



ARIZONA DEPARTMENT OF WATER RESOURCES
 Information Management Unit
 P.O. Box 458, Phoenix, Arizona 85001-0458
 (602) 771-8527 * (800) 352-8488
 www.water.az.gov

**Well Driller Report
 and
 Well Log**

RECEIVED

SEP 5 2005

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

**** PLEASE PRINT CLEARLY ****

FILE NUMBER
B(23-17) 25 BAC

WELL REGISTRATION NUMBER
55-212608

PERMIT NUMBER (IF ISSUED)

SECTION 1. DRILLING AUTHORIZATION

Drilling Firm

INFORMATION MANAGEMENT

Mail To:

NAME: **BROWN DRILLING, INC** DWR LICENSE NUMBER: **400**
 ADDRESS: **3595 EAST GORDON DRIVE** TELEPHONE NUMBER: **928-757-1920**
 CITY/STATE/ZIP: **KINGMAN, AZ 86401-3411** FAX:

SECTION 2. REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL
ROBERT OR SAUNDRA MARAGNO

MAILING ADDRESS
1628 VISTA DR
 CITY / STATE / ZIP

MOHAVE VALLEY, AZ 86440

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER
928-788-2789

FAX

WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)
"Yahoo"

Est GPM is: 10

Location of Well

WELL LOCATION ADDRESS (IF ANY)
Stockton Hill # Wilkes Ranch

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
23 N	17 W	25	NW 1/4	NE 1/4	SW 1/4
LATITUDE			LONGITUDE		
35°	21	24.8"	114°	3	2.6"
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

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

LAND SURFACE ELEVATION AT WELL
3843 Feet Above Sea Level

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

*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)

NAD-83 Other (please specify):

COUNTY	ASSESSOR'S PARCEL ID NUMBER		
Mohave	BOOK	MAP	PARCEL
	332	15	004

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) Condition of Well CHECK ONE <input checked="" type="checkbox"/> Capped <input type="checkbox"/> Pump Installed	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) Construction Dates DATE WELL CONSTRUCTION STARTED 8-4-06 DATE WELL CONSTRUCTION COMPLETED 8-7-06

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
Brown Drilling, Inc

SIGNATURE OF QUALIFYING PARTY

[Signature]

DATE

8-18-06

Well Driller Report and Well Log

WELL REGISTRATION NUMBER
55- 212608

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

DEPTH OF BORING 370' Feet Below Land Surface	DEPTH OF COMPLETED WELL 370' Feet Below Land Surface
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Water Level Information

STATIC WATER LEVEL 285' Feet Below Land Surface	DATE MEASURED 8-7-06	TIME MEASURED	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	10	1	20	7	X				X						
20	370	6.5	0	310	5		X			X						
			310	370	5		X					X				1/8 x 6

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			
0	20		X								

**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: 55-212608

AUTHORIZED DRILLER: BROWN DRILLING, INC

LICENSE NO: 400

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

WELL OWNER: ROBERT OR SAUNDRA MARAGNO 1628 VISTA DR MOHAVE VALLEY, AZ 86440

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

SW ¼ OF THE NE ¼ OF THE NW ¼ SECTION 25 TOWNSHIP 23 NORTH RANGE 17 WEST

NO. OF WELLS IN THIS PROJECT: 1

ASSESSOR PARCEL NO: 332-15-004

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE 8TH DAY OF JUNE, 2007

WATER MANAGEMENT SUPPORT

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



ARIZONA DEPARTMENT OF WATER RESOURCES

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



Janet Napolitano
Governor

Herbert R. Guenther
Director

ROBERT OR SAUNDRA MARAGNO
1628 VISTA DR
MOHAVE VALLEY, AZ 86440

Registration No. 55-212608
File No. B(23-17) 25 BAC

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.

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,

A handwritten signature in black ink, appearing to read "Danita Haywood".

Danita Haywood
NOI Unit
Water Management Support Section

Enclosures



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 417-2470 • (800) 352-8488
 (602) 417-2422 fax www.water.az.gov

*Stockton Hill
 Before Reducing
 Canyon*

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

\$150 or
 \$100 FEE

(except a Non-Exempt Well in an Active Management Area)

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ You must include with your Notice:
- Check or money order in the amount of the appropriate filing fee. For a well located within an AMA or INA, the fee is \$150.00. For a well not located within an AMA or INA, the fee is \$100.00 if the well will be used solely for domestic purposes (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	40	SB
RECEIVED	DATE	WS	02
ISSUED	DATE	WOARF	CERCLA
10-9-06			

FILE NUMBER
13(23-17)25BAC
 WELL REGISTRATION NUMBER
55-212608

** 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

Official County or Local Seal or Stamp

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

TELEPHONE NUMBER

DATE

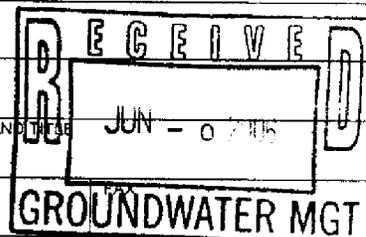
COUNTY OR LOCAL AUTHORITY SIGNATURE

SECTION 2. REGISTRY INFORMATION

Well Type CHECK ONE <input 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.)	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	Location of Well WELL LOCATION ADDRESS (IF ANY) <i>Stockton Hill & W. Kes Ranch</i> TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <i>23N 12W 25 NW 1/4 NE 1/4 SW 1/4</i> COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL # OF ACRES <i>332 15 004 36.4</i> PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <i>1/4 1/4 1/4</i>
DESIGN PUMP CAPACITY 5-10 Gallons Per Minute	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	COUNTY WHERE WELL IS LOCATED <i>Mohave</i>

