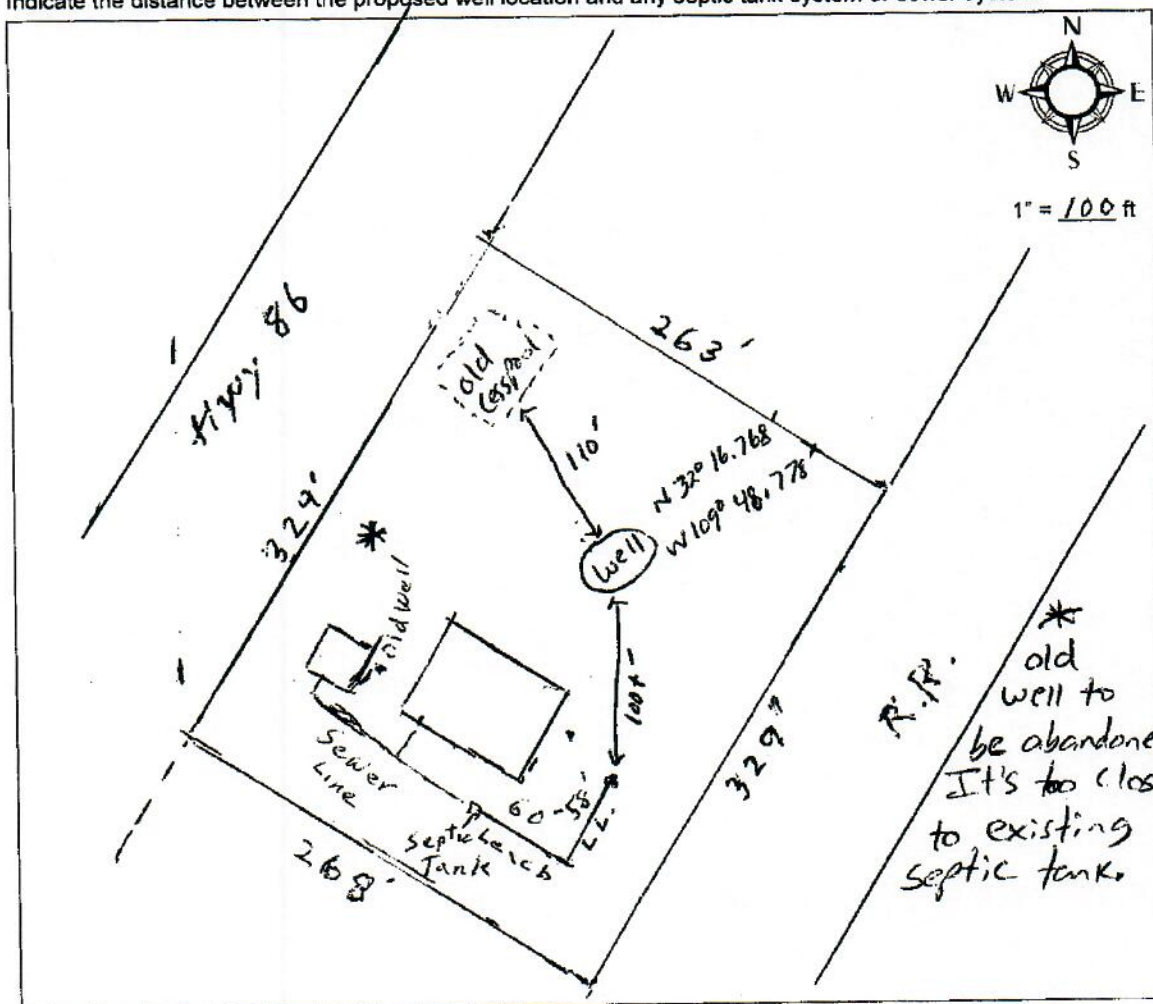
CHECK ONE: FILING MANUALLY
 FILING ELECTRONICALLY* *DRILLER'S E-MAIL ADDRESS:

***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: William D. Clardy
COUNTY ASSESSOR'S PARCEL ID NUMBER
BOOK 202 MAP 69 PARCEL 202-69-010

- ❖ 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
Danny Nikites / Cochise Co.
COUNTY OR LOCAL AUTHORITY SIGNATURE
[Signature]
TELEPHONE NUMBER: 520-586-8207 DATE: 10-27-10

Official County or Local Seal or Stamp
 **APPROVED**

Printed: 11/3/2010 4:31:00 PM

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

WILLIAM D. CLARDY
2002 N HASKELL
WILLCOX, AZ 85643

Receipt #: 11-14883
Office: GW Permitting
Receipt Date: 11/3/2010
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	55-220225	1	100.00	100.00
RECEIPT TOTAL:							100.00

Payment type: CHECK

Amount Paid: \$100.00

Payment Received Date: 11/3/2010

Notes:

Check # 1017

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Cochise County Recorder's Office

Document Details

Next	Reception#	1997-09358	Instrument Date	
Previous	Book		Document Type	WARRANTY DEED
	Page		Page Count	0
	Reception Date	04-15-1997	View Image	Image Not Available
	Reception Time	03:00 PM		

Introduction

Description

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Grantor
RULE, DONALD R

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Grantee
CLARDY, WILLIAM D

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	Reception Date	09-15-1992	View Image	Image Not Available																					
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Introduction	Description	SEC 29 TOWN 13 RANGE 25																							
Open	Grantor	NORRIS, GLORIA L																							
Search		NORRIS, JIMMY L																							
Results	Grantee	RULE, DONALD R																							
Help	Related Documents	<table border="1"> <thead> <tr> <th>RECEPTION#</th> <th>DOCUMENT TYPE</th> <th>RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>LOT BLOCK SUBDIVISION</u></td> </tr> <tr> <td colspan="3"><u>SECTION TOWNSHIP RANGE</u></td> </tr> <tr> <td>29</td> <td>13S</td> <td>25E</td> </tr> <tr> <td colspan="3"><u>PARCEL</u></td> </tr> <tr> <td colspan="3">20269010</td> </tr> <tr> <td colspan="3"><u>STREET CITY</u></td> </tr> </tbody> </table>			RECEPTION#	DOCUMENT TYPE	RELATIONSHIP	<u>LOT BLOCK SUBDIVISION</u>			<u>SECTION TOWNSHIP RANGE</u>			29	13S	25E	<u>PARCEL</u>			20269010			<u>STREET CITY</u>		
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Grantor HATCH, ORLAND R
HATCH, VIDA L

Grantee NORRIS, GLORIA L
NORRIS, JIMMY L

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