

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

<b>FOR DEPARTMENT USE ONLY</b>	
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 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 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
_____	_____	_____	_____
_____	_____	_____	_____

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