

IMPERIAL IRRIGATION DISTRICT REQUEST FOR ABANDONMENT OF WATER FACILITY

Please provide the information noted below. The Imperial Irrigation District will use this information to process an Abandonment Agreement for the applicable facility.

APPLICANT INFORMATION – Please Print Clearly

Applicant Name:			
Landowner Name (If Different from Applicant):			
Agency (City/County/Governmental (if applicable): <input type="checkbox"/> Exempt			
Contact Name:		Title:	
Phone No:	Fax No:	E-Mail:	
Address:			
City:		State:	Zip:

TYPE OF ABANDONMENT

<input type="checkbox"/> Delivery Gate		<input type="checkbox"/> Drain	
<input type="checkbox"/> Tile Drain Sump Pump			
<input type="checkbox"/> Service Pipe:	Pipe Size:	Use: <input type="checkbox"/> Ag	<input type="checkbox"/> Residential
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
IID Account#			

PROJECT INFORMATION

Project Description (Describe work or activity within Right of Way – Use backside of sheet if more room is needed):			
Estimated Construction Start Date:		Completion Date:	
Address:			City:
Assessor Parcel Number(s):			
Legal Description (may be attached):			
Section:	Tract:	Township:	Range:
Subdivision Name:		Block:	Lot:
Canal:	Delivery Gate:	Drain:	
Distance to Closest Canal delivery gate (feet) if service pipe or pump:			

PROJECT SUBMITTALS

<input type="checkbox"/> Preliminary Report	
<i>The undersigned applicant and owner/operator hereby applies for abandonment of Raw Water facility in the County of Imperial and agrees this will not affect the future water availability or drainage for the subject property. If the current or future landowner desires to have a new delivery facility installed for the subject property, the cost of installation and all related costs will be borne by the current or future landowner, subject to Imperial Irrigation District approval.</i>	
Applicant Signature:	Dated:
Owner/Operator Signature:	Dated:

FOR IID USE

Received by:					
Forward to Division:	<input type="checkbox"/> Holtville	<input type="checkbox"/> Northend	<input type="checkbox"/> Southend	<input type="checkbox"/> Western	<input type="checkbox"/> Drainage
Recommend for:	<input type="checkbox"/> Approval			<input type="checkbox"/> Denial	
Comments:					
Approved by:					