



Arizona Department of Water Resources
Records Management Section
500 N. 3rd Street ♦ Phoenix, Arizona 85004
(602) 417-2405 ♦ (800) 352-8488
www.water.az.gov

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JUN 17 2009

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.

WATER MGMT

FILE NUMBER
B(18-2)21 BAD
WELL REGISTRATION NUMBER
55 - 903742

** PLEASE PRINT CLEARLY **

SECTION 1. REGISTRY INFORMATION

Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Nemmer, Regis & TERRI	Location of Well WELL LOCATION ADDRESS (IF ANY) 610 W. VALLERIAN RD, PAULDEN, AZ 86334
MAILING ADDRESS 1230 E. Wanhalla Ln.	TOWNSHIP (N/S) 18N
CITY / STATE / ZIP CODE Phoenix, AZ, 85024	RANGE (E/W) 2W
CONTACT PERSON NAME AND TITLE REGIS NEMMER - OWNER	SECTION 21
TELEPHONE NUMBER 623-582-2327	160 ACRE SE 1/4
FAX	40 ACRE NE 1/4
	10 ACRE NW 1/4
	COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) BOOK 304 MAP 8 PARCEL 224
	COUNTY WHERE WELL IS LOCATED YAVAPAI

SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED 2/17/09	Power Type CHECK ONE <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas
Pump Type CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (please specify):
RATED PUMP CAPACITY 10 Gallons Per Minute	HORSE POWER RATING OF MOTOR 1.5

DLT

SECTION 3. WELL TEST

Pump Test Data DATE WELL TESTED STATIC WATER LEVEL (A) 326 Feet Below Land Surface PUMPING WATER LEVEL (B) 380 Feet Below Land Surface DRAWDOWN [(B) - (A)] 54 Feet Below Land Surface TEST PUMPING RATE Gallons Per Minute DURATION OF PUMP TEST (Minimum 4 Hours) Hours TOTAL PUMPING LIFT 326 Feet FOR FLOWING WELL MEASURED SHUT IN HEAD N/A	Method of Discharge Measurement CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket - Barrel - Stopwatch <input type="checkbox"/> Current <input checked="" 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):	Method of Measuring Water Level CHECK ONE <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line (Sonder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (please specify):
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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

Regis K. Nemmer

DATE

5/8/09



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

DSK Request to Change Well Information

- ❖ Review instructions prior to completing form in black or blue ink.
 - ❖ You must include with your Notice:
 - check or money order for any required fee(s)
 - ❖ Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-113(B)
- ** PLEASE PRINT CLEARLY **

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JUN 12 2009

FILE NUMBER
A(1-8)15BBA

WELL REGISTRATION NUMBER
55 - 517705

SECTION 1. REGISTRY INFORMATION

WATER MGMT

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S) 1	RANGE (E/W) 8	SECTION 15	160 ACRE NW ¼	40 ACRE NW ¼	10 ACRE NE ¼
CITY / STATE / ZIP CODE		LATITUDE			LONGITUDE		
CONTACT PERSON NAME AND TITLE		Degrees Minutes Seconds "N			Degrees Minutes Seconds "W		
TELEPHONE NUMBER		FAX		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Hand-Held *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):			
				COUNTY ASSESSOR'S PARCEL ID NUMBER	COUNTY WHERE WELL IS LOCATED		
				BOOK	MAP	PARCEL	Pinal

Type of Request (CHECK ONE)

- ☐ Change of Well Drilling Contractor (Fill out Section 2) ☒ Change of Well Ownership (Fill out Section 3) ☐ Change of Well Information (location, use, etc.) (Fill out Section 4)

SECTION 2. REQUEST TO CHANGE WELL DRILLING CONTRACTOR (\$10 Fee Required)

\$10 FEE

- ♦ If drilling or abandoning a well, the Department must receive this request and issue authorization to the new drilling firm prior to the commencement of well drilling or abandonment.

Current Well Drilling Contractor		New Well Drilling Contractor	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
DWR LICENSE NUMBER		DWR LICENSE NUMBER	ROC LICENSE CATEGORY
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3. STATEMENT OF CHANGE OF WELL OWNERSHIP (\$10 Fee Required)

\$10 FEE

- ♦ If this change pertains to more than one well and the names are the same, only one \$10 fee is required.

