

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

**APPLICATION FOR NOTICE OF TYPE 1 NON-IRRIGATION
GRANDFATHERED RIGHT IN AN ACTIVE MANAGEMENT AREA
PURSUANT TO A.R.S. § 45-476
WILLCOX AMA**

FOR DEPARTMENT USE ONLY

Notice No. 58- _____
Registry No. _____
Filed _____
Certificate No. _____

Pursuant to [R12-15-103\(C\)](#), the filing fee for an Application for Certificate of a Type 1 Non-Irrigation in the Willcox Active Management Areas, is a fixed fee of \$75. Payment may be made by cash, check, or credit card. If you wish to pay by credit card, please contact the Active Management Area Section at (602) 771-8585. Checks should be made payable to the Arizona Department of Water Resources. Payment in cash can only be accepted in person at the Department's offices located at 1110 W. Washington St., Suite 310, Phoenix, AZ 85007. Payment must be included with the application, unless "Call for payment" is notated upon submission of the application.

Applications must be submitted no later than 15 months past the designation of the Willcox AMA per A.R.S. § 45-476.

THE DEADLINE FOR APPLICATION SUBMISSIONS IS APRIL 8, 2026.

1. OWNER NAME(s)

Attach a copy of the recorded deed and list the name(s) of legal owner(s) as they appear on the appropriate deed:

Last Name _____ First _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

Email _____

2. Indicate the Assessor's Parcel Number, parcel acreage and legal description of the retired irrigated land.

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

Legal Description: _____

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

Legal Description: _____

3. Location of water use, if not the parcel indicated in Item No. 2

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

Legal Description: _____

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

Legal Description: _____

(Use additional sheet if necessary.)

4. Attach a map of the land described above in Item No. 2, and Item No. 3 if applicable.

5. Provide the date when the irrigated land was retired: _____

6. Attach documentation indicating that ownership has not changed since land was retired, along with a copy of the development plan for the proposed non-irrigation use that existed at the time the land was retired.

7. Provide the amount of groundwater used per acre for the retired irrigated land from October 23, 2019 to October 23, 2024.

	Groundwater Withdrawn (acre-feet)
October 23, 2019 – Dec 31, 2019	
2020	
2021	
2022	
2023	
Jan 1, 2024 – October 23, 2024	

8. Describe the location of each private well used to withdraw groundwater associated with the retired 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). If you do not own the well(s), provide documentation demonstrating you have authority to use 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-								

9. Are approved measuring devices installed on the well(s) in Item No. 8? Yes No

If so, please indicate measuring device type. _____

10. Are any of the wells indicated above located in a Groundwater Replenishment District?

Yes No

If so, please list the well and the corresponding District. _____

**YOUR FUTURE USE OF GROUNDWATER DEPENDS ON WHETHER THE
INFORMATION IN THIS FORM IS COMPLETE AND CORRECT**

I (we), _____ the applicant(s) named in this application, do hereby certify
(Print Name)

**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.**

If owner is an individual, sign here:

Signature of Applicant(s) Date

If owner is a corporation, partnership, association, etc., sign here:

Signature of Authorized Agent(s) of Applicant(s) Date

Name, Title of Authorized Agent(s) of Applicant(s):

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