



Request to Change Well Information

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JAN 18 2018

ADWR

- ❖ 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.R.S. § 45-113 and A.A.C. R12-15-104
- ** PLEASE PRINT CLEARLY **

FILE NUMBER

WELL REGISTRATION NUMBER

55-502162

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Matthew D. Roxburgh		WELL LOCATION ADDRESS (IF ANY) / OR CROSS STREETS 47219 N. 9th Ave Phx 85087					
MAILING ADDRESS 8912 E Pinnacle Peak Rd		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP CODE Scottsdale AZ 85255		7N	3E	31	NE 1/4	NE 1/4	NE 1/4
CONTACT PERSON NAME AND TITLE Matt		LATITUDE		LONGITUDE			
TELEPHONE NUMBER 480-695-7340		Degrees Minutes Seconds		Degrees Minutes Seconds			
FAX		METHOD OF LATITUDE/LONGITUDE (CHECK ONE)					
		<input type="checkbox"/> Google Earth <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> *GPS: Survey-Grade <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	T		
		202	16	003N	Maricopa		

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

FEE \$120 per Well

❖ 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

FEE \$30 per Well

Previous Well Owner		New Well Owner	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Matthew D. Roxburgh		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL Juan Venzor	
MAILING ADDRESS 8912 E. Pinnacle Peak Rd		MAILING ADDRESS Zala W. Keim dr	
CITY / STATE / ZIP CODE Scottsdale AZ. 85255		CITY / STATE / ZIP CODE Phoenix AZ 85017	
CONTACT PERSON NAME AND TITLE Matt		CONTACT PERSON NAME AND TITLE Monique Minor	
TELEPHONE NUMBER 480-695-7340	FAX	TELEPHONE NUMBER 623-516-0727	FAX 623-516-0728

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

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

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 Juan Venzor	SIGNATURE OF WELL OWNER 	DATE
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