FLATHEAD RESERVATION
APPLICATION FOR APPROVAL TO CONSTRUCT A DOMESTIC ALLOWANCE

Section 2-2-117 of the CSKT-MT Compact Unitary Administration and Management Ordinance (Ordinance), §85-20-1902, MCA, prescribes the process for applying for Domestic Allowances under the authority of the Flathead Reservation Water Management Board on the Flathead Indian Reservation.

Use this form to apply for a new use of groundwater for domestic purposes that fits one of the categories below.

Check all appropriate boxes and fill in each blank. If more space is needed, attach properly labeled additional information. To avoid processing delays, submit all required information.

**FILING FEE: $125.00**
Checks payable to the FRWMB

Attention!

**Before drilling a well or developing a spring, an appropriator must file this form and receive approval to develop a Domestic Allowance.**

**After drilling a well or developing a spring, an appropriator must file a Domestic Allowance Completion Form (form 60DF-Part B, Completion) within one year of approval to construct a well or develop a spring.**

**PROPOSED DEVELOPMENT**
(Select one only)

- Individual Domestic Allowance § 2-2-117 (4): a single well or developed spring for 1 household with a flow rate up to 35 gallons per minute and a volume of up to 2.4 acre-feet per year with no more than 0.7 acres of lawn & garden.

- Shared Domestic Allowance § 2-2-117 (5): a single well or developed spring for 2 or 3 households with a flow rate of up to 35 gallons per minute and a volume of up to 2.4 acre-feet per year with no more than 0.5 acres of lawn & garden for two homes or businesses and no more than 0.75 acres for three. You must attach a copy of the shared well agreement.

**Development Domestic Allowances** - not accepted during interim period, file with the Office of the Engineer

Development Domestic Allowance § 2-2-117 (6): one or more wells and/or developed springs, not to exceed one per home or business for a development with a flow rate of up to 35 gallons per minute and a volume of up to 10 acre-feet per year with no more than 0.25 acres of lawn & garden per home or business. You must attach a copy of the shared well agreement, a description of the measuring device to be used for annual reporting requirements, and a copy of the development plan, plat, or equivalent as required by the county.

If you did not mark one of the boxes above, you cannot use this form. See the Unitary Administration and Management Ordinance, § 2-2-117, for complete details on domestic allowances.

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1 Please note: all groundwater wells and developed springs must comply with the Montana Groundwater Diversion Standards adopted in section 1-1-111 of the Ordinance. See them printed at the end of this form.
1. WATER RIGHT OWNER INFORMATION

Name(s) Justin & Ryane Newton
Mailing Address 63049 Foothill Rd
City St. Ignatius State MT Zip 59865
Home Phone Work Phone Cell Phone 406-240-5738
Email Newt@aol.com

2. PROPOSED SOURCE OF WATER SUPPLY

☑ Well(s)
☐ Developed Spring(s) (must be fully enclosed)

*Note: Plts, pit-dams, constructed ponds, and reservoirs are not permitted under Ordinance Section 2-2-117. Both wells and developed springs must utilize well shaft casing to be fully enclosed.

Please describe your proposed appropriation works (including anticipated Well Shaft Casing Description) and the number of wells or springs.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. PURPOSE AND PERIOD OF USE: Check those that apply and answer applicable questions

☑ Domestic: Number of homes supplied: 1
Year round use? ☐ Yes ☐ No If no, from _____ to _____, inclusive of each year.

☐ Lawn & Garden: Include only watered area. Do not include house footprint, driveway, graveled areas, etc.
Total size of lawn & garden - length x width 26' x 36' -OR- Number of Acres 0.02
(Note: if this is for a Shared Domestic Allowance, please use the map required by your municipality and divide yard/garden acreage footprint for each house. Please answer the period of use question accordingly.)
April 1 – October 31 ☐ Yes ☐ No If no, from _____ to _____, inclusive of each year.

