



**PREAPPLICATION MEETING FORM**  
**PERMIT**  
 § 85-2-302  
 Form No. 600P (Revised 4/2024)

**For Department Use Only**

Application # \_\_\_\_\_ Basin \_\_\_\_\_  
 Meeting Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
 Completed Form Deadline \_\_\_\_\_

**PREAPPLICATION MEETING FEE**  
 \$ 500

**FILING FEE REDUCTION & EXPEDITED TIMELINE**

An application will be eligible for a filing fee reduction and expedited timelines if the applicant completes a preapplication meeting with the Department (ARM 36.12.1302(1)), which includes submitting any follow-up information identified by the Department (ARM 36.12.1302(3)(c)) and receiving either Department-completed technical analyses or Department review of applicant-submitted technical analyses (ARM 36.12.1302(4) and (5)). An application for the proposed project also must be submitted within 180 days of delivery of Department technical analyses or scientific credibility review and no element on the submitted application can be changed from the completed preapplication meeting form (ARM 36.12.1302(6)).

Completed Form Received \_\_\_\_\_  
 Fee Rec'd \$ \_\_\_\_\_ Check # \_\_\_\_\_  
 Deposit Receipt # \_\_\_\_\_  
 Payor \_\_\_\_\_  
 Refund \$ \_\_\_\_\_ Date \_\_\_\_\_

*The Department will fill out Form No. 600P and will identify follow-up during the preapplication meeting. The Department and Applicant will sign the Preapplication Meeting Affidavit and Certification within five business days. Within 180 days of the preapplication meeting, the Applicant will complete identified follow-up on a separate document with the question numbers clearly labeled.*

**Applicant Information: Add more as necessary.**

Applicant Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Contact/Representative Information: Add more as necessary.**

Contact/Representative is:  Applicant  Consultant  Attorney  Other (describe) \_\_\_\_\_  
 Contact/Representative Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

**NOTE:** *If a contact person is identified as an attorney, all communication will be sent only to the attorney unless the attorney provides written instruction to the contrary. If a contact person is identified as a consultant, employee, or lessee, the individual filing the water right form or objection form will receive all correspondence and a copy may be sent to the contact person.*

**Meeting Attendees: Add more as necessary.**

Name	Organization	Position

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## Application Details

The following questions are mandatory and must be filled out before the Preapplication Meeting Form is determined to be complete. Narrative responses that are larger than the space provided can be answered in an attachment. If an attachment is used, mark the see attachment (“A”) checkbox on this form and label the attachment with the question number. Constrain narrative responses to the specific question as is asked on the form; do not respond to multiple questions in one narrative. Label units in narrative responses. Responses in the form of a table may be entered into the table provided on this form or in an attachment. Responses in the form of a table that are larger than the table provided on this form should be placed in an attachment. If an attachment is used, the table must have the exact headings found on this form, and the see attachment (“A”) checkbox must be marked. For tables in this form, circle correct unit at header of column when faced with a choice of units. For tables in attachments, label all units. Questions that require Applicant to submit items to the Department have a submitted (“S”) checkbox, which is marked when the required item is attached to the Preapplication Meeting Form. Label all submitted items with the question number for which they were submitted. For all questions where follow-up is necessary, mark the “F” checkbox in the “Follow-Up” column and write the question number on the “Follow-Up Page”.

<b>Questions, Narrative Responses, and Tables</b>					<b>Check-boxes</b>	<b>Follow-Up</b>
1. Do you elect to have DNRC conduct Technical Analyses?					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
2. Provide a map created on an aerial photograph or topographic map that shows the following: section corners, township and range, a north arrow, all proposed points of diversion labeled with a unique POD ID number, all proposed places of use, all proposed conveyance structures, all proposed places of storage, and places of use for all overlapping water rights.					<input type="checkbox"/> S	<input type="checkbox"/> F
3. Is the project located in a Controlled Groundwater Area or Basin Closure Area? If yes, immediately go to Project-Specific Questions 47 to 52 because Form 600 may be the incorrect form, or this project may not meet the requirements for the Department to accept a Form 600.					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
4. Is the proposed use temporary?					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, when will the appropriation cease? _____					<input type="checkbox"/> A	<input type="checkbox"/> F
5. Describe the proposed purpose information, including period of diversion (MM/DD-MM/DD), period of use (MM/DD-MM/DD), flow rate (GPM or CFS) and volume (AF).					<input type="checkbox"/> A	<input type="checkbox"/> F
Purpose	Period of Diversion	Period of Use	Flow Rate			Volume
	(MM/DD-MM/DD)	(MM/DD-MM/DD)	Flow Rate	GPM	CFS	(AF)
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total</b>				<input type="checkbox"/>	<input type="checkbox"/>	



6. Describe the proposed location of the point(s) diversion to the nearest 10 acres, if source is groundwater (GW) or surface water (SW), source name, and means of diversion (e.g., pump, headgate, well). Label each POD with the POD ID number used for the project map (question 2).  A  F

POD #	¼	¼	¼	Sec	Twp	Rge	County	Lot	Block	Tract	Subdivision	Gov Lot	SW or GW	Source Name	Means

