

STATE OF MONTANA
 DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION



PROJECT COMPLETION NOTICE
 FOR CHANGE OF A WATER RIGHT
 Field Report

INSTRUCTIONS: Use this form to report the completion of an Authorization to Change a Water Right. This form must be filed on or before the deadline date on the authorization or authorized extension of time. If the project is not completed, file an Application for Extension of Time 30 days before the authorization deadline date; otherwise the authorization is void. For complete instructions, read "Instructions for Project Completion Notice for Change of a Water Right."

A. GENERAL INFORMATION

1. **AUTHORIZATION NO.** _____
2. Owner _____
 Mailing Address _____ Telephone No. _____
 City _____ State _____ Zip _____
3. Field Examiner _____ Profession _____
 Mailing Address _____ Telephone No. _____
 City _____ State _____ Zip _____
4. Field Investigation Date _____

B. CHANGE AUTHORIZED

- Point of Diversion (Complete Section C) Purpose of Use (Complete Section E)
 Place of Use (Complete Section D) Place of Storage (Complete Section F)

C. FOR CHANGE IN POINT OF DIVERSION

The new point of diversion: Replaces OR Is in addition to the old point of diversion.

1. **NEW Point of Diversion**

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

2. **OLD Point of Diversion if Replaced by the New Point of Diversion**

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

D. FOR CHANGE IN PLACE OF USE

1. NEW PLACE OF USE FOR IRRIGATION

ACRES	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

_____ TOTAL ACRES Subdivision Name _____

2. ACRES NO LONGER IRRIGATED

ACRES	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

_____ TOTAL ACRES Subdivision Name _____

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3. NEW PLACE OF USE FOR NON-IRRIGATION PURPOSES

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

4. OLD PLACE OF USE FOR NON-IRRIGATION PURPOSES

IDENT NO	GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

E. FOR CHANGE IN PURPOSE OF USE

1. **NEW Use** _____
 Rate _____ GPM CFS volume _____ acre-feet

NEW Use _____
 Rate _____ GPM CFS volume _____ acre-feet

Describe New Use (no. of families for domestic, no. of head of stock, no. of acres, etc.)

2. **OLD Use** _____
 Rate _____ GPM CFS volume _____ acre-feet

OLD Use _____
 Rate _____ GPM CFS volume _____ acre-feet

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F. FOR CHANGE IN PLACE OF STORAGE

1. **NEW Storage**
 Attach an engineering survey, an "SCS As Built" survey, or complete the formula below with current measurements of the reservoir or pit as it was built.

Dam: Surface Area _____ X Maximum Depth _____ X 0.4 = _____ AC-FT
(acres) (at dam) (feet) (capacity)

Pit: Surface Area _____ X Maximum Depth _____ X 0.5 = _____ AC-FT
(acres) (feet) (capacity)

2. **NEW Place of Storage**

GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

3. **OLD Place of Storage**

GOV'T LOT	LOT	BLK	1/4	1/4	1/4	SEC	TWP N/S	RGE E/W	CNTY

Subdivision Name _____

G. AUTHORIZATION TO CHANGE CONDITIONS OR LIMITATIONS

Explain how each of the conditions of the permit have or have not been met.

H. MAP AND PHOTOGRAPHS

Attach a copy of aerial photo or USGS Quadrangle showing the following:

- Section Corners and Numbers
- Township and Range Numbers
- Point of Diversion (old and new)
- Place of Use (old and new)
- Place of Storage (old and new)

Photographs of your changed diversion, place of use, place of storage, or purpose of use will help document the completion and operation of your project. If photos are submitted, label them with the following information:

- Authorization Number
- Date photo taken
- Name of photographer
- Subject of photo (point of diversion, etc.)

I. COMMENTS

J. CERTIFICATION

The above information is a true statement of the extent the project was developed.

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

Field Examiner Printed Name: _____

Field Examiner Signature: _____ Date: _____

K. AUTHORIZATION HOLDER (sign only if the person signing the certification is not the authorization owner)

I have reviewed these findings and submit this Notice of Completion to the Department.

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

Authorization Holder Printed Name: _____

Authorization Holder Signature: _____ Date: _____

SUBMIT THE COMPLETED FORM TO YOUR WATER RESOURCES REGIONAL OFFICE LISTED IN THE INSTRUCTIONS.