

WATER USE COMPLAINT

Mail form and payment to:

Flathead Reservation Office of the Water Engineer

PO Box 37

Ronan, MT 59864

For questions contact: contact@frwmb.gov or (406) 201-2532

Use this form to file a complaint to the Water Engineer regarding actions or inactions between appropriators as described in **Section 3-1-102** of the CSKT-MT Compact Unitary Administration and Management Ordinance (MCA 85-20-1902 and CSKT Ordinance 111-A).

Filing Fee: \$55 Make checks payable to FRWMB.

**The filing fee may be redistributed to the responsible party if determined by the Water Engineer.*

OFFICE of the ENGINEER USE ONLY

IMPORTANT

- Chapter three of the Unitary Administration and Management Ordinance sets forth the laws governing enforcement, fines, and appeals.
- Disputes exclusively between or among users whose water is delivered by the **Flathead Indian Irrigation Project (FIIP)** shall remain subject to the oversight of the Project Operator and the Enforcement provisions of Unitary Administration and Management Ordinance do not apply (Section 3-1-101 Compact Unitary Administration and Management Ordinance)
- All complaints are a matter of public record and complaints cannot be anonymous.

Water Right # _____ Basin _____

Date Rec'd _____ Time _____

Rec'd By _____

Payor _____

Amount Rec'd _____

Check # _____

Receipt # _____

Refund _____ Date _____

Fee Redistributed to _____

Approved By _____ Date _____

1. HAVE YOU CONTACTED THE WATER USER BEING COMPLAINED ABOUT? YES NO
 (In most instances, FRWMB and the Office of the Water Engineer will not act if the respondent has not been contacted by the complainant.)
 If yes, please identify the dates / times you have done so and the method of contact you used. _____

2. WATER USER(S) FILING THE COMPLAINT

Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

Water Right Number(s) Being Affected (find your water right at <http://wrqs.dnrc.mt.gov/>)

3. LOCATION OF YOUR DIVERSION / USE BEING AFFECTED

Latitude: _____ Longitude: _____

1/4 _____ 1/4 _____ 1/4 _____ Section _____ Township _____ N S Range _____ E W

County _____ Geocode _____

Street Address, including City/State/Zip Code: _____

4. SOURCE OF WATER (name of stream and or tributary, groundwater, spring, pond, or lake)

5. DIVERSION TYPE (well, headgate, ditch name, pump, or pipeline)

6. DESCRIBE THE NATURE OF THE COMPLAINT (attach additional information if necessary)

7. NAME OF PERSON(S) WHOSE ACTION OR INACTION IS BEING COMPLAINED OF – ‘RESPONDENT’

Name(s) _____

Mailing Address _____ City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

8. LOCATION OF RESPONDENT’S DIVERSION / USE

Latitude: _____ Longitude: _____

1/4 _____ 1/4 _____ 1/4 _____ Section _____ Township _____ N S Range _____ E W

County _____ Geocode _____

Street Address, including City/State/Zip Code: _____

9. HAVE YOU RESEARCHED THE RESPONDENT’S WATER RIGHTS? (<http://wrqs.dnrc.mt.gov/>)

YES NO List the respondent’s water right number(s). _____

10. MAP

Attach a scaled map or aerial photo showing the location of your diversion and water use being affected. Include the other appropriator's diversion and use on the map.

11. DECLARATION

ORIGINAL owner signatures are required, copies will not be accepted.

I declare under penalty and perjury that the statements appearing here are, to the best of my knowledge, true and correct and affirm that I have possessory interest, or the written consent of the person with the possessory interest, in the point of diversion, place of use, and conveyance.

In filing this form, you agree to participate in a hearing on this complaint pursuant to section 3-1-103 of the Unitary Administration and Management Ordinance

PRINTED NAME OF COMPLAINANT (1) _____

SIGNATURE OF COMPLAINANT (1) _____ DATE _____

PRINTED NAME OF COMPLAINANT (2) _____

SIGNATURE OF COMPLAINANT (2) _____ DATE _____

PRINTED NAME OF COMPLAINANT (3) _____

SIGNATURE OF COMPLAINANT (3) _____ DATE _____