7. What are the geocodes of the place of use?  A  F


8. Describe the legal land description for the proposed place of use and, if an irrigation or lawn and garden purpose, list the number of irrigated acres.  A  F

Acres	Gov't Lot	Block	¼	¼	¼	Sec	Twp	Rge	County
<b>Total</b>									

9. Will other water right(s) supplement or overlap the place of use to contribute to the purpose(s)?  Y  N  F

a. If yes, summarize how the water rights will be operated as a whole to serve the purpose(s).  A  F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. For each supplemental or overlapping water right, please list the water right number, purpose, typical period of diversion and use (MM/DD-MM/DD), flow rate (GPM or CFS), and the volume of water (AF) contributed.				<input type="checkbox"/> A	<input type="checkbox"/> F
Water Right No.	Avg. Period of Diversion (MM/DD-MM/DD)	Avg. Period of Use (MM/DD-MM/DD)	Flow Rate (GPM or CFS)	Volume Contributed (AF)	

11. Will this application supplement contract water from a Federal Project, ditch company, or other source?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, explain. _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
12. Does the project involve one or more place(s) of storage with a capacity of greater than 0.1 acre-feet? This does not include storage tanks and cisterns. If yes, answer questions 53 to 61 for place of storage.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
13. Does the project involve one or more conveyance ditches? If yes, answer questions 62 to 64 for ditch-specific questions.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
14. Does the project involve an appropriation that is greater than 5.5 CFS and 4,000 AF? If yes, you must submit a Criteria Addendum Application for Beneficial Water Use Permit for Appropriations Greater than 5.5 CFS and 4,000 AC-FT (Form 600-B) with application submittal. The criteria are found in §85-2-311(3), MCA.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
15. Will you be transporting water for use outside of Montana? If yes, you will need submit an Out-of-State Use Addendum (Form 600/606-OSA) with the application. The out-of-state use criteria are outlined in §85-2-402(6), MCA.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
16. Does the project include the water marketing purpose? If yes, answer questions 65 to 71 for water marketing. A Water Marketing Purpose Addendum (Form 600/606-WMA) will be required with application submittal.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
17. Is the project located in designated sage grouse habitat? If yes, you must have a consultation with and review of your project by the Montana Sage Grouse Habitat Conservation Program. The review letter will be required at application submittal.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F



**Surface Water**

**Applicable**, move on to question 18.  **Not Applicable**, skip to question 29.

The following questions are mandatory for surface water permit applications and must be filled out before the Preapplication Meeting Form is determined to be complete.

*Surface Water: Physical Availability*

<b>Questions, Narrative Responses, and Tables</b>						<b>Check-boxes</b>	<b>Follow-Up</b>
18. What is the flow rate (GPM or CFS), volume (AF), period of diversion start date and end date (MM/DD-MM/DD), and source type (e.g., perennial, ephemeral) at each point of diversion? Use the same POD # as the project map (question 2) to label each point of diversion.						<input type="checkbox"/> A	<input type="checkbox"/> F
POD #	Flow Rate (GPM or CFS)	Volume (AF)	Period Start (MM/DD)	Period End (MM/DD)	Source Type		

19. What is the source type of the surface water diversion? _____						<input type="checkbox"/> A	<input type="checkbox"/> F
Perennial or intermittent	Answer question 20	Ephemeral	Answer questions 22 to 24	Lakes	Answer question 25	Other	Answer question 26

*Surface Water: Physical Availability: Perennial or Intermittent*

Applicable  Not Applicable

20. Is stream gage data available?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, answer the following questions related to the number of stream gages that are available.			
i. One stream gage is available			
1. What is the gage name? _____			<input type="checkbox"/> F



2. Who operates and maintains the gage? _____		<input type="checkbox"/> F
3. Is the stream gage upstream or downstream of point(s) of diversion? _____		<input type="checkbox"/> F
4. Is there a limiting or controlling factor that would make the Drainage Area Method not practical? This includes dams that control the flow and streams with large gaining and/or losing reaches. If you have questions about this, please contact the Regional Hydro-Specialist or the Water Sciences Bureau.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
5. Is the period of record greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
6. How frequently is stage data recorded? _____		<input type="checkbox"/> F
7. If data gaps were to occur, are they identified and left unfilled or estimated using interpolation, ice correction, or indirect discharge measurements methods?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
8. Was the rating curve established and maintained throughout the duration of the period of record using measurements taken near the reference gage and stage recorder according to USGS protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
9. Were there requirements for maintaining a permanent gage datum and meeting specified accuracy limits?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
10. Does the gage data meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, this section is complete. Skip to question 27.		
b. If no, answer question 20.b.		
ii. More than one stream gage is available		
1. List the gage names. _____		<input type="checkbox"/> F
2. Who operates and maintains the gages? _____		<input type="checkbox"/> F
3. Is one stream gage upstream and one downstream of point(s) of diversion?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
4. Do the stream gages have similar periods of record?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
5. Are the periods of record each greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F



