

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 _____

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

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.

_____ Date _____ Field Examiner's Signature

State of Montana
County of _____

Signed or acknowledged before me on _____ by _____

Notary's Signature _____

Notary's Name (Printed) _____

Notary public for the State of _____

Residing at _____

My commission expires _____

Affix Notarial Seal/Stamp Above

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.

_____ Date _____ Signature

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