Form 60DF-Part B, Completion [interim period beginning May, 2022 until rescinded by the Board]	
FLATHEAD RESERVATION DOMESTIC ALLOWANCE COMPLETION FORM	
MCA 85-2-1902, Section 2-2-117 of the CSKT-MT Compact Unitary Administration and Management Ordinance (Ordinance) prescribes a process to apply for Domestic Allowances under the authority of the Flathead Unitary Management Board.	
Use this form after the Board has issued an Authorization to Construct a Domestic Allowance (Form 60DF-Part B) and the diversion is built and the water is put to use.	FOR WATER MANAGEMENT BOARD USE ONLY Water Right #Basin
Check all appropriate boxes and fill in each blank. If more space is needed, attach properly labeled additional information. To avoid processing delays, submit all required information. Checks are payable to the Flathead Reservation Water Management Board.	Priority DateAM / PM TimeAM / PM Rec'd By
FILING FEE: \$ 0.00	Fee Rec'dCheck # RefundDate

Attention!

This form must be filed within 120 days of putting water to use <u>and</u> the project must have been completed within 365 days of the authorization of a Domestic Allowance (Form 60DF-Part A, Authorization to Construct). The DomesticAllowance becomes valid only after filing a correct and complete Form 60DF-Part B, Completion.

1. WATER RIGHT NUMBER (From your approved "Authorization to Construct a Domestic Allowance" (Form 6DAF-A)

issued no more than 365 days ago) _

2. DEVELOPMENT (Select only the one that matches your 6DAF form)

Individual Domestic Allowance § 2-2-117 (4): a single well or developed spring for 1 household with a flow rate up to 35 gallons per minute and a volume of up to 2.4 acre-feet per year with no more than 0.7 acres of lawn & garden.

Shared Domestic Allowance § 2-2-117 (5): a single well or developed spring for 2 or 3 households with a flow rate of up to 35 gallons per minute and a volume of up to 2.4 acre-feet per year with no more than 0.5 acres of lawn & garden for two homes or businesses and no more than 0.75 acres for three. You must attach a copy of the shared well agreement.

Development Domestic Allowances - not accepted during interim period, file with the Office of the Engineer

<u>Development Domestic Allowance</u> § 2-2-117 (6): one or more wells and/or developed springs, not to exceed oneper home or business) for a development with a flow rate of up to 35 gallons per minute and a volume of up to 10 acre-feet per year with no more than 0.25 acres of lawn & garden per home or business. You must attach a copy of the shared well agreement, a description of the measuring device to be used for annual reportingrequirements, and a copy of the development plan, plat, or equivalent as required by the county.

3. WATER RIGHT OWNER INFORMATION

<u>Name(s)</u>			
Mailing Address			
City	State	Zip	
Work Phone	Home Phone	Cell Phone	
Email			

4. DEVELOPED SOURCE OF WATER SUPPLY

Well(s) (A copy of your Well Log(s) must be attached).

Developed Spring(s) (Must be fully enclosed)

<u>*Note:</u> Pits, pit-dams, constructed ponds, and reservoirs are not permitted under Ordinance § 2-2-117. Both wells and developed springs must utilize well shaft casing to be fully enclosed.

Please describe your appropriation works (including Well Shaft Casing Description) and the number of wells or springs.

5	. FLOW RATE / PUMP INFORMATION					
0.	FLOW RATE USEDGPM PUMP SIZE (If present)HP					
	DEPTH OF PUMP INTAKEFT PUMP MAKE/MODEL (If available)					
6 <u>.</u>	PURPOSE AND PERIOD OF USE: Check those that apply and answer applicable questions					
- -	Domestic: Number of homes supplied:					
-	Year round use?					
-	Lawn & Garden: Include only watered area. Do not include house footprint, driveway, graveled areas, etc.					
	Total size of lawn & garden - length x widthOR- Number of Acres					
	April 1 – October 31 🗆 Yes 🗆 No If no, from to, inclusive of each year.					
-						
	Stock: Number & type: (Ex: 40 Cows & 1 Horse)					
	Year round use? Yes No If no, from to, inclusive of each year.					
-						
	<u>Other</u> : (Do not include purposes described above)					
	Describe the purpose of the use					
	Amount of water used gallons per day Number of days used					
	Year round use? Yes No If no, from to, inclusive of each year.					

8. COMBINATION OR SHARED DEVELOPMENT

Is this develop	pment being use	ed in combina	ation with anc	other well or spring?	? 🗌 Ye	s 🗌 No	
lf yes, please	yes, please attach a separate sheet listing additional Points of Diversion and explain how the development is used.						
							· · · · · · · · · · · · · · · · · · ·
9. PLACE (OF USE						
Geocode of t	he place of use	(17 digits) _					
			•	de for each parce <u>tp://svc.mt.gov/m</u>			geocodes can be
Is the place wi	here the water is	used the sar	ne as the poir	nt of diversion?	Yes	No	
	er the place of us I land description		ription below.	If more than one p	place of use, plea	ase attach a se	parate sheet with
1/4	1/41/4	Section	Twp	N/S Rge	E/W Count	ty	
Lot	Block	Trac	xt No	Subdivision N	lame		
Government L	Lot No			COS No.			
Street Addres	s, including City	/State/Zip Co	ode				

10. MAP

Attach a site-map showing the actual location of all wells or developed springs, including latitude and longitude in decimal degrees. The map must also show a minimum of 500 feet in radius around the proposed well(s) or spring(s) and include all of the following: well(s), developed springs, sewage facilities, buildings, well connections to buildings, property lines, property ownerships, irrigated acres per lot or unit, any and all means of conveyance for all water rights in the area, all water right points of diversions, and all surface water features.

11. AFFIDAVIT OF OWNERSHIP OR WRITTEN CONSENT

I have possessory interest in the property where the water has been put to beneficial use, diverted, conveyed, impounded, stored, transported, withdrawn, used, and distributed, OR I have attached written consent of the person with the possessory interest in the property where the water has been put to beneficial use, diverted, conveyed, impounded, stored, transported, withdrawn, used, and distributed (§ 1-1-110(10) of the Ordinance).

Please note, you must submit ORIGINAL owner signatures, copies will not be accepted

I declare under penalty of perjury & under the laws of the State of Montana that the foregoing is true & correct.

Printed Name**		
Applicant Signature	Date:	
Printed Name**		
Applicant Signature	Date:	
Printed Name**		
Applicant Signature	Date: Date:	
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