

**FLATHEAD RESERVATION
NOTICE OF DOMESTIC ALLOWANCE COMPLETION**

Use after the Office of the Water Engineer has approved the Request for Development (Form A)

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: \$???

Completion # _____ Basin _____

Priority Date _____

Time _____ AM / PM

Rec'd By _____

Fee Rec'd _____ Check # _____

Refund _____ Date _____

This form must be filed within 120 days of completing the pre-approved appropriation works. The Domestic Allowance becomes valid after filing of a correct and complete Notice of Domestic Allowance Completion.

1. REQUEST NUMBER (From Approved "Request for Approval to Develop a Domestic Allowance") _____

2. DEVELOPMENT

Individual Domestic Allowance (§ 2-2-117 (6)) (1 household with up to 35 gpm and 2.4 acre-feet with no more than 0.7 acre lawn & garden)

Shared Domestic Allowance (§ 2-2-117 (7)) (2 or 3 households with up to 35 gpm and 2.4 acre-feet with no more than 0.75 acre total lawn & garden)

Developed Domestic Allowance (§ 2-2-117 (8)) (development with up to 35 gpm and 10 acre-feet with no more than 0.25 acre lawn & garden per establishment)

3. NAME OF APPLICANT _____

Mailing Address _____

City / Town _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Home Phone _____

4. SOURCE OF WATER SUPPLY

Well(s) A copy of your Well Log(s) must be attached.

Developed Spring(s) Please describe your appropriation works including Well Shaft Casing Description.

5. FLOW RATE / PUMP INFORMATION

FLOW RATE USED _____ GPM PUMP SIZE (If present) _____ HP

DEPTH OF PUMP INTAKE _____ FT PUMP MAKE/MODEL (If available) _____

6. BENEFICIAL USE

DOMESTIC Number of homes supplied _____
Year round use? Yes No If no, from _____ to _____, inclusive each year

LAWN & GARDEN Total size of lawn and/or garden—length X width or total acreage _____
April 1—October 31 Yes No If no, from _____ to _____, inclusive each year

STOCK Number and type _____
(i.e. 2 horses) Year round use? Yes No If no, from _____ to _____, inclusive each year

FIRE SYSTEM Is a residential fire system required? Yes No If so, flow rate required _____

7. POINT OF DIVERSION (Must include Latitude and Longitude Coordinates)

LATITUDE _____ LONGITUDE _____
____ 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 _____

8. COMBINATION OR SHARED DEVELOPMENT

Is this development being 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.

9. PLACE OF USE

Geocode of the place of use (17 digits) _____
If there are multiple places of use, list the geocode for each parcel on an attached sheet. The geocodes can be found at the County Clerk and Records Office or by visiting <http://gis.mt.gov/>.

Is the place where water is 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 _____

10. AFFIDAVIT

I affirm the information provided for this Notice of Completion is to the best of my knowledge true and correct.

Applicant's Signature _____ Date _____
Applicant's Signature _____ Date _____
Applicant's Signature _____ Date _____

State of Montana
County of _____

Signed or acknowledged before me on _____ by _____

Notary's Signature _____
Notary's Name (Printed) _____
Notary public for the State of _____
Residing at _____
My commission expires _____

DRAFT