



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

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

Reservoir 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

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. SUPPLEMENTAL WATER RIGHTS

SW.2.A Yes No Is the proposed water use needed to supplement other water right(s)?

SW.2.B Yes No Will this application supplement contract water from a Federal Project, ditch company, or other source? If yes, attach a detailed explanation. Please label attachment **SW.2.B Supplemental Rights**.

SW.3. MAP

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

SW.3.A Note the section corners, township, range, and add a north arrow to the map.

SW.3.B Identify the proposed point of diversion.

SW.3.C Identify the proposed place of use.

SW.3.D Identify conveyance facilities or routes.

SW.4. PHYSICAL SURFACE WATER AVAILABILITY

- SW.4.A** Yes No Is there a gauging station on your source? If yes, proceed to **SW.5**. If no, continue with this section.
- SW.4.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.4.A Physical Availability**. Proceed to **SW.5**. If no, continue with this section.
- SW.4.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.4.A Physical Availability**. Proceed to **SW.5**. If no, continue with this section.
- SW.4.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.4.A Physical Availability**. If no, you cannot file this form at this time. Contact the appropriate regional office.

SW.5. ADVERSE EFFECT

- SW.5.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.5.A Adverse Effect**.
- SW.5.B** Yes No Does a water commissioner distribute water or oversee water distribution on your proposed source?
- SW.5.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.5.C Adverse Effect**.

SW.6. ADEQUATE DIVERSION MEANS AND OPERATION

- SW.6.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.6.A Adequate Diversion Means and Operation**.
- SW.6.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.6.B Adequate Diversion Means and Operation**.
- SW.6.C** Yes No Will your system be designed to discharge water from the project? If yes, attach a detailed description. Please label attachment **SW.6.C Adequate Diversion Means and Operation**.
- SW.6.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.6.D Adequate Diversion Means and Operation**.

SW.7. BENEFICIAL USE

SW.7.A Attach explanation why the requested flow rate and volume is the amount needed for the purpose. Please label attachment **SW.7.A Beneficial Use**.

SW.7.B If the proposed use includes in-house domestic use, attach the applicable Certificate of Subdivision Approval.

SW.8. GENERAL PROJECT PLAN & PROPOSED COMPLETION PERIOD

SW.8.A How many years will you need to complete this project? _____

SW.8.B Why is this needed? _____

SW.9. 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: _____

