

# THE MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION

DIRECTOR'S OFFICE: (406) 444-2074  
PO BOX 201601



1539 ELEVENTH AVENUE  
HELENA, MONTANA 59620-1601

GOVERNOR GREG GIANFORTE

DNRC DIRECTOR AMANDA KASTER

January 22nd, 2025

Hydra MT LLC.  
945 Bunker Hill Rd Ste 1200  
Houston, TX 77024-1593

Subject: Correct and Complete Application for Beneficial Water Use Permit No. 40S 30164987

Dear Applicant,

The Department of Natural Resources and Conservation (Department) has determined that your application is correct and complete pursuant to ARM 36.12.1601. Please remember that correct and complete **does not mean that your application will be granted.** The purpose of this letter is to indicate that the Department has enough information to analyze your water right application.

The Department will issue a Draft Preliminary Determination document and Technical Analyses within 120 days of the date of this letter per §85-2-307(2)(b), MCA.

Following issuance of the Draft Preliminary Determination, you (Applicant) will have 15 business days to request an extension of time to submit additional information, if desired pursuant to §85-2-307(3)(a), MCA.

If no extension of time is requested and the Draft Preliminary Determination decision is to grant your application or grant your application in modified form, the Department will prepare a notice of opportunity to provide public comment, per §85-2-307(4)(a), MCA.

If no extension of time is requested and the Draft Preliminary Determination decision is to deny your application, the Department will adopt the Draft Preliminary Determination as the final determination per §85-2-307(3)(d)(ii), MCA.

If you have any questions or concerns about the application process, please contact me.

Best,

A handwritten signature in black ink that reads "Kailee Ingalls".



**Kailee Ingalls** | Water Resource Specialist  
Water Resources Division, Havre Regional Office  
Montana Department of Natural Resources and Conservation  
Physical | 210 6<sup>th</sup> Ave | Havre MT 59501  
Mailing | PO Box 1828 | Havre MT 59501  
**DESK:** 406-808-7126 **EMAIL:** [kailee.ingalls@mt.gov](mailto:kailee.ingalls@mt.gov)



## Responses to 40S 30164987

### Place of Use Clarification:

- POU 5, located NE ¼ NW ¼ Section 16 of T26N R57E, was inaccurately referenced in the map shown in Figure 19A of the application. The map shown in Figure 19D of the application correctly references the POU. See attachment labeled Response A, as a correction the original Figure 19A.

### Supplemental and Overlapping Water Rights:

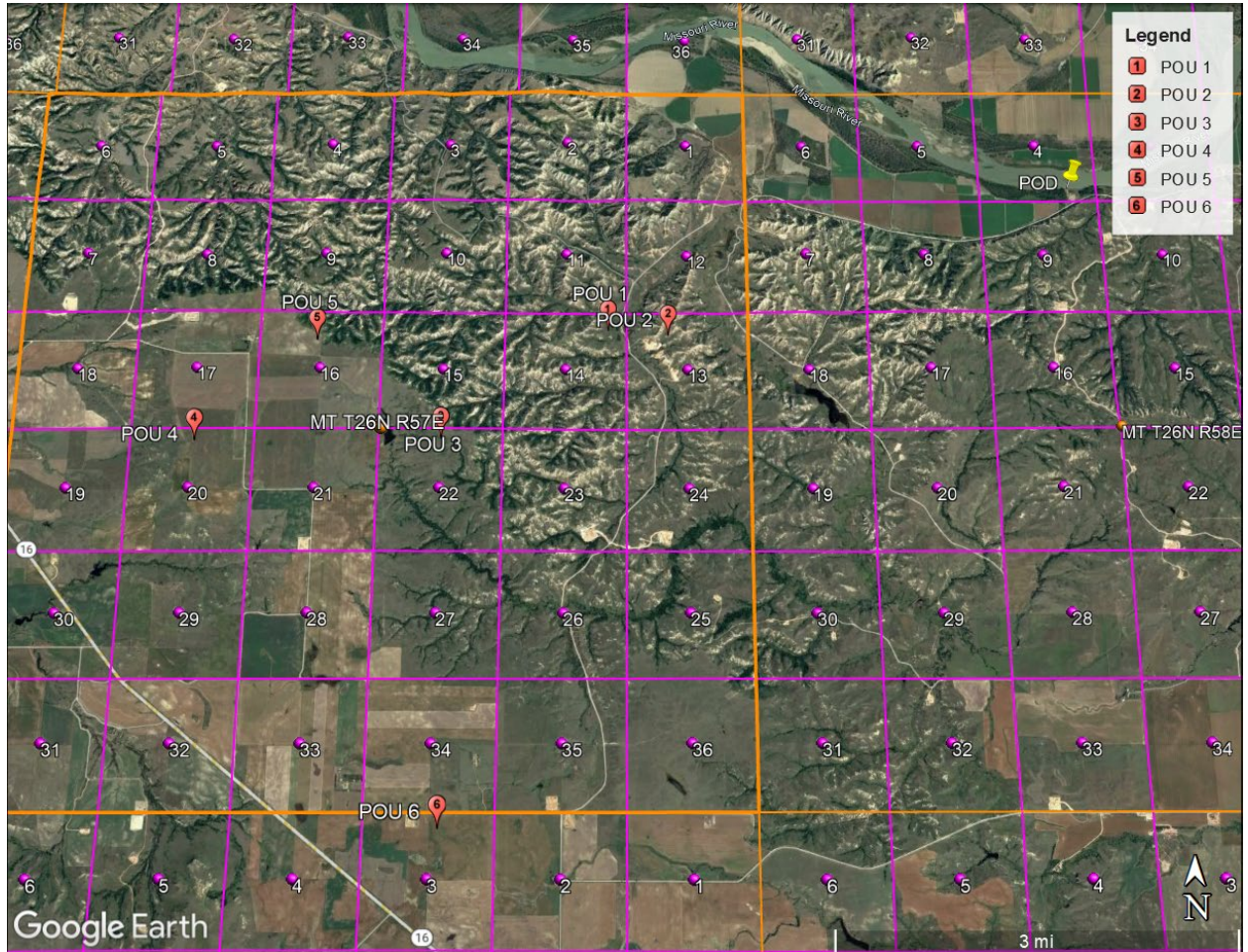
#### 24. (24.1)

