

COAL BED METHANE PROTECTION PROGRAM

SUPERVISORS' DECISION

1. Name of Applicant _____
Address of Applicant _____

2. Water Supply Information:

Type of Water Supply: _____ Well _____ Spring _____ Surface Water Diversion

Location: _____4 _____4 _____4, Section _____, Township _____, Range _____

3. Supervisors' Decision: _____ APPROVED _____ DISAPPROVED

Explanation:

_____	_____
_____	_____
_____	_____
_____	_____

4. Date Transmitted to Applicant: _____

5. **FAILURE OF APPLICANT TO RESPOND WITHIN 10 DAYS WILL VOID APPLICATION**

_____ I hereby agree with the decision of the supervisors of the Big Horn Conservation District and request the application be forwarded to MT Dept. Natural Resources for completion. **I also agree to notify the Big Horn Conservation District should I receive reimbursement from coal bed methane developers, operators or regulators within five years of this date.**

_____ I hereby disagree with the decision of the supervisors of the Big Horn Conservation District. I am including additional information and request the decision be re-evaluated.

Signature of applicant: _____

Date of signature: _____