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 DEVELOPMENT1 (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.

1 Please note: all ground water 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.
STARTING JULY 1, 2022, THOSE WHO DRILLED A WELL OR DEVELOPED A SPRING BETWEEN SEPTEMBER 17, 2021 AND JUNE 1, 2022, MAY FILE THIS FORM FOR ONE OF THE TWO DOMESTIC ALLOWANCES ALLOWED ON THIS APPLICATION FORM. APPLICATIONS FOR A DOMESTIC ALLOWANCE FOR A WELL THAT WAS DRILLED BETWEEN SEPTEMBER 17, 2021 AND JUNE 1, 2022 WILL NOT BE ACCEPTED UNTIL JULY 1, 2022.

☐ Check this box if you already drilled a well or developed a spring for the Domestic Allowance being filed for on this application form. If you check this box, fill in ‘proposed’ sections of this form with information about the well or developed spring that was already constructed. Additionally, if you already constructed the well or developed spring, please provide the following information:

Date well or developed spring was constructed: ____________

Date water was first put to use: ____________________

Please include your Well Log, which can be found online: https://mbmgwwic.mtech.edu/

IF YOU PUT YOUR WATER TO USE BEFORE SEPTEMBER 17, 2021, AND HAVE NOT REGISTERED YOUR WATER USE, YOU CANNOT USE THIS INTERIM PROCESS TO REGISTER YOUR EXISTING WATER USE.

IF YOU WANT TO REGISTER YOUR EXISTING WATER USE WITH THE BOARD but did not file with the DNRC by March 16, 2022, a process will be developed once the Board’s Office of the Engineer becomes fully functional; your application will be held and you will be contacted by the Office of the Engineer at that time.

IF YOU ARE A TRIBAL MEMBER OR ALLOTTEE AND WANT TO REGISTER YOUR EXISTING WATER USE WITH THE CONFEDERATED SALISH AND KOOTENAI TRIBES as part of the Tribal Water Right, you must register your water use with the Tribal Water Right Registration Office at: Phone Number (406) 675-2700, ext. 1161. Your application will not be accepted and will be returned to you along with your payment.

Notice of your application being received by the Board. Received applications will be date-stamped, scanned, and publically posted at this location: https://bit.ly/FRWMB-Meetings-Page

Within 30 days of the Board receiving your completed application, you will be mailed either approval to construct your Domestic Allowance or additional instructions about your application.
1. WATER RIGHT OWNER INFORMATION

Name(s)          Susan Lee Yarger

Mailing Address       3088 Hwy 31

City          Libby     State   MT     Zip 59923

Home Phone    ☐ Work Phone ☐ Cell Phone 406-293-5115

Email          Susan.yarger52@gmail.com

2. PROPOSED SOURCE OF WATER SUPPLY

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

*Note: Pits, 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.

There will be only 1 well. We will use a licensed driller.
My understanding the final - 20-30 ft will be cased to keep ground water coming in. After that whatever the drill digger requires.

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

☒ Domestic: Number of homes supplied: __

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 ________________ — OR — Number of Acres ____________

(Note: if this is for a Shared Domestic Allowance, please use the map required by question 8 to show the yard/garden acreage footprint for each house. Please answer the period of use question directly below either way.)
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: ____________________  LONGITUDE: ____________________

1/4  1/4  1/4  Section: ______  Twp: ______  N / S  Rge: ______  E / W  County: ______  Lake County

Lot: ______  Block: ______  Tract No.: ______  Subdivision Name: ______  Juniper Shores

Government Lot No.: ______  COS No.: ______

Street Address, including City/State/Zip Code: ______

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): ______  15-3467-02-1-03-01-0000

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.

Map attached  
green is the proposed lawn area
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** ____________________________

Applicant Signature ________________________ Date: ______-____-____

Printed Name** ____________________________

Applicant Signature ________________________ Date: ______-____-____

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.
1. WATER RIGHT OWNER INFORMATION

Name(s)  Susan Ire Yarger
Mailing Address  3088 Hungry 31
City  Libby  State  MT  Zip  59923
Home Phone  Work Phone  Cell Phone  406-293-5715
Email  Susan_yarger55@gmail.com

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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 ___________________ LONGITUDE ___________________

SE 1/4 NE 1/4 NE 1/4 Section 2 Twp 24 N / S Rge 21 E W County Lake County

Lot ___ Block ___ Tract No. ___ Subdivision Name Juniper Shores

Government Lot No. ___ Block ___ Tract No. ___ COS No. (Amended) Juniper Shores

Street Address, including City/State/Zip Code 42070 Juniper Shores Lane

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

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1/4 1/4 1/4 _____ Section _____ Twp _____ N / S Rge _____ E / W County _____

Lot _____ Block _____ Tract No. _____ Subdivision Name

Government Lot No. _____ Block _____ Tract No. _____ COS No. _____

Street Address, including City/State/Zip Code

7. MAP

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