



# SURFACE WATER APPLICATION FOR BENEFICIAL WATER USE PERMIT

### FILING FEE

**\$1000.00 – Inside a Basin Closure Area; Controlled Groundwater Area or Compact Closure**

**\$800.00 – Outside a Basin Closure Area; Controlled Groundwater Area or Compact Closure**

### FILING FEE REDUCTION

If you attend a pre-application meeting with DNRC staff and your application is submitted within 6 months of the meeting date, the filing fee will be reduced by \$200.00. The time period may be extended if measurements or an aquifer test is required.

Use one application for each source of supply.  
To avoid processing delays, submit all required information.  
Attach additional sheets if necessary. Attachments must be labeled as shown in the sections below.

### MITIGATION REQUIREMENT

Basin Closure Area – You must complete a Basin Closure Addendum. Mitigation may be required for any adverse effect.

### FOR DEPARTMENT USE ONLY

Application # \_\_\_\_\_ Basin \_\_\_\_\_

Priority Date \_\_\_\_\_

Time \_\_\_\_\_ AM / PM

Rec'd By \_\_\_\_\_

Fee Rec'd \$ \_\_\_\_\_ Check # \_\_\_\_\_

Deposit Receipt # \_\_\_\_\_

Payor \_\_\_\_\_

Refund \$ \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person:  Contact is Applicant  Contact is Consultant  Contact is Attorney  Contact is Other

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**NOTE:** If a contact person is identified as an attorney, all communication will be sent only to the attorney unless the attorney provides written instruction to the contrary. If a contact person is identified as a consultant, employee, or lessee, the individual filing the water right form or objection form will receive all correspondence and a copy may be sent to the contact person.

### PERMIT APPLICATION INFORMATION

The information provided to the questions below is required for the Department to begin processing the application. The Department may require additional information during the processing of the application.

For any questions, please contact a Water Resources Division Regional Office.

**SURFACE WATER PERMIT APPLICATION ADDENDUMS & REVIEW**

Basin Closure Area Addendum - required if your point of diversion is located in a basin closure area. Do you need to submit a Basin Closure Area Addendum? Yes  No

Storage Addendum – required if you plan to store water. This addendum is not required for water tanks or cisterns. Do you need to submit a Reservoir Addendum? Yes  No

Water Marketing Addendum – required if the purpose of the permit application will be to market or sell water. Is this addendum applicable? Yes  No

Sage Grouse Habitat Project Review – required if your diversion and/or place of use are located within an area designated as sage grouse habitat, (<https://sagegrouse.mt.gov>). Is this review applicable? Yes  No

**SW.1. PURPOSE AND DIVERSION INFORMATION**

**SW.1.A** What is the source (stream) name from which you want to use water?  
 \_\_\_\_\_  Unnamed Tributary

**SW.1.B** Yes  No  Is the proposed use temporary? If so, when will the appropriation cease? \_\_\_\_\_

**SW.1.C** Please fill out the chart below with Purpose(s) and Diversion Information:

Purpose(s) for which you want to Divert Water	Proposed Means of Diversion	Acres Irrigated (if applicable)	Period of Diversion	Period of Use	Flow Rate Needed			Volume Needed
			Month/Day to Month/Day	Month/Day to Month/Day	Flow Rate	CFS	GPM	Volume AF (acre-feet)
			_____ to _____	_____ to _____		<input type="checkbox"/>	<input type="checkbox"/>	
			_____ to _____	_____ to _____		<input type="checkbox"/>	<input type="checkbox"/>	
			_____ to _____	_____ to _____		<input type="checkbox"/>	<input type="checkbox"/>	
			_____ to _____	_____ to _____		<input type="checkbox"/>	<input type="checkbox"/>	

Total Flow Rate Required \_\_\_\_\_

**SW.2. POINT(S) OF DIVERSION:** Describe the location to the nearest 10 acres. Include additional Points of Diversion on a separate sheet.