6. How frequently is stage data recorded at each gage? _____		<input type="checkbox"/> F
7. For each gage, if data gaps were to occur, are they identified and left unfilled or estimated using interpolation, ice correction, or indirect discharge measurements methods?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
8. Were the rating curves established and maintained throughout the duration of the period of record using measurements taken near the reference gages and stage recorders according to USGS protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
9. For each gage, were there requirements for maintaining a permanent gage datum and meeting specified accuracy limits?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
10. Does the gage data meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, this section is complete. Skip to question 27.		
b. If no, answer question 20.b.		
b. If no gage data is available or if available gage data does not meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion, is the source otherwise measured?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes,		
1. Submit available measurements to the Department.	<input type="checkbox"/> S	<input type="checkbox"/> F
2. Who collected the measurements? _____	<input type="checkbox"/> A	<input type="checkbox"/> F
3. With what method was the data collected? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
4. What is the period of record? _____		<input type="checkbox"/> F
5. What is the frequency of measurement? _____		<input type="checkbox"/> F
6. Are there gaps in the data?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F





<p>a. If yes, what is the nature of the gaps and how are gaps handled to ensure data quality?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>7. Is there a process for maintaining the data and meeting specified accuracy limits?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, explain.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>8. Does available measurement data meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, this section is complete. Skip to question 27.</p>		
<p>b. If no, answer question 21.</p>		
<p>21. Does the available measurement data, gage and/or otherwise measured, meet the Department's standard of including a minimum of high, moderate, and low flows to be sufficient to use for calibration of a department-accepted estimation technique?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, describe the estimation technique.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>b. If no,</p>		
<p>i. Will measurements be collected prior to submission of a completed Form No. 600P that meet the Department's standard of including a minimum of high, moderate, and low flows to be sufficient to use for calibration of a department-accepted estimation technique?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>1. If yes,</p>		
<p>a. With what method will the data be collected?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F



b. What will be the interval of measurement? _____		<input type="checkbox"/> F
c. Describe the proposed estimation technique. _____ _____ _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
2. If no,		
a. Describe your plan to comply with the requirements of ARM 36.12.1702(1). _____ _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
b. Do you plan on requesting a variance from measurement requirements pursuant to ARM 36.12.1702(1)(b)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F

*Surface Water: Physical Availability: Ephemeral*

Applicable  Not Applicable

22. If you will conduct Technical Analyses, what is your plan to calculate mean annual runoff? If DNRC will conduct Technical Analyses, write N/A. _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
23. Where do you plan to obtain climate and drainage area data? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
24. Where is the downstream point of diversion, which will be used to delineate the drainage basin? _____	<input type="checkbox"/> A	<input type="checkbox"/> F



*Surface Water: Physical Availability: Lakes*

Applicable  Not Applicable

25. Do you have a design plan?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, provide the design plans to DNRC	<input type="checkbox"/> S	<input type="checkbox"/> F
b. If no, has the lake volume been quantified by a qualified entity based on bathymetric data?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes, provide this information to DNRC.	<input type="checkbox"/> S	<input type="checkbox"/> F
ii. If no, answer the following questions,		
1. When do you plan to collect this information? _____		<input type="checkbox"/> F
2. With what method will it be collected? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F

*Surface Water: Physical Availability: Other*

Applicable  Not Applicable

26. Have you measured the source?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, answer the following questions,		
i. With what method was the data collected? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
ii. What is the measurement interval? _____		<input type="checkbox"/> F
1. Does the interval meet the requirements of 36.12.1702(4)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
b. If no or if the measurement interval does not meet the requirements of 36.12.1702(4)		
i. When do you plan to measure? _____		<input type="checkbox"/> F
ii. With what method will the measurements be collected? _____ _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F



*Surface Water: Identification of Legal Demands in Area of Potential Impact*

<p>27. If you are conducting Technical Analysis, how will the Area of Potential Impact be defined? If Department is conducting Technical Analyses, write N/A.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
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*Surface Water: Basin Closure Area*

<p>28. Is the project located in a Basin Closure Area? If yes, explain how the project meets a closure exception. More information about basin closures online at: <a href="https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas">https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas</a>. Answer the follow-up questions for specific Basin Closure Areas in the “Project-Specific Questions: Controlled Groundwater Areas and Basin Closures” section (questions 51 to 52).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
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## Groundwater

**Applicable**, move on to question 29.  **Not Applicable**, skip to question 47.

The following questions are mandatory for groundwater permit applications and must be filled out before the Preapplication Meeting Form is determined to be complete.