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL MYRA A. POLESKY		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL SUSAN E. STORR	
MAILING ADDRESS 5232 Concho Ocho Road		MAILING ADDRESS 3484 North Barkley Road	
CITY / STATE / ZIP CODE Snowflake, AZ 85937		CITY / STATE / ZIP CODE Apache Junction, Az 85219	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 4. CHANGE OF WELL INFORMATION (No Fee Required)

NO FEE

NOTE: Applies only to wells that have already been drilled. For proposed wells, an amended Notice of Intent to Drill a Well must be filed.

EXPLAIN

DLT

SECTION 5. OPTIONAL BY PROPERTY OWNER AND WELL OWNER ONLY

- ☐ By checking this box, I hereby provide ADWR permission to enter the property for the purpose of taking water level measurements at this well. (See instructions.)

SECTION 6. WELL OWNER SIGNATURE

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

SUSAN STORR

SIGNATURE OF WELL OWNER

Susan Storr

DATE

6-5-09



First American

517705

First American Title Insurance Agency, Inc.
6877 South Kings Ranch Road, Suite 5
Gold Canyon, AZ 85219
Phn - (480)288-0883
Fax - 1-(866)841-8917

Arizona Department of Water Resources Water Management
Support Section
Attn:
P.O. Box 33589
Phoenix, AZ 85067-3589

June 11, 2009

Escrow No.: 240-5192065 (lkh)

US Mail

Re: Seller: Myra A. Polesky
Buyer: The Susan E. Storr Trust
Property: 1900 East Windsong Street,
Apache Junction, Arizona 85219

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We enclose the items listed below in connection with the above referenced transaction. *If checks are included in this package, please negotiate as soon as possible.*

Well Transfer form and fee

We would like to thank you for the opportunity of working with you in this transaction. We are committed to providing quality service to you and your customers.

Linda Hoel
Escrow Officer
lhoel@firstam.com

lkh/lkh

Printed: 6/12/2009 11:04:44 AM

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

FIRST AMERICAN TITLE
INSURANCE AGENCY, INC.
6877 SOUTH KINGS RANCH ROAD,
SUITE 5
GOLD CANYON, AZ 85219

Receipt #: 09-6417
Office: MAIN OFFICE
Receipt Date: 6/12/2009
Sale Type: Mail
Cashier: WRCMM

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
91	15238	4439-12	CHANGE OF WELL OWNERSHIP	55-517705	1	10.00	10.00
RECEIPT TOTAL:							10.00

Payment type: CHECK

Amount Paid: \$10.00

Notes:

Check # 2895745

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WATER MGMT

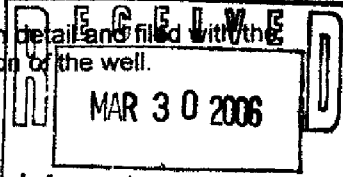


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Well Driller Report and Well Log

- ❖ Review instructions prior to completing form
- ❖ 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(18-2)21 BAD
 WELL REGISTRATION NUMBER
65 - 903742
 PERMIT NUMBER (IF ISSUED)

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well				
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Nemmer, Regis		WELL LOCATION ADDRESS (IF ANY) Valeri Ann				
MAILING ADDRESS 1230 E. Wahalla Ln.		TOWNSHIP (N/S) 18N	RANGE (E/W) 2W	SECTION 21	160 ACRE SE ¼	40 AC 10 / NE NV
CITY / STATE / ZIP CODE Phoenix, AZ, 85024		LATITUDE		"N	LONGITUDE	
CONTACT PERSON NAME AND TITLE		LAND SURFACE ELEVATION AT WELL Feet At				
TELEPHONE NUMBER 623 582-2327	FAX	METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> GPS				
		COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 304 MAP 8 PARC 224				
		COUNTY WHERE WELL IS LOCATED Yavapai				

ANSWERED MAR 31 2006

SECTION 2. DRILLING AUTHORIZATION

Drilling Firm	
NAME DRILL-TECH, INC.	
DWR LICENSE NUMBER 239	
TELEPHONE NUMBER 928-636-8006	FAX

SECTION 3. WELL CONSTRUCTION DETAILS

DATE WELL CONSTRUCTION STARTED 2/17/06	DATE WELL CONSTRUCTION COMPLETED 2/22/06	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other:
Drill Method 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	Method of Well Development CHECK ONE <input checked="" type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify): Water Level Information STATIC WATER LEVEL 330' Date Measured 2/22/06	Method of Sealing at Reduction Point CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify):

WELL REGISTRATION NUMBER
55 - 903742

[illegible][illegible]

<https://www.water.az.gov/noi/html/55-55WellDrillerReport.asp?InputWellID=903742&nri...> 12/1/2005

