



**CONSERVATION DISTRICT  
APPLICATION TO CHANGE  
WATER RESERVATION**

**FILING FEE      \$900.00**

**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.*

- Complete this form to add a point of diversion, place of use, or place of storage to a Conservation District Water Reservation.
- Complete this form if the point of diversion, or if any portion of the proposed place of use, or a place of storage was not included in the original public notice.

For a change in purpose, use Form 606, Application to Change a Water Right.

**FOR DEPARTMENT USE ONLY**

Application No. \_\_\_\_\_ Basin \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Time \_\_\_\_\_ AM / PM  
 Rec'd by \_\_\_\_\_  
 Fee Rec'd \$ \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Refund \$ \_\_\_\_\_ Date \_\_\_\_\_

1. Conservation District (CD): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Phone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address: \_\_\_\_\_

2. Producer Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address: \_\_\_\_\_

3. Project Completion – The Department will set the project completion deadline to December 31 of the year set by the Conservation District in its authorization.
4. Affidavit – A Conservation District Board Member Must Sign
5. “Sage Grouse Habitat Project Review” required if the diversion and/or place of use are located within an area designated as sage grouse habitat. (<https://sagegrouse.mt.gov>)

The information provided for this application is to the best of my knowledge true and correct. 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 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: \_\_\_\_\_

**CHANGE APPLICATION INFORMATION**

**This application may only be used to add a point of diversion, place of use, or place of storage to include a project that was not included in the original Water Reservation public notice.**

- Yes  No  Was the point of diversion included in the original public notice?  
Yes  No  Was the entire place of use included in the original public notice? If not, complete this form.

**Section A. Water Reservation Details**

- A.1 \_\_\_\_\_ How much flow rate remains for this CD water reservation prior to this application?  
A.2 \_\_\_\_\_ How much volume remains for this CD water reservation prior to this application?  
A.3 \_\_\_\_\_ What is the typical period of diversion the CD authorizes?  
A.4 \_\_\_\_\_ What volume per acre (AF/AC) does the CD typically authorize?

**Section B. Application Details**

- B.1  Submit a copy of the Conservation District Application from the Producer.  
B.2  Submit a signed copy of the Reserved Water Use Authorization from the Conservation District.  
B.3  Submit a copy of the CD Public Notice from the Conservation District.  
B.4  Submit a copy of the Affidavit of Publication from the Conservation District  
B.5  Submit a copy of the public notice Certificate of Service from the Conservation District.  
B.6  Yes \_\_\_\_\_ No \_\_\_\_\_ Did the public notice of the Application receive any objections?  
If Yes, attach a copy.

**Section C. Project Location**

C.1 **Point of Diversion:** Describe the location of the proposed diversion(s) 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 #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 \_\_\_\_\_

C.2 **Place of Use:** Describe the location of the proposed Place of Use to the nearest 10 acres. Include additional Places of Use on a separate sheet.

**ACRES IRRIGATED.** Describe to the nearest 10 acres. Include additional Places of Use on a separate sheet.

\_\_\_\_\_ 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

**Section D. Supplemental Water Rights**

When two or more water rights overlap the proposed place of use, the water rights are considered supplemental.

D.1 Yes  No  Are there any water rights that overlap the place of use proposed in this application?  
If yes, identify those rights. If no, skip to Section D.

<i>Water Right No. &amp; Basin</i>	<i>Priority Date</i>	<i>Water Right No. &amp; Basin</i>	<i>Priority Date</i>

D.2 Why is this water reservation needed to supplement the acres?

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D.3 Explain how all of the supplemental water rights will be collectively operated.

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**Section E. Map – ARM 36.12.111**

E.1  Provide a map depicting the proposed point of diversion, means of conveyance, place of use, and place of storage.

E.2  If there are supplemental water rights provide one map depicting all of the historic points of diversion, means of conveyance, and places of use. Label each point of diversion with the water right number.

**Section F. Adverse Effect – ARM 36.12.1903**

The determination of whether adverse affect will occur is based on the details of the proposed project. If the CD is adding a point of diversion or place of use the CD needs to show that the proposed project will not create an adverse affect to junior or senior water rights. In some cases adding a point of diversion may require the physical and legal demands on the source be known. If a legal demand analysis is needed and the legal demands exceed the amount of water physically available, the CD may need to provide a mitigation plan.

The Department will review the proposed project and contact the CD if mitigation is required or if other information is required to address possible adverse effects.

**Section G. Adequate Diversion Means and Operation - ARM 36.12.1904**

G.1 Describe the preliminary design plans and specifications for the proposed diversion and conveyance facilities and the equipment used to put the water to beneficial use.

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G.2 Yes  No  Are there other water rights that use the same diversion from the source, such as a ditch?  
If yes, explain why this water right will not exceed the capacity of the diversion works.

**Section H. Beneficial Use – ARM 36.12.1801**

H.1 How does the water use benefit you, other persons, or the public?

H.2 How did you determine the flow rate needed for the project?

H.3 How did you determine the acre-feet needed for the project?

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

- BILLINGS:** AIRPORT BUSINESS PARK, 1371 RIMTOP DR., BILLINGS MT 59105-1978  
Phone (406) 247-4415
- BOZEMAN:** 2273 BOOTHILL COURT, SUITE 110, BOZEMAN MT 59715-7249  
Phone (406) 586-3136
- GLASGOW:** 222 SIXTH ST SOUTH, GLASGOW MT 59230-1269  
Phone (406) 228-2561
- HAVRE:** 210 SIXTH AVE, HAVRE MT 59501-1828  
Phone (406) 265-5516
- HELENA:** 1424 NINTH AVE; PO BOX 201601, HELENA MT 59620-1601  
Phone (406) 444-6999
- KALISPELL:** 655 TIMBERWOLF PKWY, SUITE 4, KALISPELL MT 59901-1215  
Phone (406) 752-2288
- LEWISTOWN:** 613 NE MAIN, SUITE E, LEWISTOWN MT 59457-2020  
Phone (406) 538-7459
- MISSOULA:** 2705SPURGIN RD; PO BOX 5004, MISSOULA MT 59806-5004  
Phone (406) 721-4284