<b><u>Questions, Narrative Responses, and Tables</u></b>	<b><u>Check-boxes</u></b>	<b><u>Follow-Up</u></b>
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### *Groundwater: Physical Availability*

29. What is the type of groundwater diversion? _____					<input type="checkbox"/> A	<input type="checkbox"/> F
<b>Well/Pit</b>	Answer questions 30 to 32	<b>Developed Spring</b>	Answer question 33	<b>Pond</b>	Answer questions 34 to 38	

### *Groundwater: Physical Availability: Well/Pit*

Applicable  Not Applicable

30. Provide the Aquifer Testing Addendum (Form 600-ATA). This form will be required before the Preapplication Meeting Form is deemed complete.	<input type="checkbox"/> S	<input type="checkbox"/> F
31. Have you submitted a completed Form 633 to DNRC for review?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If no, submit Form 633 to DNRC for review. Form 633 is required by the time the Preapplication Meeting Form is deemed complete.	<input type="checkbox"/> S	<input type="checkbox"/> F
b. If yes, did the Department identify deficiencies?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes, are variances from ARM 36.12.121 needed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
1. If yes,		
a. Do you have data for aquifer characteristics?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes, provide the data to the Department.	<input type="checkbox"/> S	<input type="checkbox"/> F
b. Have you submitted Form 653 to the Department?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes, was the variance granted?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
32. Do you have a map with the location of each well/pit labeled and, if available, with the GWIC ID?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If no, have all the wells/pits been constructed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F



i. If yes, provide a map with the wells/pits labeled and, if available, with the GWIC ID. Create map on an aerial photograph or topographic map that also includes the following: section corners, township and range, and a north arrow.	<input type="checkbox"/> S	<input type="checkbox"/> F
ii. If no, answer the following questions,		
1. When will the wells/pits be constructed? _____		<input type="checkbox"/> F
2. Do you have an initial map with the proposed location of wells/pits?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, provide an initial map to the Department. Create map on an aerial photograph or topographic map that also includes the following: section corners, township and range, and a north arrow.	<input type="checkbox"/> S	<input type="checkbox"/> F
3. Is the requested volume for each new well/pit known?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If no, what is the total requested volume (AF) and the number of new PODs? _____		<input type="checkbox"/> F

*Groundwater: Physical Availability: Developed Spring*

Applicable  Not Applicable

33. Have you measured the source?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, answer the following questions,		
i. Do you have flow rate (GPM or CFS) and volume measurements?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
ii. With what method were measurements collected? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
iii. What is the interval of measurements? _____		<input type="checkbox"/> F
iv. Is the interval of measurements sufficient to comply with ARM 36.12.1703(1)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
b. If no, or if measurements do not comply with ARM 36.12.1703(1),		
i. When do you plan to measure? _____		<input type="checkbox"/> F



ii. With what method and at what interval will measurements be collected? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
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*Groundwater: Physical Availability: Ponds*

Applicable  Not Applicable

34. Have you submitted Form 653 to apply for a variance from ARM 36.12.121 for the Aquifer Test?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, did the Department approve the variance request?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
35. Have you submitted measurements to the Department? If yes, describe. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
36. Submit pond bathymetry data, survey, or engineering plans to the Department.	<input type="checkbox"/> S	<input type="checkbox"/> F
37. Please submit a map identifying the location of the proposed pond to the Department. Create map on an aerial photograph or topographic map that also includes the following: section corners, township and range, and a north arrow.	<input type="checkbox"/> S	<input type="checkbox"/> F
38. If you are conducting Technical Analyses, what is your plan to determine depth, surface area, and net evaporation of the pond? If DNRC is conducting Technical Analyses, write N/A. _____ _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F

*Groundwater: Identification of Groundwater Legal Demands*

All information to calculated Zone of Influence was collected in previous questions.

*Groundwater: Adverse Effect to Existing Groundwater Rights*

All information to calculate One-Foot Drawdown Contour was collected in previous questions.

*Groundwater: Physical Availability of Depleted Surface Water Source(s)*

39. What are the hydraulically connected surface water source(s)? _____		<input type="checkbox"/> F
40. For each hydraulically connected surface water source, is gage data available?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, answer the following questions for the number of stream gages that are available.		



i. One stream gage is available			
1. What is the gage name?	_____		<input type="checkbox"/> F
2. Who operates and maintains the gage?	_____		<input type="checkbox"/> F
3. Is the stream gage upstream or downstream of point(s) of diversion?	_____		<input type="checkbox"/> F
4. Is there a limiting or controlling factor that would make the Drainage Area Method not practical? This includes dams that control the flow and streams with large gaining and/or losing reaches. If you have questions about this, please contact the Regional Hydro-Specialist or the Water Sciences Bureau.		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
5. Is the period of record greater than or equal to 10 years?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
6. How frequently is stage data recorded?	_____		<input type="checkbox"/> F
7. If data gaps were to occur, are they identified and left unfilled or estimated using interpolation, ice correction, or indirect discharge measurements methods?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
8. Was the rating curve established and maintained throughout the duration of the period of record using measurements taken near the reference gage and stage recorder according to USGS protocols?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
9. Were there requirements for maintaining a permanent gage datum and meeting specified accuracy limits?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
10. Does the gage data meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, this section is complete. Skip to question 42.			
b. If no, answer question 40.b.			
ii. More than one stream gage is available			
1. List the gage names.	_____		<input type="checkbox"/> F
2. Who operates and maintains the gages?	_____		<input type="checkbox"/> F
3. Is one stream gage upstream and one downstream of point(s) of diversion?		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F





