

Declaration of IAWP Qualifications

Date: / /

Account number(s): _____

Customer name: _____

Address: _____ Zip code: _____

Phone number: _____ Fax: _____

Email: _____

Business name (if different from above): _____

Service Address: _____

Assessor's parcel number(s): _____

Total parcel acreage: _____

Total acreage used solely for agricultural operations: _____

Is there a residence on the parcel? Yes No If yes, how many? _____

What type of irrigation is used (please check those that apply)?

- Micro Sprinkler Drip Mirco Spray
 Bubbler Rotor Other _____

Is there a backflow device on the system? Yes No

Does the system have an irrigation controller or timer? Yes No

Please check the box next to the type of agricultural operation and provide the requested details:

CROP TYPE	✓	# OF TREES	TREE SPACING	SQ. FOOTAGE	PLANT TYPE
Avocado/Citrus					
Decidious Tree Crop					
Row Crop					
Horticulture					
Greenhouse					
Poultry					
Other					

Acknowledgement

I hereby certify that I am the owner or authorized agent of the owner or the referenced property and that the information provided herein is true and correct. I further certify that water purchased under this program will be used for agriculture purposes as defined in this document and that it will be used in accordance with the terms of the Interim Agricultural Water Program.

I hereby acknowledge that I have read the IAWP terms and conditions on the Rincon website and acknowledge that water purchased under the IAWP is subject to water service interruption and/or mandatory reductions as required by MWD and that no participants will be allowed to withdraw from the program in the event of a mandatory service reduction.

I further acknowledge that any water purchased under these programs on the basis of incorrect information supplied by the applicant, or water used for any purposes other than for agricultural purposes as defined in this document, may be subject to an assessment of certain water rates, penalties, and charges by MWD and/or Rincon, which I hereby agree to pay.

I further acknowledge that I am required to allow Rincon, its staff, or agents the ability to verify the information provided in this application through an on-site visit. Should an on-site visit be necessary, I will be contacted.

Name: _____ Title: _____
Please type or print

Signature: _____ Date: _____

Please return pages 1 and 2 of this document to: Rincon del Diablo Municipal Water District, 1920 North Iris Lane, Escondido, CA 92026 or by fax to (760) 745-4235.

For District use only

Field Evaluation: Required Not required

Meter number: _____ Service number: _____

Date customer contacted: _____

Site evaluation date: _____ Time: _____

Performed by: _____

Crop type: _____

Verified irrigated acreage: Hand measured
 Aerial interpretation

Notes: _____

Application granted
 Application denied
Date: / /