SECTION 3. OWNER INFORMATION

Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <i>Robert or Sandra Moraglio</i>	Landowner (if different from Well Owner) FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS <i>1628 Vista Dr.</i>	MAILING ADDRESS
CITY / STATE / ZIP CODE <i>Mohave Valley Az. 86440</i>	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER <i>928-788-2789</i> <i>458-9609</i>	TELEPHONE NUMBER



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?		X	PLEASE STATE
3. 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

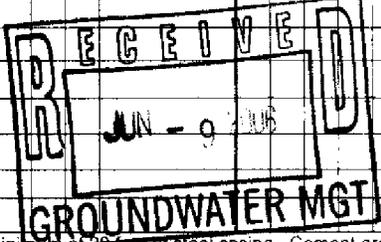
WELL REGISTRATION NUMBER
55-212608

SECTION 5. DRILLING AUTHORIZATION SECTION 6. WATER / SITE INFORMATION

Drilling Firm		Principal Use of Water		Other Uses of Water	
NAME Brown Drilling, Inc.		CHECK ONE		CHECK ALL THAT APPLY	
DWR LICENSE NUMBER 400	ROC LICENSE CATEGORY K-53	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Utility
TELEPHONE NUMBER 928-757-1920	FAX 928-681-4549	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Domestic
MAILING ADDRESS 3595 E. Gordon Dr.		<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Industrial
CITY / STATE / ZIP CODE Kingman, AZ 86409		<input type="checkbox"/> Mining	<input type="checkbox"/> Stock	<input type="checkbox"/> Mining	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering	<input type="checkbox"/> Recharge	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Other (please specify):	

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed) DATE CONSTRUCTION IS TO BEGIN
July 06

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	10	0	20	7.0	X*											
20	100' to 1000'	6.5	20	100' to 1,000'	5.0	X								X			Cement



* ADWR well construction standards require a surface seal consisting of a minimum of 20 feet of steel casing. Cement grout must be used to fill the annular space between the surface casing and the borehole. (A.A.C. R12-15-811(B))

The Department's issuance of an authorization to drill a well is not a determination of whether water withdrawn from the well is legally surface water or groundwater. The legal nature of the water withdrawn from the well may be the subject of court action in the future as part of a determination of surface water rights in your area. If there are court proceedings that could affect your well, you will be notified and be given the opportunity to participate. If you have questions regarding the legal nature of the water to be withdrawn from your proposed well, please consult with an experienced civil engineer, hydrologist or water rights attorney.

For the purposes of determining appropriate fees outside AMAs or INAs, "domestic purposes" is defined as "uses related to the supply, service and activities of households and private residences and includes the application of water to less than 2 acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry, as such terms are defined in A.R.S. § 3-1201."

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

SIGNATURE OF WELL OWNER <i>Robert A. Marand</i>	DATE 6/5/06
SIGNATURE OF LANDOWNER IF APPLICABLE (SEE INSTRUCTIONS) <i>Robert A. Marand</i>	DATE 6/5/06



Arizona Department of Water Resources
 Water Management Support Section
 P.O. Box 458 • Phoenix, Arizona 85001-0458
 (602) 417-2470 • (800) 352-8488
 (602) 417-2422 fax www.water.az.gov

*Stockton Hill
 Before Redwing
 Canyon*

**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

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- Authority for fee: A.R.S. § 45-596.

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

FILE NUMBER

WELL REGISTRATION NUMBER

55-212608

**** 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

Official County or Local Seal or Stamp

ROBERT MARAGNO / SAUNDRA MARAGNO
 1628 VISTA DR
 MOHAVE VALLEY, AZ 86440

7650

Date 4/1/06

16-66/1220
 189

RITY SIGNATURE

Pay to the Order of ADWR \$ 100

One Hundred Dollars

Bank of America

Lake Arrowhead
 28200 State Hwy 189
 Lake Arrowhead CA
 909.337.5302

For well permit

Customer Since 1978

W. Kes Ranch

N	160 ACRE	40 ACRE	10 ACRE
	NW 1/4	NE 1/4	SW 1/4
NUMBER	PARCEL	# OF ACRES	
	<u>004</u>	<u>36.4</u>	
PERCENT FROM LOCATION OF WELL			
N	160 ACRE	40 ACRE	10 ACRE
	1/4	1/4	1/4

DESIGN PUMP CAPACITY <u>5-10</u> Gallons Per Minute	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	COUNTY WHERE WELL IS LOCATED <u>Mohave</u>
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SECTION 3. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <u>Robert or Sandra Maragno</u>	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS <u>1628 Vista Dr.</u>	MAILING ADDRESS
CITY / STATE / ZIP CODE <u>Mohave Valley Az. 86440</u>	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER <u>928-788-2189</u> <u>458-9609</u>	TELEPHONE NUMBER

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 require a Water Mgt. Plan (R12-15-818).
2. Is there another well name or identification number associated with this well?		X	PLEASE STATE
3. 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.

