



APPLICATION FOR EAST VALLEY CONTROLLED GROUNDWATER AREA PERMIT

ARM 36.12.906

Form No. 600 EVCGWA (10/2025)

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.

** 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.

APPLICANT INFORMATION:

Applicant Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone Numbers: Home _____

Work _____

Cell _____

Email Address _____

For Department Use Only

Application # _____ Basin _____

Priority Date _____ Time _____

Rec'd By _____

Fee Rec'd \$ _____ Check # _____

Deposit Receipt # _____

Payor _____

Refund \$ _____ Date _____

Deficiency Letter Sent _____



1. IS DIVERSION LOCATED IN ZONE 1 AS DESIGNATED BY THE EVCGWA?

Y N *If YES, you cannot file this form.*

2. DIVERSION USED TO OBTAIN GROUNDWATER:

Well – *Attach the well log if well has been drilled.*

Well log attached? Y N

Developed Spring (Excavation performed at the spring location.)

Pit/ Pond

Specify the following: Surface Area (Acres) _____ Depth (Feet) _____

3. FLOW RATE REQUIRED? _____ GPM

4. COMBINATION OR SHARED DEVELOPMENT:

Are there other groundwater developments on your property? Yes No

Check 'Yes' if you have other groundwater developments located on your land within 1/4 mile of this 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 water right number and document how the development is shared. If a shared well agreement exists, provide a copy of that agreement.

If yes, please provide the water right numbers below and be sure that all groundwater developments are included in the map requested in question 8.

5. PURPOSE AND PERIOD OF USE:

| | |
|---|---|
| Domestic | Number of households and bedrooms served per household: _____ Year-round use? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, from _____ to _____, inclusive of each year. |
| Lawn & Garden | Total size of lawn and/or garden that will be watered (length x width) or acres _____ April 1 – October 31 <input type="checkbox"/> Yes <input type="checkbox"/> NO If No, from _____ to _____, inclusive of each year. |
| Stock (example 100 cows & 1 horse) | Number and type: _____ Year-round use? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, from _____ to _____, inclusive of each year. |
| Other | Describe the purpose of the use _____ Amount of water used: _____ gallons per day. Number of days used _____ Year-round use? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, from _____ to _____, inclusive of each year. |

6. POINT OF DIVERSION — Location of Ground Water Development

____ 1/4 ____ 1/4 ____ 1/4 ____ of Section ____ Township ____ N S Range ____ E W

County _____ Tract # _____ COS# _____ Gov't Lot # _____

Subdivision Name _____ Lot _____ Block _____

Street Address, including City/State/Zip Code _____



7. PLACE OF USE — Enter the 17-digit geocode applicable to the place of use legal land description

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
If no, enter the place of use land description below. Attach additional sheets if necessary.

Domestic Stock Irrigation Other
____ 1/4 ____ 1/4 ____ 1/4 ____ of Section ____ Township ____ N S Range ____ E W
County _____ Tract # _____ COS# _____ Gov't Lot # _____
Subdivision Name _____ Lot _____ Block _____
Street Address, including City/State/Zip Code _____

8. MAP — Attach a map (use a USGS Quadrangle Map or aerial photo as a basemap) showing the point of diversion and place of use.

The map should include a north arrow, a scale bar, section corners and number, and township and range numbers. If there are any other wells on your property, include them on the map.

** Note: If the required information is included on the map, DNRC will confirm the written land description matches the map. If it does not, DNRC will change the written description to match the map.*

9. WHEN WILL THIS APPROPRIATION BE COMPLETED? _____

**Note: once the project is complete, you must submit a form 617 (Notice of Completion of Permitted Water Development).*

***Note: A permit must be secured prior to putting the water to beneficial use. Enter approximately how 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 September 30).*

10. Technical Advisory Group (TAG) Approval — Attach written approval from the TAG.

Written approval attached? Yes No

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

Printed name _____

Applicant Signature _____ Date: _____

Printed name _____

Applicant Signature _____ Date: _____

**** 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

Helena, MT 59620-1601

PO Box 201601

Ph. 406-444-6999

