Conservation District Change to Reserved Water Use Authorization

§85-2-316, MCA, **Form 105** (Revised 03/2026)

For Conservation District Use Only

CD Application #: _____ Date and Time Received: _____

Fee Received: _____ Received By: _____

When to use this form: The Conservation District will use this form to approve a modification to a point of diversion, place of use, and/or place of storage from a previously approved Reserved Water Use Authorization.

Important Information: Changes are made a within the original Conservation District Water Reservation boundary only. STOP processing this authorization if a new point of diversion or place of use is outside the original boundaries and/or an increase in flow or volume necessitates the change.

Filing Fee: Contact the Conservation District regarding the filing fee schedule.

Conservation District Name: _____

CD Water Reservation Number:_____ Water Right Number: _____

Authorization Holder Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Source of Water Supply: _____

A tributary of _____

Water Used for: _____

Flow Rate: _____

Volume: _____

Change Approved:

The Conservation District hereby authorizes the Change of Reserved Water Use Authorization as follows:

Completion Deadline:

The deadline to complete this Authorization and file a Notice of Completion of Water Development, Form 106 is _____ (date). If you cannot meet the deadline, file an Application for Extension of Time, Form 108 at least thirty (30) days before _____ (date).

Conditional Approval:
The approval of this change is not to be construed as recognition by the Conservation District of the Reserved Water Use Authorization. All Reserved Water Use Authorizations are subject to possible modification under the Conservation District Administrative Rules and Procedures.

Failure to comply with the terms and conditions herein may result in the loss of the authorization to change hereby granted.

_____ _____
District Chairman Printed Name Date

_____
District Chairman Signature

_____ _____
District Administrator Printed Name Date

_____
District Administrator Signature