

ARIZONA DEPARTMENT OF WATER RESOURCES
ACTIVE MANAGEMENT AREA
MAIL TO: 1802 W JACKSON ST BOX 79, PHOENIX, AZ 85007
PHONE: (602) 771-8585

**APPLICATION TO SUBSTITUTE IRRIGATION ACRES DUE TO LIMITING
CONDITION IN AN ACTIVE MANAGEMENT AREA
PURSUANT TO A.R.S. § 45-465.02**

FOR DEPARTMENT USE ONLY

The initial fee for an Application to Substitute Irrigation Acres Due to Limiting Conditions in an Active Management 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 Active Management Area at 602-771-8585). 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 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 to Substitute Irrigation Acres Due to Limiting Conditions in an Active Management Area are authorized by A.R.S. § 45-113 and A.A.C. R12-15-103.

Original Irrigation Grandfathered Right No. _____
New Irrigation Grandfathered Right No. _____
New IGR Certificate Issued On: _____

1. _____
Owner of Land

Mailing Address	City	State	Zip
City	State	Zip	Telephone
			Email Address

2. Irrigation Grandfathered Right No. 58-_____
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 be retired? _____ If not, what is the distance between them? _____

9. Do the substitute acres and the certified acres that will 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 _____.

 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

NOTICE

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.