

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 MARCH 27, 2020. 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: 76N 30148209
Owners: AVISTA CORPORATION
PO BOX 3727 MSC-1
SPOKANE, WA 99220 3727
Priority Date: MARCH 27, 2020 at 11:58 A.M.
Purpose (use): FISHERY
Maximum Flow Rate: 9.00 CFS
Maximum Volume: 5,730.98 AC-FT
Source Name: GRAVES CREEK
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		W2NWNE	11	22N	30W	SANDERS

Period of Diversion: JANUARY 1 TO DECEMBER 31

Diversion Means: OTHER

Purpose (Use): FISHERY
Volume: 5,730.98 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			W2NWNE	11	22N	30W	SANDERS

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 department records may be affected by the proposed appropriation. Individuals will have at least 15 days and no more than 60 days (specific deadline will be identified at time of notice) 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.