

NOTICE OF RECEIPT WATER RIGHT APPLICATION

(Pursuant to Section § 85-2-307(1), MCA)

Summarized below are the application details as described in an Application for a Provisional Permit received by the Department of Natural Resources & Conservation on JULY 27, 2016. This notice reflects the application details only as originally submitted. The notice does not reflect changes to the application details made during the review process.

Application Number: 76LJ 30105295
Owners: PAUL L JOHNSON
3515 SW SEOLA LN
SEATTLE, WA 98146
CANDACE L GREENE
3515 SW SEOLA LN
SEATTLE, WA 98146
Priority Date: JULY 27, 2016 at 03:00 P.M.
Purpose (use): LAWN AND GARDEN
Maximum Flow Rate: 5.00 GPM
Maximum Volume: 0.31 AC-FT
Maximum Acres: 0.13
Source Name: WHITEFISH RIVER (WHITEFISH LAKE)
Source Type: SURFACE WATER

Point of Diversion and Means of Diversion:

<u>ID</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1	1	NENENW	10	31N	22W	FLATHEAD

Period of Diversion: JANUARY 1 TO DECEMBER 31

Diversion Means: PUMP

Purpose (Use): LAWN AND GARDEN
Volume: 0.31 AC-FT
Period of Use: JANUARY 1 to DECEMBER 31

Place of Use:

<u>ID</u>	<u>Acres</u>	<u>Govt Lot</u>	<u>Qtr Sec</u>	<u>Sec</u>	<u>Twp</u>	<u>Rge</u>	<u>County</u>
1	0.13	1	NWNE	10	31N	22W	FLATHEAD

Total: 0.13

IF ISSUED, THE RIGHT WILL BE SUBJECT TO PRIOR EXISTING WATER RIGHTS.

In general, the department will make a preliminary determination to grant or deny this application within 120 days of the date the application is deemed correct and complete. That date is currently unknown. If the preliminary determination is to grant the application, the application will be published in the local newspaper and a notice will be sent to appropriators who, according to the department records may be affected by the proposed appropriation. Individuals will have 45 days to submit an objection under § 85-2-308, MCA, after the application has been published in the newspaper.

Direct questions regarding this application to the Water Resources Regional Office, 655 TIMBERWOLF PARKWAY, SUITE 4, KALISPELL, MT 59901-2387 PHONE: 406-752-2288 FAX: 406-752-2843.