

# INSTRUCTIONS FOR FILING AN AGRICULTURAL LEASE APPLICATION

**(Please read instructions carefully before filing)**

## **ATTENTION**

**Prior to filing a new application for an Agricultural Lease, please contact the Water Rights & Agriculture Section at (602) 542-3500 to schedule a pre-application meeting.**

**NON-REFUNDABLE FILING FEE must be submitted with your application:**

**1. Non-Refundable Filing Fee:**

**New:           \$150.00 per section**  
**Renewal:     \$200.00 per existing lease**

**NOTICE:** If you are filing a renewal application and you fail to file the application prior to the lease expiration date, you forfeit any renewal rights you may have. You will be required to file a **NEW** Application(s) and pay the **NEW** application fee rate if you wish to reapply to lease the property.

- 2. Pursuant to A.R.S. §37-284(A) a conflicting application for an existing lease for a term of not more than ten years shall be filed at least two hundred seventy days but not more than one year before the expiration date on the lease. The conflicting application must be accompanied by a list of non-removable improvements on the leased lands on file with the Department, including fences. The conflicting applicant must post a surety bond or other form of security in the amount of two thousand five hundred dollars or twenty per cent of the rental payments over the term of the current lease, whichever is greater. The Department shall calculate the amount of the security within thirty days after receiving the conflicting application, and the conflicting applicant must post the security within thirty days after the Department determines the amount. If the conflicting applicant is unsuccessful or withdraws the application, the Department shall return the security to the applicant. If the conflicting applicant is successful, the security shall be applied against the value of the non-removable improvements.**
- 3. Complete all questions on the application.**
- 4. This application can be used for multi-sections of land. If space is not sufficient for all legal descriptions, attach a separate sheet for additional sections.**
- 5. An Agricultural lease on previously undeveloped land can only be issued for a maximum of two (2) years.**
- 6. An Agricultural lease on previously developed land can be issued for not more than ten (10) years.**

7. **Approval of this application does not constitute approval of any improvements. An application to Place Improvements must be submitted to the Department after a permit is obtained and PRIOR to construction of the improvement(s).**

**NOTE: Pursuant to A.R.S. § 37-321, lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.**

8. **If you are acting as an Attorney in Fact for the applicant you must submit a copy of your notarized Power of Attorney and a \$50.00 additional fee.**
9. **Processing Time: Normal processing time for renewal applications is 60-90 days following the expiration date of the lease. New applications can take one year or more for the Department's required comment letters to be received and reviewed prior to approval of application. Please be advised that in order to properly evaluate the application you may be required to provide additional information.**

**For Assistance contact: Natural Resources, Water Rights & Agricultural Section at (602) 542-3500**

RETURN TO:  
 ARIZONA STATE LAND DEPARTMENT  
 PUBLIC COUNTER  
 1616 WEST ADAMS  
 PHOENIX, ARIZONA 85007

SUBMIT NON-REFUNDABLE FILING FEE:  
 New: \$150 per section  
 Renewal: \$200 per lease

DEPARTMENTAL USE ONLY ROLODEX # _____				
ACCOUNTING		T & C	RECOMMENDATION/INITIAL	DATE
Filing Fee:		Exam: _____	Approve _____	_____
New: \$150		Exam # _____	Deny _____	_____
per section		Int Title: _____	Reject _____	_____
Renewal: \$200		App Entry: _____	Withdraw _____	_____
per lease				
N(34)	R(35)			

**AGRICULTURE LEASE APPLICATION**  
*Type or print in ink.*

APPLICATION NO. 01- \_\_\_\_\_

**COMPLETE ALL QUESTIONS, SIGN AND SUBMIT APPLICATION WITH NON-REFUNDABLE FILING FEE OF \$150 PER SECTION (NEW) OR \$200 PER LEASE (RENEWAL)**

**1. APPLICANT(S):**

\_\_\_\_\_  
 Name(s)

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Contact Person Phone No

\_\_\_\_\_  
 Email Address (optional)

**2. TYPE OF APPLICATION:**

- NEW
- NEW (ADDITIONAL ACREAGE) TO EXISTING LEASE # \_\_\_\_\_ ( )
- RENEWAL

**3. REQUEST FOR AGRICULTURE LEASE:**

Applicant hereby makes application to lease the State lands described below for Agriculture purposes, in accordance with the laws of the State of Arizona and the rules of the State Land Department.