☐ Stock:
Number & type: (Ex: 40 Cows & 1 Horse)
Year round use? ☐ Yes ☐ No If no, from _____ to _____, inclusive of each year.
Water is dispensed using a stock tank? ☐ Yes ☐ No

☐ Other: (Do not include purposes described above)
Describe the purpose of the use

Amount of water used ______________ gallons per day Number of days used __________
Year-round use? ☐ Yes ☐ No If no, from _____ to _____, inclusive of each year.
4. PROPOSED POINT OF DIVERSION (Please include Latitude and Longitude Coordinates, if possible)

LATITUDE 47.296184  LONGITUDE 114.037997

Section 29  Twp 18  S  Rge 19  E/W County Lake
Tract No. 1  Subdivision Name

COS No. 7329
State/Zip Code 63041 Foothill Rd St Ignatius MT 59865

5. COMBINATION OR SHARED DEVELOPMENT

Will this development be used in combination with another well or spring?  
☐ Yes  ☒ No
If yes, please attach a separate sheet listing additional Points of Diversion and explain how the development is used.

________________________________________________________________________
________________________________________________________________________

6. PROPOSED PLACE OF USE

Geocode of the place of use (17 digits) 8E-2754-29-10107-0000

If there are multiple places of use, list the geocode for each parcel on an attached sheet. The geocodes can be found in county records, tax statements, or at http://svc.mt.gov/msl/mtcadastral.

Is the place where water will be used the same as the point of diversion?  ☒ Yes  ☐ No

If no, enter the place of use land description below. If more than one place of use, please attach a separate sheet with additional land descriptions.

____ 1/4 ____ 1/4 ____ 1/4 Section______ Twp______ N / S Rge______ E / W County______
Lot______ Block______ Tract No.______ Subdivision Name______________________________
Government Lot No.______________________________ COS No.______________________________
Street Address, including City/State/Zip Code ________________________________

7. MAP

Attach a site-map showing the location of all proposed wells or developed springs, including latitude and longitude in decimal degrees. The map must also show a minimum of 500 feet in radius around the proposed well(s) or spring(s) and include all of the following (existing or proposed by the applicant): well(s), developed springs, sewage facilities, buildings, well connections to buildings, property lines, property ownerships, irrigated acres per lot or unit, any and all means of conveyance for all water rights in the area, all water right points of diversions, and all surface water features.
8. AFFIDAVIT OF OWNERSHIP OR WRITTEN CONSENT

I have possessory interest in the property where the proposed water use will be put to beneficial use, diverted, conveyed, impounded, stored, transported, withdrawn, used, and distributed, OR I have attached written consent of the person with the possessory interest in the property where the water will be put to beneficial use, diverted, conveyed, impounded, stored, transported, withdrawn, used, and distributed (§ 1-1-110(10) of the Ordinance).

**Please note, you must submit ORIGINAL owner signatures, copies will not be accepted**

I declare under penalty of perjury & under the laws of the State of Montana that the foregoing is true & correct.

Printed Name**  Justin Newton

Applicant Signature  Justin Newton  Date: 6/11/2022

Printed Name**  Ryanne Newton

Applicant Signature  Ryanne Newton  Date: 6/11/2022

Printed Name**  

Applicant Signature  _______________________________ Date: ______________

Upon receipt of this form, the interim Engineer shall review a complete application and within 30 days the Board may either approve the domestic allowance or return a defective application to the applicant, together with the reasons for returning it, affording the applicant the opportunity to correct deficiencies. If the Board does not approve or return a complete application within the 30-day review period, the application shall be deemed approved. Applications are not deemed complete until fee payment clears.

For Unitary Administration and Management Board use:

AUTHORIZATION TO DEVELOP A DOMESTIC ALLOWANCE

Witnessing Board Member: _______________________________ Date: ______________

Authorizing Board Member: _______________________________ Date: ______________

This authorization to develop a Domestic Allowance entitles an Appropriator to construct the authorized type of Domestic Allowance within, but not to exceed, one year of the date of approval. After completion of the project and putting the water to use, the Applicant must file a 60DF-Part B, Completion Form within 120 days to obtain a Domestic Allowance Certificate.
Primary Information

