

**ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER PERMITTING AND WELLS
P. O. Box 36020, Phoenix, Arizona 85067-6020
1110 W. Washington St., Suite 310, Phoenix, Arizona 85007**

**APPLICATION TO SUBSTITUTE IRRIGABLE ACRES DUE TO LIMITING
CONDITION IN AN INA PURSUANT TO A.R.S. § 45-437.03
_____ IRRIGATION NON-EXPANSION AREA**

FOR DEPARTMENT USE ONLY

Original Notice of Authority
No. _____
New Notice of Authority
No. _____
New Notice of Authority
Issued On: _____

The initial fee for an Application to Substitute Irrigable Acres Due to Limiting Conditions in an Irrigation Non-Expansion Area is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the cost of reviewing your application exceed \$1,000, you will be invoiced for the difference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Groundwater Permitting and Wells Program at 602-771-8527). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related cost associated with the application and the actual cost of mailing or publishing any legal notice of the application or notice of a pre-decision administrative hearing on the application. Review-related cost are: (1) cost associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. Failure to enclose the initial application fee will cause the application to be returned. Fees for an Application to Substitute Irrigable Acre Due to Limiting Conditions in an Irrigation Non-Expansion Area are authorized by A.R.S. § 45-113 and A.A.C. R12-15-103.

1. _____
Owner of Land

Mailing Address	City	State	Zip
_____	_____	_____	_____
City	State	Zip	Telephone
_____	_____	_____	_____

2. Notice of Authority No. 60- _____

3. Number of acres to be retired: _____ How many of these acres are physically capable of being irrigated at this time? _____ Irrigation District affiliation (if any): _____ How many of these acres are eligible to receive CAP water? _____

4. Number of acres to be substituted: _____ How many of these acres are physically capable of being irrigated at this time? _____ Irrigation District affiliation (if any): _____ How many of these acres are eligible to receive CAP water? _____

5. If associated with a CAP District has permission to substitute been granted by the district? _____

6. Describe the location of the acres to be retired. (Attach map showing acres and any structures or roads located on the acres).

10ac	40ac	160ac	Section	Township	Range
_____	_____	_____	_____	_____	_____
10ac	40ac	160ac	Section	Township	Range
_____	_____	_____	_____	_____	_____

7. Describe the location of the acres you seek to substitute. (Attach map showing acres and any structures or roads located on the acres).

10ac	40ac	160ac	Section	Township	Range
_____	_____	_____	_____	_____	_____
10ac	40ac	160ac	Section	Township	Range
_____	_____	_____	_____	_____	_____

8. Are the substitute acres contiguous to the certified acres that will not be retired? _____ If not, what is the distance between them? _____

9. Do the substitute acres and the certified acres that will not be retired have similar soil conditions, crops and cropping patterns? _____
10. Describe the limiting condition associated with the acres to be retired. (A limiting condition is any condition that limits the achievement of more efficient irrigation on the acres, and may include irregularly shaped certified acres or poor quality soils _____

11. Please explain (please attach additional pages to this form if needed):
- (A) How the limiting conditions impede the implementation of more efficient irrigation practices:

- (B) How your request for substitution acres will substantially facilitate the implementation of more efficient irrigation practices: _____

I (We), _____ the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief, true, correct and complete.

Dated this _____ day of _____, 20 _____ .

IF APPLICANT IS AN INDIVIDUAL, SIGN HERE:

Signature of Owner or Authorized Agent Printed Name Date

Corporation/Company Name Title

Subscribed and sworn to before me this _____ day of _____, 20 _____ .

Notary Public

My Commission Expires:

Or

Authorized Personnel of the Department of Water Resources