**4. LEGAL DESCRIPTION: (To be completed for NEW applications only.)**

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SLD USE ONLY		
CTY	GRT	PARCEL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. PURPOSE FOR AGRICULTURE LEASE:** \_\_\_\_\_

**6. TERM: How many years are you requesting this lease for?** \_\_\_\_\_

(Note: Undeveloped land - Maximum of two (2) years and Developed land - Not more than ten (10) years)

7. **CONFLICT:** Are you filing this application to conflict an existing Agricultural lease? Yes \_\_\_ No \_\_\_

If yes, indicate the Agricultural Lease # \_\_\_\_\_

8. **WATER:**

A. What is the source of water for irrigation? \_\_\_\_\_

B. If the parcel of land applied for is located within an Active Management Area or Irrigation Non-Expansion Area, have you reviewed the annual allotment of water, regulated by the Arizona Department of Water Resources (ADWR), with which to irrigate eligible acres? \_\_\_ Yes \_\_\_ No

C. Have you reviewed the status of the flexibility account for the Irrigation Grandfathered Right (IGR)?  
\_\_\_ Yes \_\_\_ No

**PLEASE NOTE:** The annual allotment of water may be reduced pursuant to management plan requirements developed and enforced by ADWR. If the flexibility account has a debit balance that exceeds 50% of the allotment during a calendar year, a transfer of credits to the IGR would be required to avoid enforcement by ADWR and the Department. Please contact either ADWR or the Department's Water Rights & Agricultural Section (602) 542-3500 for assistance.

9. **ACCESS:** (NOTE: The lease does not grant legal access)

Do you have legal access to the proposed leased land? Yes \_\_\_ No \_\_\_

If yes, state your legal access route: \_\_\_\_\_

10. **ACREAGE USE:** (To be completed by RENEWAL applicant only.)

A. Farmed acres \_\_\_\_\_ B. Non-farmed acres \_\_\_\_\_

C. If all farmable acres are not in cultivation at this time, indicate reason(s):

\_\_\_\_\_  
\_\_\_\_\_

11. **PROPOSED AGRICULTURE OPERATIONS:** (To be completed by NEW applicant only.)

A. Farmable acres \_\_\_\_\_ B. Unfarmable acres \_\_\_\_\_ Reason: \_\_\_\_\_

C. Proposed crop(s): \_\_\_\_\_

D. Number of wells required: \_\_\_\_\_ E. Proposed irrigation method (flood, sprinkler, drip, etc.): \_\_\_\_\_

F. Will acreage be put into cultivation at once? \_\_\_\_\_ ; or on a schedule? \_\_\_\_\_.

If schedule, describe fully: \_\_\_\_\_

G. Attach a sketch of the proposed development plan, including field configurations, location of wells and other improvements.

**12. IMPROVEMENTS (To be completed by NEW applicant only.):**

- a. Pursuant to A.R.S. § 37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there improvements on the parcel of land you are applying to lease? \_\_\_\_ Yes \_\_\_\_ No. If yes, are you willing to reimburse the previous Lessee for the improvements on the property? \_\_\_\_ Yes \_\_\_\_ No. If no, explain:

---

---

- b. LIST EXISTING IMPROVEMENTS: (If needed, separate list can be attached)

<u>DESCRIPTION</u>	<u>CONDITION</u>	<u>ESTIMATED VALUE</u>	<u>OWNER</u>
--------------------	------------------	------------------------	--------------

*Approval of this application does not constitute approval of any improvements. An Application to Place Improvements must be submitted to the Department after a lease is obtained and PRIOR to construction of the improvement(s). Pursuant to A.R.S. § 37-321, lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.*

**13. APPLICANT COMPLETE AND SIGN PAGE 4.**

**CERTIFICATION:** Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) \_\_\_\_\_ Individual(s) \_\_\_\_\_ Husband & Wife  
 \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Ltd. Partnership \_\_\_\_\_ Estate \_\_\_\_\_ Trust \_\_\_\_\_ Ltd. Liability Co.  
 \_\_\_\_\_ Joint Venture \_\_\_\_\_ Municipality \_\_\_\_\_ Political Subdivision \_\_\_\_\_ Other (specify) \_\_\_\_\_

