

FILING FEE \$400.00

INFORMATION

Use this form for groundwater developments located in the East Valley Controlled Groundwater Area (Zone 2 only) for appropriations up to 35 GPM and 10 AF per **year**. In order to file this form, you must have prior written approval from (1) Lewis and Clark County Board of Health, (2) Lewis and Clark County Water Quality Protection Bureau, (3) the U.S. Environmental Protection Agency, (4) the Montana State Dept. of Environmental Quality and (5) the Montana State Dept. of Natural Resources and Conservation.* The written approval must include the following recommendations which will also be included as conditions on the appropriation (ARM 36.12.906 (5)(a)-(c)):

- (a) Well design and construction requirements necessary to measure the water level and water quality for any well;
- (b) Water level measurement and water quality sample reporting requirements for any new well; and
- (c) Any other requirements necessary to ensure new wells can be operated in a manner consistent with purpose of the EVCGWA.

For Department Use Only				
Application #	Basin			
Priority Date				
Rec'd By				
Fee Rec'd \$	Check #			
Deposit Receipt #				
Payor				
Refund \$	Date			
Deficiency Letter Sent				
-				

To use this form, the following must apply to your water use.

- The development is located within the boundaries of the East Valley Controlled Groundwater Area, Zone 2.
- The source is groundwater, meaning any water located beneath the ground surface.
- The water is typically diverted from the ground via a well, developed spring, or a collection of water in a ground water pit or pond.
- The flow rate used is 35 gallons per minute or less. This is the rate you are taking water from the source.
- The total volume used from the development does not exceed 10 acre-feet per year.

* These agencies have established a Technical Advisory Group (TAG) for the purposes of reviewing, monitoring, and making recommendations regarding applications and water use within the EVCGWA. Prior written approval by the TAG must be submitted with this form and satisfies the prior written approval required for filing Forms 600, 606 and 635. ARM 36.12.906 (4)-(6).

All of the required information must be entered/ attached for your application to be considered correct and complete as required under ARM 36.12.1601.

complete as required under ARIVI 36.	12.1001.			
APPLICANT INFORMATION:				
Applicant Name				
Mailing Address	City	State	Zip	
Phone Numbers: Home	Work	Cell		
Email Address				



1.		ON LOCATED IN ZONE 1 AS DESIGNATED BY THE EVCGWA? N If YES, you cannot file this form.
2.	□ Well - V □ Deve □ Pit/ P	USED TO OBTAIN GROUNDWATER: - Attach the well log if well has been drilled. Vell log attached? □ Y □ N loped Spring (Excavation performed at the spring location.) rond pecify the following: Surface Area (Acres) Depth (Feet)
3.	FLOW RATI	E REQUIRED? GPM
4.	Are there the control w e. If yes, place	ON OR SHARED DEVELOPMENT: • other groundwater developments on your property? — Yes — No • theck 'Yes' if you have other groundwater developments located on your land within ¼ mile of his development. If you have a Groundwater Certificate, provide water right numbers. Check yes' if this development is shared with others, such as two homes on one well. Provide the vater right number and document how the development is shared. If a shared well agreement exists, provide a copy of that agreement. • ease provide the water right numbers below and be sure that all groundwater ments are included in the map requested in question 8.
5.	PURPOSE A	AND PERIOD OF USE:
	Domestic	Number of homes supplied: to to, inclusive of each year.
	1 0	Total size of lawn and/or garden that will be watered (length x width) or acres
	Lawn & Garden	April 1 – October 31 ☐ Yes ☐ NO If No, from to, inclusive of each year.
	Stock	Number and type:
	(example 100 cows & 1 horse)	Year-round use? ☐ Yes ☐ No If No, from to, inclusive of each year.
		Describe the purpose of the use
	Other	Amount of water used: gallons per day. Number of days used
		Year-round use? ☐ Yes ☐ No If No, from to, inclusive of each year.
6.		VERSION — Location of Ground Water Development 1/41/4 of Section Township □ N □ S Range □ E □ W
	County	Tract # COS# Gov't Lot #
	Subdivisio	on Name Lot Block
	Street Ad	dress, including City/State/Zip Code



	PLACE OF USE — Enter tr description	ie 17-aigit geoc	ode applicable	to the place o	t use legal i	and	
	If there are multiple places of use, attach additional sheets and list the geocode for each legal						
	land description. The geocodes can be found in county records, tax statements, or at						
	https://svc.mt.gov/msl/cadastral/.						
	Is the place where water is used the same as the point of diversion? ☐ Yes ☐ No						
	<u>If no</u> , enter the pla						у.
	□ Damasatia □ Otasala		7.045				
	☐ Domestic ☐ Stock 1/41/41/4_			пипѕ	Range	ПЕГ	ı w
	County	or occilon Tr	act #	COS#	Gov't	_	_
	County Subdivision Name_ Street Address, including (Lot	Blo	ock	
	Street Address, including (City/State/Zip Cod	de				
, ,	MAD Attach a man (usa	a LICCS Quadr	angla Man ar a	orial photo oo	a haaaman	\ abayrii	na tha
	MAP — Attach a map (use point of diversion and place		angle Map of a	enai prioto as	a basemap) SHOWII	ng me
1	The map should include a		ale bar, section o	corners and nu	mber. and to	wnship a	and
	range numbers. If there ar						
	* Note: If the requ	ired information is	s included on the	map, DNRC и	vill confirm the		
	description matche	es the map. If it o	does not, DNRC	will change the	written desc	ription to	match
	the map.						
. 1	WHEN WILL THIS APPRO	PRIATION BE	COMPLETED?	•			
	*Note: once the project is complete, you must submit a form 617 (Notice of Completion of Permitte						
	Water Development).						
	**Note: A permit must be						
	long it will take to perfect the water usage. You must file a Notice of Completion showing that the water						
	has been put to use before the deadline assigned by the Department based on the timeline submitted in this field. If no time is given, DNRC will assign December 31 of the current year (or the following						
	year if issued after Septen		issign December	31 of the curre	ent year (or tr	ie toliow	ing
	year ii issued aiter Septeri	iber 50).					
0	Гесhnical Advisory Group	(TAG) Approv	/al — Attach wi	ritten approva	I from the Ta	AG.	
	Written approval attache	ed? □ Yes □ No	•				
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	I declare under penalty foregoing is true and co		nder the laws c	or the state of	wontana tna	at the	
	loregoing is true and co	Teol.					
	Printed name						
						_	
	A 1' 10' 1			Б.			
	Applicant Signature			Da	ne:		
	Printed name					_	
	Applicant Signature			Da	ıte:		
	** Please note, you must submit ORIGINAL signatures – copies will not be accepted **						
			_				

Visit https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas for additional information about the use of this form and to view a map of the East Valley Controlled Groundwater Area, Zone 1 and Zone 2.

For Questions Contact: DNRC Water Resources Helena Regional Office

1424 9th Avenue PO Box 201601 Helena, MT 59620-1601 Ph. 406-444-6999

