## APPLICATION TO ENROLL IN THE ONE-YEAR RANKED FALLOW PROGRAM

TO

## SUBDISTRICT NO. 1, ACTING BY AND THROUGH ITS WATER ACTIVITY ENTERPRISE

REQUIRED INFORMATION			
Offeror Name:			
If corporation, Name of registere	ed agent:		_
Farm Unit #:			
Address:			
City:	, State	Zip Code:	
Phone Number:		_	
Email Address:			
PARCEL IDENTIFICATION			
Parcel# (PIN):			
Field Name:			
Identification of ground water rig	ght and/or groun	d water permit	
Legal Description of Land to Fal	llow:		
Number of Fee Acres to Fallow:			
WDID(s):			
Decree (if any):			
Permit No. (if any)			

Are there any ot above-described		groundwater permits that may legally be used	to irrigate the			
If so, list all such water rights or permits.						
Have the lands described above and the associated water rights and/or permits been enrolled in a conservation program, including Subdistrict No. 1 fallow programs, EQIP, or Prevent Plant insurance programs since 2019?						
If so, please list	the conservation pro	ogram and the dates enrolled:				
	Year	Conservation Program				
	2019		l			
	2020		l			
	2021		l			
	2022		l			
	2023					
GROUNDWAT	<u>ER WITHDRAWA</u>	L INFORMATION				
Average Total C	Groundwater Withdr	rawals (2019-2023):				
Tiverage Total C	ordina water writing					
Meter Serial # (s	a).					
Wieter Serial # (s	5).					
~						
Current Meter Reading (s):						
DI ANG GOD ID		NA TYON				
PLANS FOR IR	RIGATION INFOR	RMATION				
Will you plan to irrigate during the fallow year? Yes / No						
If No, what cover currently exists on the quarter?						

I understand that this is a non-revokable offer to reduce groundwater withdrawals during the 2024 ARP from the above listed ground water right(s) and/or ground water permit(s).

I understand that Subdistrict No. 1 is under no obligation to accept this or any other offer to reduce groundwater withdrawals and the acceptance or rejection of any offer is in the sole discretion of Subdistrict No. 1.

I understand that if Subdistrict No. 1 accepts this offer, I will be required to provide verifiable evidence (such as a photograph or report to the Division of Water Resources) of the starting and ending meter readings.

I affirm that I have the legal right to offer to reduce the groundwater withdrawals from the above ground water right(s)

Signature	Date
Print Name	_
Print Title	

## THIS FORM MUST BE RECEIVED BY SUBDISTRICT NO. 1

## **BEFORE 4:00 PM ON March 27th, 2024**

for office use only	:			
Accepted	(Y/N)	Dated	Signature	