4. Do the stream gages have similar periods of record?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
5. Are the periods of record each greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
6. How frequently is stage data recorded at each gage? _____		<input type="checkbox"/> F
7. For each gage, if data gaps were to occur, are they identified and left unfilled or estimated using interpolation, ice correction, or indirect discharge measurements methods?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
8. Were the rating curves established and maintained throughout the duration of the period of record using measurements taken near the reference gages and stage recorders according to USGS protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
9. For each gage, were there requirements for maintaining a permanent gage datum and meeting specified accuracy limits?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
10. Does the gage data meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, this section is complete. Skip to question 42.		
b. If no, answer question 40.b.		
b. If no gage data is available or if available gage data does not meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion, is the source otherwise measured?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes,		
1. Submit measurements to the Department.	<input type="checkbox"/> S	<input type="checkbox"/> F
2. Who collected the measurements? _____	<input type="checkbox"/> A	<input type="checkbox"/> F
3. With what method was the data collected? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
4. What is the period of record? _____		<input type="checkbox"/> F
5. What is the frequency of measurement? _____		<input type="checkbox"/> F
6. Are there gaps in the data?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F



<p>a. If yes, what is the nature of the gaps and how are gaps handled to ensure data quality</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>7. Is there a process for maintaining the data and meeting specified accuracy limits?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, explain.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>8. Does available measurement data meet the Department's standard to be sufficient to calculate the median of the mean monthly flow rate and volume during the proposed months of diversion?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, this section is complete. Skip to question 42.</p>		
<p>b. If no, answer question 41.</p>		
<p>41. For each hydraulically connected surface water source, does the available measurement data, gage and/or otherwise measured, meet the Department's standard of including a minimum of high, moderate, and low flows to be sufficient to use for calibration of a department-accepted estimation technique?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, describe the estimation technique.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>b. If no,</p>		
<p>i. Will measurements be collected prior to submission of a completed Form No. 600P that meet the Department's standard of including a minimum of high, moderate, and low flows to be sufficient to use for calibration of a department-accepted estimation technique?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>1. If yes,</p>		
<p>a. With what method will the data be collected?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F



b. What will be the interval of measurement? _____		<input type="checkbox"/> F
c. Describe the proposed estimation technique. _____ _____ _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
2. If no, describe your plan to comply with the measurement requirements for hydraulically connected surface water sources. _____ _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F

*Groundwater: Legal Availability of Depleted Surface Water Source(s)*

All information to determine legal demands for depleted surface water source(s) was collected in previous questions.

*Groundwater: Adequacy of Diversion*

<u>Questions, Narrative Responses, and Tables</u>						<u>Check-boxes</u>	<u>Follow-Up</u>
42. What is the flow rate (GPM or CFS), volume (AF), and period of diversion required (MM/DD-MM/DD) at each groundwater point of diversion? If the POD is a well, provide the well depth (FT), if available, or estimated well depth (FT). Please use the same POD # as the project map (question 2) to match this information with the location information.						<input type="checkbox"/> A	<input type="checkbox"/> F
POD #	Flow Rate (GPM or CFS)	Volume (AF)	Period of Diversion (MM/DD-MM/DD)	Well Depth (FT)	Measured or Estimated		
43. Will the monthly pumping schedule differ from an allocation of diverted volume by the number of days in the month for year-round uses or the IWR 80% net irrigation requirements for irrigation/lawn & garden uses (IWR, NRCS 2003)?						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F



a. If yes, provide the alternative pumping schedule in the table below. Use the same POD # as the project map (question 2).						<input type="checkbox"/> A	<input type="checkbox"/> F
Month	POD #	Volume (AF)	Month	POD #	Volume (AF)		
January			July				
February			August				
March			September				
April			October				
May			November				
June			December				

*Groundwater: Basin Closure Area*

44. Are the point(s) of diversion located in a basin closure area? If yes, fill out questions 45 to 46.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
45. Did you elect in question 1 for the Department to conduct Technical Analysis?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, the Basin Closure Area Addendum (Form 600-BCA), Hydrogeologic Report Addendum (Form 600-HRA), and Hydrogeologic Report are not required at this time. The Department’s Technical Analyses will meet requirements of §85-2-360 for Form 600-HRA. Form 600-BCA will be required with application submittal.		
b. If no, submit the Basin Closure Area Addendum (Form 600-BCA), Hydrogeologic Report Addendum (600-HRA), and Hydrogeologic Report with your Technical Analysis.	<input type="checkbox"/> S	<input type="checkbox"/> F
46. If the Hydrogeologic Report indicates that the proposed groundwater use will impact a surface water source, which of the following three options best describe your plan to mitigate depletions of hydraulically connected surface water? A separate Preapplication Meeting will be required for each application to change a water right to a mitigation or aquifer recharge purpose to maintain expedited timelines and reduced filing fees for the project.		
a. Application to Change a Water Right to mitigate the adverse effects created.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
b. Alternative mitigation plan.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
c. Documentation to show a mitigation plan is not required.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F



## Project-Specific Questions

The following questions are mandatory when applicable and must be filled out before the Preapplication Meeting Form is determined to be complete.