**POD #1** \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W County \_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Government Lot \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**POD #2** \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W County \_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Government Lot \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

**SW.3. PLACE OF USE:**

**GEOCODE(S)** 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>.

**LEGAL LAND DESCRIPTION:** Enter acres if Irrigation/Lawn & Garden. Attach additional sheets as necessary.

\_\_\_\_\_ Acres \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W

\_\_\_\_\_ Acres \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W

\_\_\_\_\_ Acres \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W

\_\_\_\_\_ Acres \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W

\_\_\_\_\_ Acres \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N/S Rge \_\_\_\_\_ E/W

**SW.4. MAP**

Provide either a USDA Aerial Photo or USGS Quad. Both maps can be obtained from the Internet or your local Water Resources Office.

- Note the section corners, township, range, and add a north arrow to the map.
- Identify the proposed point of diversion.
- Identify the proposed place of use.
- Identify conveyance facilities or routes.

**SW.5. SUPPLEMENTAL WATER RIGHTS**

If yes to either A or B, attach a detailed explanation. Please label attachment **SW.5 Supplemental Rights**.

**SW.5.A** Yes  No  Is the proposed water use needed to supplement other water right(s)?

**SW.5.B** Yes  No  Will this application supplement contract water from a Federal Project, ditch company, or other source?

**SW.6. PHYSICAL SURFACE WATER AVAILABILITY**

**SW.6.A** Yes  No  Is there a gauging station on your source? If yes, proceed to **SW.7**. If no, continue with this section.

**SW.6.B** Yes  No  Do you have at least one stream flow measurement from every month of the requested period of diversion. If yes, attach the measurements. Measurements must be submitted on Form 649 in electronic format with all information and data provided. Please label attachment **SW.6.B Physical Availability**. Proceed to **SW.7**. If no, continue with this section.

**SW.6.C** Yes  No  Did the Department approve a request to submit 3 monthly measurements rather than one measurement per month during the proposed period of diversion? If yes, attach a copy of the approval document and any measurements that were required by the Department. Measurements must be submitted on Form 649 in electronic format with all information and data provided. Please label attachment **SW.6.C Physical Availability**. Proceed to **SW.7**. If no, continue with this section.

**SW.6.D** Yes  No  Did you request a variance from measurement requirements which was approved by the Department (ephemeral sources only)? If yes, attach a copy of the variance approval and any information required in the variance approval. Please label attachment **SW.6.D Physical Availability**. If no, you cannot file this form at this time. Contact the appropriate regional office.

**SW.7. ADVERSE EFFECT**

- SW.7.A** Yes  No  Are you aware of any calls that have been made on the source? If yes, attach a detailed explanation. Please label attachment **SW.7.A Adverse Effect**.
- SW.7.B** Yes  No  Does a water commissioner distribute water or oversee water distribution on your proposed source?
- SW.7.C**  Attach a description of your plan to ensure that existing water rights will be satisfied during times of water shortage. Please label attachment **SW.7.C Adverse Effect**.

**SW.8. ADEQUATE DIVERSION MEANS AND OPERATION**

- SW.8.A** Yes  No  Do you have any plans to measure your diversion and use? If yes, attach a description of the plan and the type of measurements you will take. Please label attachment **SW.8.A Adequate Diversion Means and Operation**.
- SW.8.B**  Attach a detailed description of how you will operate your system from the point of diversion to the place of use. Please label attachment **SW.8.B Adequate Diversion Means and Operation**.
- SW.8.C** Yes  No  Will your system be designed to discharge water from the project? If yes, attach a detailed description. Please label attachment **SW.8.C Adequate Diversion Means and Operation**.
- SW.8.D**  Attach a detailed description and provide a diagram of the preliminary design plans and specifications for the proposed diversion and conveyance facilities and the equipment used to put the water to beneficial use. Describe the flow rate capacity of the system and include pump information if applicable. Please label attachment **SW.8.D Adequate Diversion Means and Operation**.

