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Governor

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ARIZONA DEPARTMENT of WATER RESOURCES  
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### Integrated Farm Program Application Form

Pursuant to Chapter Four of the Fifth Management Plan (5MP), an owner of irrigation grandfathered rights (IGFRs), or any person entitled to use groundwater pursuant to those IGFRs may apply to be regulated under the Integrated Farm Program by submitting this application. One application may be filed for multiple IGFRs, if the IGFRs are within the same irrigation district and are farmed by the same owner or any person entitled to use groundwater pursuant to those IGFRs. One application may be filed for multiple IGFRs within the same sub basin, if the IGFRs are not within an irrigation district and are farmed by the same owner or any person entitled to use groundwater pursuant to those IGFRs.

#### SECTION A – APPLICANT INFORMATION

Applicant's Name			
Applicant Address			
Street Address	City	St	Zip
Phone Number			
Email Address			
Farm Unit Operator (if different than applicant):			
Operator Address			
Address	City	St	Zip

**SECTION B – IGFR Information**

IGFR Information (Please fill out the following information for any IGFRs included in this Integrated Farm. Additional pages may be attached if additional space is needed.):

58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____
58-_____.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Current Flexibility Account Balance: _____

Name of Farm/Farm Unit (if applicable):

AMA information

AMA \_\_\_\_\_ Irrigation District or Sub-basin \_\_\_\_\_

Farm Plan Map (please attach a copy of the farm plan map to this application):

The farm plan map must include the locations and boundaries of all IGFRs that will be enrolled in the program. Please include the IGFR number at the location of each IGFR on the map. The farm plan map must be included in order to be considered for the Integrated Farm Program.

Farm Plan Map attached?  Yes  No

Please provide any further details regarding the farm plan map:

**SECTION C – ADDITIONAL DECLARATIONS**

Declaration from Owner Applicant (if applicable):

I, \_\_\_\_\_ (owner's name), hereby declare that I agree to regulation under the Integrated Farm Program until the effective date of any future conservation program or until the legislature determines otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If the applicant is not the owner of the IGFR and is the lessee, please sign and return the attached owner affidavit form.*

*\*If any IGFRs applying for the Integrated Farm Program are currently being leased from the Arizona State Land Department, please also sign, and return the attached State Land affidavit form.*

Declaration for Aquifer Cut Agreement:

I, \_\_\_\_\_ (owner/applicant's name), hereby agree to a five percent cut to the aquifer from the total combined allotment for the integrated farm unit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D – CRITERIA FOR APPROVAL ACKNOWLEDGMENT**

\_\_\_\_\_ (Initial Here) I understand that my application will be approved if it is complete, correct, and if I am in compliance with all applicable agricultural conservation requirements, as per the criteria listed in the Integrated Farm Program.

**SECTION E – INTEGRATED FARM PROGRAM REQUIREMENTS ACKNOWLEDGMENT**

\_\_\_\_\_ (Initial Here) I agree to comply with all program requirements, including irrigation water duty, groundwater allotment, and any other provisions as established by the Director.

**SECTION F – REPORTING AND FLEXIBILITY ACCOUNT PROVISIONS**

**1. Flexibility Account Provisions Acknowledgment:**

\_\_\_\_\_ (Initial Here) I understand the modifications in section 4-504(D) of the 5<sup>th</sup> Management Plan to the flexibility account provisions under the Integrated Farm Program.

**2. Reporting Requirements Acknowledgment:**

\_\_\_\_\_ (Initial Here) I agree to submit all required information annually that is required in section 4-504(E) of the 5<sup>th</sup> Management Plan , as per the Director's requirements.

**SECTION G – NEW LESSEE APPLICATION REQUIREMENT (IF APPLICABLE)**

\_\_\_\_\_ (Initial Here) I understand that a new lessee must apply for participation in the Integrated Farm Program before using water on the land.

**SECTION H – DURATION OF REGULATION ACKNOWLEDGMENT**

\_\_\_\_\_ (Initial Here) I acknowledge the conditions under which I will be regulated under the Integrated Farm Program Section 4-504 of the management plans.

**SECTION I – ADDITIONAL INFORMATION**

Please provide any additional information here:

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**SECTION J - FINAL AGREEMENT**

The individual or entity applying for entrance in the Integrated Farm Program must sign and date the application below. By signing this application, the applicant certifies that all the information provided is true and accurate to the best of his or her knowledge and belief, and that the applicant will comply with the requirements of the Integrated Farm Program as defined.

**I certify that the information provided in this plan is true and correct to the best of my belief.**

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Name (Please Print)

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Title

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Signature Date

PLEASE UPDATE THIS CONSERVATION PLAN TO REFLECT ANY CHANGES MADE AT THE FACILITY DURING THE MANAGEMENT PERIOD. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT THE AMA AGRICULTURAL TEAM AT 602-771-8585

Please note: A.R.S. § 41-1030(B), (D), (E) and (F) provide as follows:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency’s adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.



**AFFIDAVIT OF IGFR OWNER AGREEING TO REGULATION UNDER  
INTEGRATED FARM PROGRAM OF 5MP**

**INSTRUCTIONS**

1. Complete form (type or print in ink), sign and have signature notarized.
2. Affidavit must be signed by the current owner of the IGFR or a person authorized to sign on the owner's behalf. If affidavit is signed by a person other than the IGFR owner, ADWR may require written evidence of authority to sign on the owner's behalf. If there are multiple owners, each owner must complete a separate affidavit.

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, the undersigned, being first duly sworn on oath, depose and state as follows:

1. Certificate of Irrigation Grandfathered Right No. 58- \_\_\_\_\_ ("IGFR") is owned as follows: (check one):  
\_\_\_ By me (in my name only or with one or more other persons).  
\_\_\_ By \_\_\_\_\_ (name of IGFR owner) and I have authority to sign this affidavit on behalf of the IGFR owner.
2. The IGFR is currently being leased to \_\_\_\_\_ ("Lessee").
3. The IGFR owner agrees that Lessee may apply to the Arizona Department of Water Resources ("ADWR") for regulation under the Integrated Farm ("IF") Program of the Fifth Management Plan ("5MP") with respect to the IGFR. The IGFR owner understands that if the application is approved by ADWR, the land to which the IGFR is appurtenant will be enrolled in the IF Program and the IGFR owner and lessee will be regulated under the 5MP Program as provided in section 4-104 of the 5MP until the effective date of the agricultural conservation requirements in the following Management Plan. The IGFR owner also understands that the balance in the IGFR's flex account will remain unchanged while the land is enrolled in the IF Program (credits and debits will not be registered to the account and credits may not be transferred to or from the account).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (if applicable)

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 202\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
My Commission Expires