Well Driller Report and Well Log

WELL REGISTRATION NUMBER 55 - 903742

SECTION 6. WELL SITE PLAN

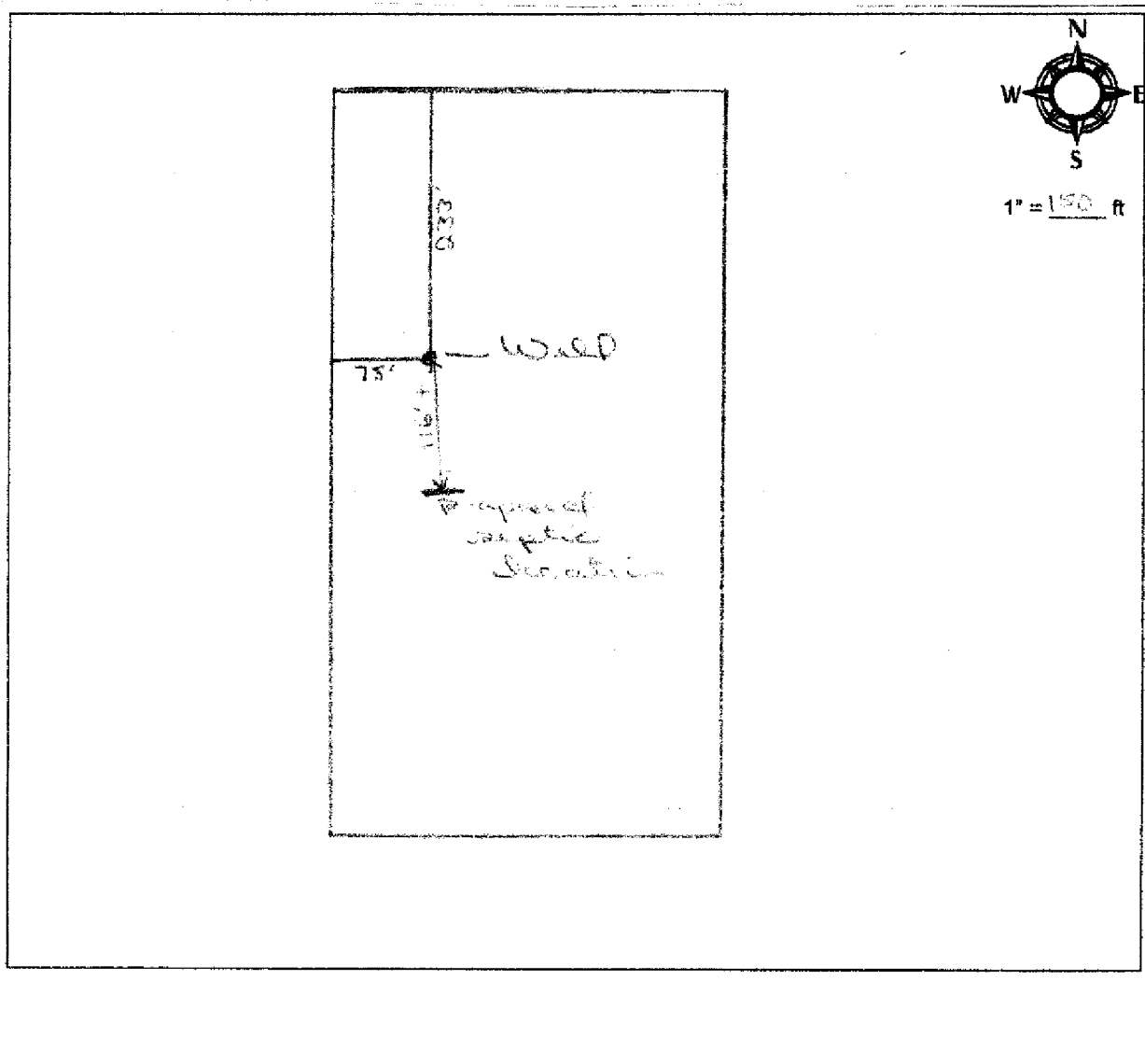
NAME OF WELL OWNER

Nemmer, Regis

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK
304MAP
8PARCEL
224

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



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

DRILLING FIRM

DRILL-TECH, INC.

SIGNATURE OF QUALIFYING PARTY

DATE




WELL REGISTRATION NUMBER
55 - 903742

[illegible]

Well Design

Applicant's Name: Regis Nemmer

Well No. 55-903742