**SW.9. BENEFICIAL USE**

- SW.9.A**  Attach explanation why the requested flow rate and volume is the amount needed for the purpose. Please label attachment **SW.9.A Beneficial Use**.
- SW.9.B**  If the proposed use includes in-house domestic use, attach the applicable Certificate of Subdivision Approval.

**SW.10. GENERAL PROJECT PLAN & PROPOSED COMPLETION PERIOD**

**SW.10.A** How many years will you need to complete this project and put all of the requested water to use?

\_\_\_\_\_

**SW.10.B** Why is this needed? \_\_\_\_\_

\_\_\_\_\_

**SW.11. AFFIDAVIT & CERTIFICATION**

Read carefully before you sign and review with legal counsel if you have any questions.

I affirm the information provided for this application is to the best of my knowledge true and correct. I also affirm I have possessory interest, or the written consent of the person with the possessory interest, in the property where the water is to be put to beneficial use.

I understand that making a false statement under oath or affirmation in this application and official proceedings throughout the examination of my application may subject me to prosecution under §45-7-202, MCA, a misdemeanor punishable by a jail term not to exceed 6 months or a fine not to exceed \$500, or both. I have read this Affidavit and understand the terms and conditions.

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.		
Printed Name	_____	
Applicant Signature	_____	Date: _____
Printed Name	_____	
Applicant Signature	_____	Date: _____

**WATER RESOURCES OFFICES**

- BILLINGS:** AIRPORT INDUSTRIAL PARK, 1371 RIMTOP DR., BILLINGS MT 59105-1978  
PHONE: 406-247-4415 FAX: 406-247-4416  
SERVING: Big Horn, Carbon, Carter, Custer, Fallon, Powder River, Prairie, Rosebud, Stillwater, Sweet Grass, Treasure, and Yellowstone Counties
- BOZEMAN:** 2273 BOOT HILL COURT, SUITE 110, BOZEMAN MT 59715  
PHONE: 406-586-3136 FAX: 406-587-9726  
SERVING: Gallatin, Madison, and Park Counties
- GLASGOW:** 222 6TH STREET SOUTH, PO BOX 1269, GLASGOW MT 59230-1269  
PHONE: 406-228-2561 FAX: 406-228-8706  
SERVING: Daniels, Dawson, Garfield, McCone, Phillips, Richland, Roosevelt, Sheridan, Valley, and Wibaux Counties
- HAVRE:** 210 6TH AVENUE, PO BOX 1828, HAVRE MT 59501-1828  
PHONE: 406-265-5516 FAX: 406-265-2225  
SERVING: Blaine, Chouteau, Glacier, Hill, Liberty, Pondera, Teton, and Toole Counties
- HELENA:** 1424 9TH AVE., PO BOX 201601, HELENA MT 59620-1601  
PHONE: 406-444-6999 FAX: 406-444-9317  
SERVING: Beaverhead, Broadwater, Deer Lodge, Jefferson, Lewis and Clark, Powell, and Silver Bow Counties
- KALISPELL:** 655 TIMBERWOLF PARKWAY, SUITE 4, KALISPELL MT 59901-1215  
PHONE: 406-752-2288 FAX: 406-752-2843  
SERVING: Flathead, Lake, Lincoln, and Sanders Counties
- LEWISTOWN:** 613 NORTHEAST MAIN ST., SUITE E, LEWISTOWN MT 59457-2020  
PHONE: 406-538-7459 FAX: 406-538-7089  
SERVING: Cascade, Fergus, Golden Valley, Judith Basin, Meagher, Musselshell, Petroleum, and Wheatland Counties
- MISSOULA:** 2705 SPURGIN RD. BLDG.C, PO BOX 5004, MISSOULA MT 59806-5004  
PHONE: 406-721-4284 FAX: 406-542-5899  
SERVING: Granite, Mineral, Missoula, and Ravalli Counties

**MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION**  
**Water Resources Division - Water Rights Bureau**  
WEBSITE: <http://dnrc.mt.gov/divisions/water/water-rights>