<u>Questions, Narrative Responses, and Tables</u>	<u>Check- boxes</u>	<u>Follow -Up</u>
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### *Project-Specific Questions: Controlled Groundwater Areas and Basin Closures*

47. Is the project located in the East Valley Controlled Groundwater Area?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes,		
i. Do you have 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? If the agencies have established a Technical Advisory Group, prior approval by the Technical Advisory Group satisfies this requirement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
ii. Is the project in Zone 2?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes, provide in the written approval the following recommendations which will also be included as conditions on the appropriation. <ul style="list-style-type: none"> <li>a. Well design and construction requirements necessary to measure the water level and water quality for any well;</li> <li>b. Water level measurement and water quality sample reporting requirements for any new well;</li> <li>c. Any other requirements necessary to ensure new wells can be operated in a manner consistent with purpose of the EVCGWA.</li> </ul>	<input type="checkbox"/> S	<input type="checkbox"/> F
iii. Is the project in Zone 1? If yes, a Form 600 cannot be accepted by the Department.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
48. Is the project located in the South Pine Controlled Groundwater Area?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, have you completed an Application for Beneficial Water Use Permit South Pine Controlled Groundwater Area Addendum? The addendum needs to be completed by application submittal.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
49. Is the project located in the Yellowstone Controlled Groundwater Area?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, is the use over 35 GPM or 10 AF per year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If no, this is the incorrect form. Use instead the Yellowstone Controlled Groundwater Area Permit Application (600-YCGA).		
ii. If yes, answer the remaining parts of question 49. A Yellowstone Controlled Groundwater Area Addendum (600 Y over35) will be required with application submittal.		
1. Does the proposed use require a point of diversion with water temperature of 60 degrees Fahrenheit or more?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
2. What is the ground elevation at the point of diversion? _____		<input type="checkbox"/> F



3. What is the specific conductance at the point of diversion? _____		<input type="checkbox"/> F
4. If an application is in a basin tributary to a category 3 or 4 stream (generally in or upstream of YNP), provide a report prepared by a professional qualified in the science of groundwater hydrology, verifying that the appropriation is not hydrologically connected to surface flow that is tributary to the reserved portion of category 3 or 4 streams.	<input type="checkbox"/> S	<input type="checkbox"/> F
50. Is the project located in one of the Controlled Groundwater Areas listed on the Department's website ( <a href="https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas">https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas</a> )?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, list which one and describe how the proposed project meets the requirements of the Controlled Groundwater Area. An application must meet the specific requirements of the Controlled Groundwater Area to be accepted by the Department.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
51. Is the project located in one of the administrative, Department ordered, or legislative closures listed on the Department's website ( <a href="https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas">https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas</a> )?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, list which one and describe how the proposed project meet the requirements of the closure. An application must meet the specific requirements of the closure to be accepted by the Department.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
52. Is the project located in one of the compact closures listed on the Department's website ( <a href="https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas">https://dnrc.mt.gov/Water-Resources/Water-Rights/Basin-Closures-Stream-Depletion-Controlled-Ground-Water-Areas</a> )?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. If yes, list which one and describe how the proposed project meet the requirements of the compact closure. An application must meet the specific requirements of the compact closure to be accepted by the Department.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F



*Project-Specific Questions: Place of Storage*

53. Does the proposal include at least one place of storage? If yes, answer questions 54 to 61 for each individual place of storage (use Additional Place of Storage Sheet for additional places of storage). If no, this section is complete, and you can skip to question 62.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
54. Provide a map showing the location of the place of storage. Create map on an aerial photograph or topographic map that also includes the following: section corners, township and range, and a north arrow.	<input type="checkbox"/> S	<input type="checkbox"/> F
55. Is this application to enlarge an existing reservoir?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, what is the water right number for the existing reservoir? _____		<input type="checkbox"/> F
56. Is the place of storage located on-stream?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If no, explain the conveyance means to and from the off-stream place of storage and any losses that may occur with that conveyance.  _____	<input type="checkbox"/> A	<input type="checkbox"/> F
57. What is the capacity of the proposed place of storage or the existing place of storage after it is enlarged? Use bathymetry data, survey, or engineering plans for capacity. Submit the data source used with this form. In lieu of these data sources, use the following equation: <i>Surface Acres x Maximum Depth (FT) x 0.5 (0.4-0.6 depending on side slope) = Capacity (AF)</i>  _____	<input type="checkbox"/> A	<input type="checkbox"/> F
58. Will the place of storage include primary and/or emergency spillways? Preliminary design specifications for primary and emergency spillways must be included with application submittal (ARM 36.12.113).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
59. Will the place of storage be lined?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
60. What is the annual net evaporation of water from the place of storage using the standards in ARM 36.12.116(1)? Gridded net evaporation layer is available from DNRC upon request.  _____		<input type="checkbox"/> F
61. Is the place of storage capacity calculated to be greater than 50 acre-feet?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
a. If yes, have you made an application to the DNRC Water Operations Bureau for a determination of whether the dam or reservoir is a high-hazard dam?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F

