

**ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER PERMITTING AND WELLS UNIT
P. O. Box 36020, Phoenix, Arizona 85067-6020
1110 W. Washington St. Suite 310, Phoenix, Arizona 85007-2952
(602)771-8527 · www.azwater.gov ·**

**APPLICATION FOR NOTICE OF AUTHORITY TO IRRIGATE LAND IN AN
IRRIGATION NON-EXPANSION AREA PURSUANT TO A.R.S. § 45-437**

**DOUGLAS IRRIGATION NON-EXPANSION AREA (INA)
RECORD OF IRRIGATION HISTORY**

FOR DEPARTMENT USE ONLY

Notice No. 60-_____

The initial fee for an Application for Notice of Authority to Irrigate Land 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 costs 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 costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs 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 for Notice of Authority to Irrigate Land in an Irrigation Non-Expansion Area are authorized by A.R.S. § 45-113 and A.A.C. R12-15-103.

1. OWNER NAME(s)

List the name(s) of legal owners as indicated on the appropriate deed:

Last Name _____ First _____ Middle Initial _____

Last Name _____ First _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

2. For each parcel of land that was legally irrigated at any time between January 1, 1975 and January 1, 1980, indicate the Assessor's Parcel Number, parcel acreage and legal description. Irrigation is defined in the Groundwater Code as the application of water to two or more acres of land to produce plants or parts of plants for sale or human consumption or for use as feed for livestock, range livestock or poultry.

Assessor's Parcel number _____ - _____ - _____ Parcel Acres: _____

Legal Description: _____

Assessor's Parcel number _____ - _____ - _____ Parcel Acres: _____

Legal Description: _____

(Use additional sheet if necessary.)

3. Indicate the number of acres irrigated on the land described above in Item No. 2 during the period January 1, 1975 to January 1, 1980: _____

4. Describe the location of each private well used to irrigate the land. Indicate the well registration number and as accurately as possible the year the well was drilled. In addition, please indicate whether or not you own the well(s).

DWR Well Regist. No	10 acre ¼	40 acre ¼	160 ac ¼	Section	Township	Range	Year Drilled	Owned by you? (Y/N)
55-								
55-								
55-								
55-								
55-								

5. Are approved measuring devices installed on the well(s) in Item 4? ___Yes ___No
If so, please indicate measuring device type. _____

6. Is the land served by an Irrigation District or Agricultural Improvement Districts? ___Yes ___No
Is so, give name of District. _____

7. Is groundwater the sole source of water for irrigation? ___Yes ___No

8. If other sources are utilized, please indicate what they are: i.e. surface water, effluent, etc. _____

9. On the attached grid, draw a map of the irrigated land as described in Item 2 and indicate the location of the wells described in Item 4.

I (we), _____ hereby affirm that all information provided in this application is
(Print Name)

true and correct to the best of my/our knowledge and belief.

Signature of Applicant(s) _____ Date _____

