

Arizona State Land Department 1616 West Adams Phoenix, Arizona 85007 (602)542-2687 Filing Fee: \$200.00 (nonrefundable) N(34)	DEPARTMENTAL USE ONLY	
	Examiner: _____ Rolodex # _____	
	Recommendation / Initial	Date
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Withdrawn	_____	_____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>
_____	_____	WASTE TIRES	The collection of waste tires? If yes, explain: _____
_____	_____	LEAD ACID BATTERIES	The sale and disposal of lead acid batteries? If yes, explain: _____
_____	_____	DISCHARGE IMPACTING GROUNDWATER	Generating a discharge that may potentially impact groundwater? If yes, explain: _____
_____	_____	PESTICIDES?	If yes, explain use: _____
_____	_____	DRY WELLS?	If yes, ADEQ Registration #(s): _____
_____	_____	POTABLE WATER (DRINKING WATER) SYSTEMS?	If yes, explain: _____
_____	_____	WASTEWATER COLLECTION AND TREATMENT SYSTEMS	Wastewater collection and/or treatment? If yes, explain: _____
_____	_____	AIR CONTAMINANTS/AIR POLLUTION CONTROL	Air contaminant emissions? If yes, explain: _____
_____	_____	SOLID WASTE – GENERAL	Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____
_____	_____	SOLID WASTE - MEDICAL WASTE	Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____
_____	_____	SOLID WASTE - SEWAGE SLUDGE/SEPTAGE	(Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____
_____	_____	USED OIL	Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____
_____	_____	RECYCLING ACTIVITIES?	If yes, explain: _____
_____	_____	SPECIAL WASTE	Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____
_____	_____	HAZARDOUS WASTE GENERATOR	Generating hazardous waste? If yes, explain: _____
_____	_____	HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?	If yes, explain: _____

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	HAZARDOUS WASTE TRANSPORTATION? If yes, explain: _____	
_____	_____	UNDERGROUND STORAGE TANK (UST)? If yes, explain: _____	
_____	_____	ABOVEGROUND STORAGE TANK (AST)? If yes, explain: _____	
_____	_____	HAZARDOUS SUBSTANCES? If yes, explain: _____	
_____	_____	CURRENTLY UNCLASSIFIED WASTE Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:	
		<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)	
		If checked, explain waste generation process: _____	
_____	_____	SUPERFUND SITES 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: _____	
_____	_____	LAND DISTURBANCE If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____	
_____	_____	WATER WELLS Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s): _____	
_____	_____	ADJACENT LAND USES To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____	
_____	_____	ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT 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: _____	
_____	_____	PREVIOUS ENVIRONMENTAL IMPACT To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____	

ADDITIONAL COMMENTS: