



**Office:** (559) 686-4716  
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## **Voluntary Fallowed Land Program** (2024 Water Year)

The Lower Tule River Irrigation District GSA Board has approved the Voluntary Fallowed Land Program to incentivize growers to fallow land. For the year 2024, the application will need to be received by October 6, 2023. All parcels listed in the application will be subject to field visits and other verification.

### **Voluntarily Fallowed Ground**

The amount of consumed evapotranspiration (ETc) applied to the Voluntarily Fallowed lands will be limited to **0.0 acre-feet per acre** for the time period in which the land is voluntarily fallowed. The land must be left fallowed for either:

- (1) Entire Growing Season (October 1, 2023 – September 30, 2024), or
- (2) Winter Growing Season (October 1, 2023 – May 31, 2024)

Under this program, the property must be actively managed to avoid weeds growing out of control. Some of the practices are: (1) Keep disced/sprayed and free of weeds, (2) Plant a cover crop, (3) Cover crops must be kept mowed, (4) Cover crops cannot be harvested, (5) Leave winter crop stubble, (6) Other management practices as deemed appropriate by the GSA.

Landowners must provide a map that shows the Assessed Parcel Number (APN), location of the fallowed ground with nearest crossroad, acres of the fallowed ground and time period that the land is fallowed.

Failure to comply with the rules above will result in the consumption of ET for the period and reduction of corresponding groundwater credits. For more information Land Fallowing Program Policy can be found at [www.ltrid.org](http://www.ltrid.org) under SGMA tab or <http://www.ltrid.org/wp-content/uploads/2021/09/land-fallowing-policy.pdf>

If you have any questions or require assistance in filling out the form, please contact the LTRID GSA Administration Staff at (559) 686-4716 or email [nsoto@ltrid.org](mailto:nsoto@ltrid.org). When complete, please submit this form along with map(s) to LTRID GSA in person or by mail.

### ***Landowner / Lessee Information:***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Landowner / Lessee Signature

\_\_\_\_\_  
Date

**Property Information**

Parcel Number	Enrollment Period (Entire Year/Winter Following)	Acres

*(Attach additional page if necessary)*

*For District Use Only*

Check List			
Y/N/NA	Items	Verified By	Date
	APN Maps		
	Field Verified		
	ET Calculation		
	Consumption Adjustment (Basin Safe Adjustment)		
	Bill Adjustment <i>(if Necessary)</i>		

Approved

Denied

\_\_\_\_\_  
Final Approval

\_\_\_\_\_  
Date