*Project-Specific Questions: Ditch-Specific Questions*

62. Does the proposal include at least one conveyance ditch? If yes, answer question 63 and, for each ditch, answer question 64. If no, this section is complete, and you can skip to question 65.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
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63. Submit a Ditch Map that shows every ditch conveying water for the proposed project. Label the ditch name(s), POD(s), the POU(s), and the ditch measurement locations (requested in question 64.c). The map should be created on an aerial photograph or topographic map with the following: section corners, township and range, and a north arrow.	<input type="checkbox"/> S	<input type="checkbox"/> F
64. For each conveyance ditch, answer the following. If there is more than one conveyance ditch, use an Additional Ditch Sheet for each additional conveyance ditch.		
a. What is the ditch name? _____		<input type="checkbox"/> F
b. What is the distance water will be carried by the conveyance ditch? Only include segments between the POD and start of the POU; do not include segments within the POU. _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
c. Provide at least one set of ditch measurements, which include width (FT), depth (FT), and slope (%). Discuss ditch characteristics with DNRC to determine the minimum number of ditch measurements. Include the location of each measurement, labeled with the 2-digit measurement ID number, used on the map submitted for question 63.	<input type="checkbox"/> S	<input type="checkbox"/> F

ID #	Width (FT)	Depth (FT)	Slope (%)	Date of Measurement

d. What is a reasonable Manning's n value? List the factors used for estimation. If you do not know this value, please work through estimation with the Department. _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
e. What type of soils compose the proposed conveyance ditch? For lined ditches, write "lined" instead. _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F
f. Are other water rights conveyed by the conveyance ditch?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
i. If yes,		
1. What are the water right numbers? _____ _____	<input type="checkbox"/> A	<input type="checkbox"/> F





<p>2. What is the sum of the flow rates (GPM or CFS) for water rights conveyed?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>3. Provide a map with your best estimate of where the existing POUs begin for the other water rights conveyed by the conveyance ditch for all POUs between the proposed POD and your proposed POU. Create map on an aerial photograph or topographic map that also includes the following: section corners, township and range, and a north arrow.</p>	<input type="checkbox"/> S	<input type="checkbox"/> F

*Project-Specific Questions: Water Marketing*

<p>65. Does the proposal include water marketing? If yes, please answer the questions in this section (questions 66 to 71). If no, this section is complete, and you can skip to question 72.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>66. Identify the flow rate (GPM or CFS) and volume (AF) of water that will be marketed.</p> <p>_____</p>		<input type="checkbox"/> F
<p>67. Will the marketed water return to the source?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>a. Explain how this determination was made.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>68. For what purpose(s) will the marketed water be used?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>69. How will you control or limit access to the water?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A	<input type="checkbox"/> F
<p>70. Do you have contracts for the entire volume and flow rate sought?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> F
<p>71. Provide a service area map. Create map on an aerial photograph or topographic map and shows the following: general service area boundary, section corners, township and range, and a north arrow.</p>	<input type="checkbox"/> S	<input type="checkbox"/> F



### Non-Mandatory Questions for Criteria Analysis

The following questions are not mandatory. They should be discussed in the Preapplication Meeting, but do not need to be filled out before the Preapplication Meeting Form is determined to be complete.

#### *Adverse Effect*

<u>Questions, Narrative Responses, and Tables</u>	<u>Check-boxes</u>
72. Do you have evidence that water is legally available in the proper flow rate, volume, and timing?	<input type="checkbox"/> Y <input type="checkbox"/> N
73. If water is not found to be legally available for part or all the proposed period of diversion, what is the plan to address this with the permitting process? _____ _____	<input type="checkbox"/> A
74. Describe your plan to ensure that existing water rights will be satisfied during times of water shortage. _____ _____	<input type="checkbox"/> A
75. Explain how you can control your diversion in response to call being made. _____ _____	<input type="checkbox"/> A
76. Are you aware of any calls that have been made on the source of supply or depleted surface water source? a. If yes, explain. _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
77. Does a water commissioner distribute water or oversee water distribution on your proposed source or depleted surface water source?	<input type="checkbox"/> Y <input type="checkbox"/> N

#### *Adequate Diversion Means and Operation*

78. Provide a diagram of how you will operate your system from the point of diversion to the place of use.	<input type="checkbox"/> S
79. Describe specific information about the capacity of the diversionary structure(s). This may include, where applicable: pump curves and total dynamic head calculations, headgate design specifications, and dike or dam height and length. _____ _____	<input type="checkbox"/> A



80. Is the diversion capable of providing the full amount requested through the period of diversion?	<input type="checkbox"/> Y <input type="checkbox"/> N
81. Describe the size and configuration of infrastructure to convey water from point of diversion to place of use. This may include, where applicable: ditch capacity and/or pipeline size and configuration.  _____ _____ _____	<input type="checkbox"/> A
82. Describe any losses related to conveyance.  _____ _____	<input type="checkbox"/> A
83. Is the conveyance infrastructure capable of providing the required flow and volume and any losses?	<input type="checkbox"/> Y <input type="checkbox"/> N
84. Does the proposed conveyance require easements?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, explain.  _____	<input type="checkbox"/> A
85. Describe any places of storage, including whether drainage devices will be installed, and provide preliminary designs, if available. Preliminary designs will be required at application submittal.  _____ _____ _____	<input type="checkbox"/> A
86. Describe specific information about how water is delivered within the place of use. This may include, where applicable, the range of flow rates needed for a pivot and output and configuration of sprinkler heads.  _____ _____ _____	<input type="checkbox"/> A
87. Is the water delivery system capable of providing the requested beneficial use?	<input type="checkbox"/> Y <input type="checkbox"/> N
88. Will your system be designed to discharge water from the project?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, explain the way water will be discharged and the wastewater disposal method.  _____ _____	<input type="checkbox"/> A