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:

(A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes \_\_\_ No \_\_\_

(B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes \_\_\_ No \_\_\_

(C) In what state are you incorporated? \_\_\_\_\_

(D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes \_\_\_ No \_\_\_

If no, state the Legal Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:

(A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

(B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

(C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this Limited Partnership on file with the Arizona Secretary of State? Yes \_\_\_ No \_\_\_

Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):  
 Name of the court-appointed administrator or personal representative: \_\_\_\_\_

List the type and date of issuance of the court or Estate document: \_\_\_\_\_

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: \_\_\_\_\_

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

**SIGNATURE(S)**

(Name of Corporation, Partnership, etc.)	Date	Signature of Applicant (Individual)	Date
Signature	Title	Signature of Applicant (Individual)	Date

ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

**These two pages are part of the application - DO NOT DETACH.**

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<b><u>WASTE TIRES</u></b> The collection of waste tires? If yes, explain: _____	_____
_____	_____	<b><u>LEAD ACID BATTERIES</u></b> The sale and disposal of lead acid batteries? If yes, explain: _____	_____
_____	_____	<b><u>DISCHARGE IMPACTING GROUNDWATER</u></b> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	_____
_____	_____	<b><u>PESTICIDES?</u></b> If yes, explain use: _____	_____
_____	_____	<b><u>DRY WELLS?</u></b> If yes, ADEQ Registration #(s): _____	_____
_____	_____	<b><u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u></b> If yes, explain: _____	_____
_____	_____	<b><u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u></b> Wastewater collection and/or treatment? If yes, explain: _____	_____
_____	_____	<b><u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u></b> Air contaminant emissions? If yes, explain: _____	_____
_____	_____	<b><u>SOLID WASTE - GENERAL</u></b> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<b><u>SOLID WASTE - MEDICAL WASTE</u></b> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<b><u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u></b> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	_____
_____	_____	<b><u>USED OIL</u></b> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	_____
_____	_____	<b><u>RECYCLING ACTIVITIES?</u></b> If yes, explain: _____	_____
_____	_____	<b><u>SPECIAL WASTE</u></b> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<b><u>HAZARDOUS WASTE GENERATOR</u></b> Generating hazardous waste? If yes, explain: _____	_____
_____	_____	<b><u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u></b> If yes, explain: _____	_____

(OVER)

YES NO WILL YOUR USE INVOLVE: TYPE OF ENVIRONMENTAL IMPACT

\_\_\_\_\_ HAZARDOUS WASTE TRANSPORTATION? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ UNDERGROUND STORAGE TANK (UST)? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ ABOVEGROUND STORAGE TANK (AST)? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ HAZARDOUS SUBSTANCES? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ CURRENTLY UNCLASSIFIED WASTE Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Polychlorinated biphenyls (PCBs) | <input type="checkbox"/> Oil and gas exploration drilling muds                               | <input type="checkbox"/> Petroleum contaminated soil    |
| <input type="checkbox"/> Incinerator ash                  | <input type="checkbox"/> Categorical industrial pretreatment sludge                          | <input type="checkbox"/> Commercial/industrial septage  |
| <input type="checkbox"/> Petroleum refining waste         | <input type="checkbox"/> Radioactive waste   | <input type="checkbox"/> Used Antifreeze                |
| <input type="checkbox"/> Slag and refractory material     | <input type="checkbox"/> Uranium ore tailings  | <input type="checkbox"/> Contaminated process equipment |
| <input type="checkbox"/> Precious metals recycling        | <input type="checkbox"/> Industrial catalysts  | <input type="checkbox"/> Industrial Sludges             |
| <input type="checkbox"/> Aluminum dross                   | <input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation) |   |

If checked, explain waste generation process: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ SUPERFUND SITES Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area?  
If yes, NPor WQARF area name: \_\_\_\_\_

\_\_\_\_\_ LAND DISTURBANCE If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ WATER WELLS Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).

\_\_\_\_\_ ADJACENT LAND USES To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location?  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ PREVIOUS ENVIRONMENTAL IMPACT To the best of your knowledge, has any environmental impact been reported previously to ADEQ?  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS:**