

<b>Arizona State Land Department</b> 1616 West Adams Phoenix, Arizona 85007 (602)542-2687  <b>Filing Fee: \$500.00 (nonrefundable) N(34)</b>	<b>DEPARTMENTAL USE ONLY</b>	
	Examiner: _____ Rolodex # _____	
	<b>Recommendation / Initial</b>	<b>Date</b>
Approved	_____	_____
Denied	_____	_____
Rejected	_____	_____
Withdrawn	_____	_____

**APPLICATION TO OBTAIN GEOTHERMAL RESOURCES**  
**APPLICATION # \_\_\_\_\_**

**I. APPLICANT**

Principal \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Is this application being filed in conjunction with any other application(s)? Yes  No

Is this application being filed to assist another applicant in procuring a lease or permit? Yes  No

**II. APPLICATION**

**Date/Time Stamp**

<u>Application Type</u>	<u>KE</u>
<input type="checkbox"/> Geothermal	(10)

**III. LOCATION & ACCESS**

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Acres \_\_\_\_\_ County \_\_\_\_\_

Legal Description \_\_\_\_\_

Access \_\_\_\_\_

Is access across other state lands required? Yes  No

Nearest city \_\_\_\_\_ Distance from city \_\_\_\_\_ miles

A **USGS Topographic Map** showing **location boundaries** of and **access** to the exact area under this application *must* be included.

**IV. OPERATIONS**

1. Commodities: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

2. Estimated Annual Production \_\_\_\_\_ tons , cyds , lbs , oz , other \_\_\_\_\_

3. Prior Mining/Production? Yes , No , By \_\_\_\_\_

4. Surface Disturbance: Prior \_\_\_\_\_ acres, New proposed \_\_\_\_\_ acres (*outline on topo map*)
5. Deposit Type: Lode , Placer , Other \_\_\_\_\_
6. Mine Type: Open Pit , Underground , Quarry , Other \_\_\_\_\_
7. Intended Use of product \_\_\_\_\_
8. Water: Est. annual use \_\_\_\_\_ Gal , Acre-Ft , Source \_\_\_\_\_ Owner \_\_\_\_\_
9. Water discharge off site? Yes , No  (*if yes, show location on topo map*)

**SUMMARY PLAN OF OPERATIONS:** *Briefly describe proposed operations: (A detailed Plan of Operations will be required prior to issuance.)*

  
  
  
  
  
  
  
  
  
  

**V. GENERAL INFORMATION**

1. Surrounding Land Use: Grazing/Ranching , Urban/Residential , Commercial   
Agriculture , Mining , Other \_\_\_\_\_
2. List Native Plants: \_\_\_\_\_
3. Site Conditions (trash, dumps, spills, etc.) \_\_\_\_\_
4. List all mine workings, mineral occurrences, oil/gas wells, water sources, riparian areas, crops, utilities, residences and other improvements. (*Show on topo map*)

**VI. CERTIFICATION:** Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you **must complete the following information pertinent to you and sign the certification.** *NOTE: Applicant must complete Item #1. NOTE: If you are acting Attorney in Fact for the applicant, submit a copy of your Power of Attorney and an additional \$50.00 fee.*

1. Is this application made in the name of: (*Applicant must check one*)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Individual(s)   | <input type="checkbox"/> Husband & Wife | <input type="checkbox"/> Corporation           | <input type="checkbox"/> Partnership      |
| <input type="checkbox"/> Ltd Partnership | <input type="checkbox"/> Estate         | <input type="checkbox"/> Trust                 | <input type="checkbox"/> Ltd Liability Co |
| <input type="checkbox"/> Joint Venture   | <input type="checkbox"/> Municipality   | <input type="checkbox"/> Political Subdivision | <input type="checkbox"/> Other (specify)  |

2. INDIVIDUAL(S) OR HUSBAND & WIFE: (*Complete the following for each applicant:*)

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION:

- (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes  No
- (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes  No
- (C) In what state are you incorporated? \_\_\_\_\_
- (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes  No

If no, state the Legal Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY:

(A) If an out-of-state limited liability company have you filed for a Certificate of Registration with the Arizona Corporation Commission?

Yes  No

(B) If an Arizona limited liability company have you filed Articles of Organization with the Arizona Corporation Commission?

Yes  No

(C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona?

Yes  No

5. PARTNERSHIP OR JOINT VENTURE: (Complete the following for each authorized partner or principal in the partnership or joint venture:)

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this Limited Partnership on file with the Arizona Secretary of State?