89. Provide a plan of operations. _____ _____ _____	<input type="checkbox"/> A
90. Can the plan of operations deliver the flow rate and volume for the beneficial use being requested?	<input type="checkbox"/> Y <input type="checkbox"/> N
91. Do you have any plans to measure your diversion and use?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, describe the plan and the type of measurements you will take. _____ _____	<input type="checkbox"/> A

*Beneficial Use*

92. Why is the requested flow rate and volume the amount needed for the purpose? _____ _____	<input type="checkbox"/> A
93. Does the Department have a standard for the purposes for which water is used? Department standards can be found in ARM 36.12.112.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, does the proposed beneficial use fall within Department standards?	<input type="checkbox"/> Y <input type="checkbox"/> N
94. If no standard, or if proposed beneficial use falls outside of Department standards, explain how the use is reasonable for the purpose. _____ _____ _____ _____	<input type="checkbox"/> A
95. Will your proposed project be subject to DEQ requirements for a public water supply (PWS) system or Certificate of Subdivision Approval (COSA)?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes,	
i. Have you researched or consulted with DEQ regarding those requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N
96. Are you proposing to use surface water for in-house domestic use?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, does a COSA exist for the proposed place of use?	<input type="checkbox"/> Y <input type="checkbox"/> N
i. If yes, please submit the COSA.	<input type="checkbox"/> S
ii. If no, have you researched or consulted with DEQ regarding their requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N



*Possessory Interest*

97. Do you have possessory interest, or the permission of the party with possessory interest, of the proposed place of use? Proof of possessory interest or permission of the party with possessory interest is required at application submittal.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If no, explain. _____ _____ _____	<input type="checkbox"/> A



**PREAPPLICATION MEETING AFFIDAVIT & CERTIFICATION**

“We attest that the information on this form accurately describes the proposed project discussed during the preapplication meeting and that the items marked for follow-up will require the applicant to provide additional information before the form is deemed complete.”

“Applicant acknowledges that any information provided by the Department during the preapplication is preliminary and subject to change.”

“Applicant acknowledges that if the follow-up information provided to the Department substantially changes the proposed project, for example in a way that alters which sections of the form are applicable or which technical analyses are required, or who is to complete the technical analyses, the applicant will need to schedule a new preapplication meeting so that the department can identify any additional information necessary for completion of the technical analyses (ARM 36.12.1302(3)(c)).”

Upon Department receipt of the completed form (within 180 days following the meeting), the Department reserves the first five days of the 45-day period in ARM 36.12.1302(4) or (5) to return the form to the applicant if:

- 1 – the completed form does not include all necessary follow-up information identified in the meeting, OR
- 2 – the completed form is not adequate for the Department to proceed with technical analyses, OR
- 3 – the applicant has elected to complete technical analyses and has not submitted each piece of technical analysis required, OR
- 4 – the applicant has substantially changed the details of the proposed project, such as in a way that alters which sections of the form are applicable, which technical analyses are required, or who is to complete the technical analyses.

If the Department returns the form to the Applicant within these five days due to reasons 1-3 above, the Applicant can use the balance of their 180-day period in ARM 36.12.1302(4) or (5) to gather the remaining follow-up information needed. If there is no time remaining in the 180-day period, the Applicant can submit a written request for a new preapplication meeting, pursuant to ARM 36.12.1302(2). Even if there is still time remaining, the Applicant can choose to schedule a new preapplication meeting. The Department shall transfer the \$500 payment received to the new preapplication meeting, or refund the payment to the Applicant if the Applicant desires. If the Department returns the form to the Applicant within these five days due to reason (4) above, the Applicant must submit a written request for a new preapplication meeting, pursuant to ARM 36.12.1302(2). The Department shall transfer the \$500 payment received to the new preapplication meeting, or refund the payment to the Applicant if the Applicant desires.

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Applicant Signature Date

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Applicant Signature Date

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Department Signature Date









## FOLLOW-UP PAGE AFFIDAVIT & CERTIFICATION

“I/we attest that this preapplication meeting form, follow-up page, and amended responses page accurately portray my proposed project. I am aware that my application for this project will not qualify for a discounted filing fee and expedited timelines if upon submittal of the application to the department, I change any element of the proposed application from the preapplication meeting form and follow-up materials (ARM 36.12.1302(6)(a)).”

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Applicant Signature

Date

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Applicant Signature

Date

“We confirm that the preapplication form and follow-up information are adequate for the Department to proceed with technical analyses in ARM 36.12.1303. Or, if the applicant has elected to complete technical analyses, we confirm they have submitted each piece of technical analysis required based on the proposed project and the Department is able to proceed with the scientific credibility review (ARM 36.12.1303(8)).”

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Department Signature

Date

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Department Signature

Date