Property Category: RP
Geocode: 15-2754-29-1-01-07-0000
Subcategory: Agricultural and Timber Properties
Assessment Code: 0000012600
Primary Owner:
NEWTON JUSTIN C & RYANNE M
63049 FOOTHILL RD
ST IGNATIUS, MT 59865
COS Parcel:
NOTE: See the Owner tab for all owner information
Certificate of Survey: 7329
Subdivision:
Legal Description:
S29, T18 N, R19 W, C.O.S. 7329, ACRES 21.06, TRACT 1
Last Modified: 5/22/2022 3:30:31 PM

General Property Information

Neighborhood: 215.400.1
Property Type: FARM_R - Farmstead - Rural
Living Units: 2
Levy District: 15-2480-28MF
Zoning:
Ownership %: 100
Linked Property:
No linked properties exist for this property
Exemptions:
No exemptions exist for this property
Condo Ownership:
General: 0
Limited: 0

Property Factors

Topography: Fronting:
Utilities: Parking Type:
Access: Parking Quantity:
Location: Parking Proximity:

Land Summary
Parcel Owners:
NEWTON JUSTIN C & RYANNE M

18N 19W Sec. 29
FORM 60DF-Part A, Authorization to Construct

Interim REVIEW AS Per Requirements of Ordinance Section 2-2-117

All corrections or changes made by Joint Reviewers will be made on a "work copy" and shall include the date and the initials of the person making the change. Use this form as a checklist and documentation that the form is considered correct and complete.

Check marks in the boxes below will identify that application is adequate.

☑ Correct Fee ($125).

Notes: 

☑ Filing meets the requirements of either an Individual or Shared Domestic Allowance (wrong form filled).

Notes: Individual

☑ Site map meets standards and includes:
  i. Well(s) and Stock Tanks, including purpose of each well;
  ii. sewage facilities including septic tanks and drainfields;
  iii. buildings on the site, including identification of Well connections;
  iv. property lines and ownerships: Vicinity Map
  ☑ irrigated acres per lot or unit Well(s); and
  vi. means of conveyance, water right points of diversions, and surface water features.

Notes: 

☑ Proposed Well or developed spring is properly located (ownership, conveyance, etc.).

Notes: Applicant owns proposed well location

☑ Proposed Domestic Allowance is not used to fill or maintain a pit, pit-dam, constructed pond, or reservoir.

Notes: 

☑ Proposed Flow Rate is identified and less than or equal to 35 GPM.

Notes: Acknowledged on pg. 1

☑ Proposed Maximum annual diverted volume is identified and less than or equal to 2.4 acre-feet/year.

Notes: App proposes meet limits of form

☑ Proposed Means of diversion is a single well or developed spring.

Notes: 

☑ Proposed Diversion physically connected to the correct number of Home(s) and/or Business(es).

Notes: 1 proposed dwelling

☑ Proposed Means of diversion includes a Well Shaft Casing.
Any proposed stock purposes are dispensed using Stock Tanks.

Notes: Not applicable.

The amount of proposed land to be irrigated is within the maximum allowable acreage.

Notes: 0.02 proposed acres

Applicant identifies proposed purposes associated with the use and purposes are allowed.

Notes: 1 dwelling + 0.2 acres proposed

Proposed shared well application includes shared well agreement.

Notes: Not applicable

Proposed point of diversion is correctly identified.
1. ¼¼ section, section, township and range (40-acre description);
2. Lot, Block, Subdivision, ¼ section, section township and range;
3. Government Lot, ¼ section, section, township and range; or
4. Certificate of Survey No. with or without a lot number, ¼ section, section, township and range.
5. Street or Road Address:

Notes: ¼ sections added per map AB 6/13/2022

Proposed place of use is correctly identified.
Correct and complete will be the same as POD, except that geocode must be provided as well if it is requested on the form.

Notes: POD is the same as the POD

Proof of possessory interest - affidavit of ownership or written consent from owner is included and signed.

Notes: Ownership confirmed via Calculated MT.

REVIEWER Anna Butterfield XB DATE 6/14/2022

REVIEWER __________________________ DATE __________

REVIEWER __________________________ DATE __________