Yes  No

AUTHORIZED GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):

Name of the court-appointed administrator or personal representative \_\_\_\_\_

List the type and date of issuance of the court or Estate document

(Date issued) (Type of Document)

8. TRUST:

(A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded \_\_\_\_\_

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)

Name of Corporation, Partnership, Trust, etc. Date Signature of Applicant (Individual) Date

Signature Title Signature of Applicant (Individual) Date

**ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE**  
**These two pages are part of the application - DO NOT DETACH.**

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<b>WASTE TIRES</b> The collection of waste tires? If yes, explain: _____	
_____	_____	<b>LEAD ACID BATTERIES</b> The sale and disposal of lead acid batteries? If yes, explain: _____	
_____	_____	<b>DISCHARGE IMPACTING GROUNDWATER</b> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	
_____	_____	<b>PESTICIDES?</b> If yes, explain use: _____	
_____	_____	<b>DRY WELLS?</b> If yes, ADEQ Registration #(s): _____	
_____	_____	<b>POTABLE WATER (DRINKING WATER) SYSTEMS?</b> If yes, explain: _____	
_____	_____	<b>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</b> Wastewater collection and/or treatment? If yes, explain: _____	
_____	_____	<b>AIR CONTAMINANTS/AIR POLLUTION CONTROL</b> Air contaminant emissions? If yes, explain: _____	
_____	_____	<b>SOLID WASTE – GENERAL</b> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
_____	_____	<b>SOLID WASTE - MEDICAL WASTE</b> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
_____	_____	<b>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</b> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	
_____	_____	<b>USED OIL</b> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	
_____	_____	<b>RECYCLING ACTIVITIES?</b> If yes, explain: _____	
_____	_____	<b>SPECIAL WASTE</b> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	
_____	_____	<b>HAZARDOUS WASTE GENERATOR</b> Generating hazardous waste? If yes, explain: _____	
_____	_____	<b>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</b> If yes, explain: _____	

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>																		
_____	_____	<b>HAZARDOUS WASTE TRANSPORTATION?</b> If yes, explain: _____ _____																			
_____	_____	<b>UNDERGROUND STORAGE TANK (UST)?</b> If yes, explain: _____ _____																			
_____	_____	<b>ABOVEGROUND STORAGE TANK (AST)?</b> If yes, explain: _____ _____																			
_____	_____	<b>HAZARDOUS SUBSTANCES?</b> If yes, explain: _____ _____																			
_____	_____	<b>CURRENTLY UNCLASSIFIED WASTE</b> Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Polychlorinated biphenyls (PCBs)</td> <td><input type="checkbox"/> Oil and gas exploration drilling muds</td> <td><input type="checkbox"/> Petroleum contaminated soil</td> </tr> <tr> <td><input type="checkbox"/> Incinerator ash</td> <td><input type="checkbox"/> Categorical industrial pretreatment sludge</td> <td><input type="checkbox"/> Commercial/industrial septage</td> </tr> <tr> <td><input type="checkbox"/> Petroleum refining waste</td> <td><input type="checkbox"/> Radioactive waste</td> <td><input type="checkbox"/> Used Antifreeze</td> </tr> <tr> <td><input type="checkbox"/> Slag and refractory material</td> <td><input type="checkbox"/> Uranium ore tailings</td> <td><input type="checkbox"/> Contaminated process equipment</td> </tr> <tr> <td><input type="checkbox"/> Precious metals recycling</td> <td><input type="checkbox"/> Industrial catalysts</td> <td><input type="checkbox"/> Industrial Sludges</td> </tr> <tr> <td><input type="checkbox"/> Aluminum dross</td> <td><input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)</td> <td></td> </tr> </table>	<input type="checkbox"/> Polychlorinated biphenyls (PCBs)	<input type="checkbox"/> Oil and gas exploration drilling muds	<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge	<input type="checkbox"/> Commercial/industrial septage	<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste	<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings	<input type="checkbox"/> Contaminated process equipment	<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts	<input type="checkbox"/> Industrial Sludges	<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)		
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		If checked, explain waste generation process: _____ _____																			
_____	_____	<b>SUPERFUND SITES</b> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area? If yes, NP or WQARF area name: _____ _____																			
_____	_____	<b>LAND DISTURBANCE</b> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____ _____																			
_____	_____	<b>WATER WELLS</b> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s): _____ _____																			
_____	_____	<b>ADJACENT LAND USES</b> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____ _____																			
_____	_____	<b>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</b> To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location? If yes, explain: _____ _____																			
_____	_____	<b>PREVIOUS ENVIRONMENTAL IMPACT</b> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____ _____																			

**ADDITIONAL COMMENTS:**