- Hydra is not contracting any volume from Sioux pass to supplement the POU's in this application.

### Adverse Effect:

#### 35.

- In response to a call being made during a water shortage, pumps can be shut off and appropriation can be ceased. Flow rate can also be choked back as well, as much as necessary. While we have found through experience the requested rate to be the most ideal to ensure sufficient operations, Hydra/Kraken will adjust its operations accordingly in coordination with the DNRC during a water shortage or call being made, so as to not have a negative impact on existing water rights in the area.



Response A (Correction of Application Figure 19A)



Havre Regional Office, Water Resources Division  
Physical | 210 6<sup>th</sup> Ave | Havre MT 59501  
Mailing | PO Box 1828 | Havre MT 59501

January 8<sup>th</sup>, 2024

Hydra MT LLC.  
945 Bunker Hill Rd Ste 1200  
Houston, TX 77024-1593

Subject: Deficiency Letter for Beneficial Water Use Permit No. 40S 30164987

Dear Applicant,

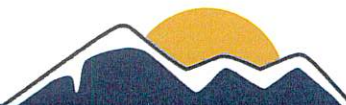
The Department of Natural Resources and Conservation (DNRC or Department) has begun reviewing your application. This letter is to notify you of the deficiencies in your application as required in ARM 36.12.1501(1) and §85-2-302(5)(b), MCA. An Applicant is required to submit substantial and credible information addressing the rules and statutes that are relative to your application. You must provide the information specified below for your application to be considered correct and complete. "Correct and complete" means all of the information provided is substantial and credible and provides all of the information as required by applicable rules and statutes. The application as submitted contains deficiencies in the following section(s):

#### **PLACE OF USE CLARIFICATION**

- Place of Use:
  - Applicant POU "5" or NE ¼ NW ¼ Section 16 T26N R57E Richland, is located in Section 17 on Applicant provided Figure 19A. Please clarify the place of use location and provide a new map if the current is incorrect.

#### **SUPPLEMENTAL AND OVERLAPPING WATER RIGHTS**

- 24.**  **Y**  **N** Will other water rights supplement or overlap the place of use to contribute to the purpose(s)?
- 24.1.** If yes, summarize how the water rights will be operated as a whole to serve the purpose(s).
  - The Applicant states: "Water right 40S 30063074 is operated by Sioux Pass Water Supply under water marketing purposes as a truck depot. This permit seeks to appropriate water independently from the truck depot, utilizing temporary diversionary equipment to supply water to oil and gas completions in the area for the beneficial use of the applicant."



- Although the existing water right 40S 30063074 (Sioux Pass Water Supply) and the proposed 40S 30164987 permits will share the same point of diversion, it appears that they will not share an overlapping place of use.
- Will Hydra MT LLC be contracting water from Sioux Pass Water Supply to supplement their volume?  
If they are not, this section does not pertain to the application. Please clarify.

### **ADVERSE EFFECT**

- 35. Describe your plan to ensure existing water rights will be satisfied during times of water shortage.

ARM 36.12.1706 - An Applicant must include a plan to address adverse effect. The plan must establish how the Applicant will comply with a call and describe how the appropriation can be regulated during times of water shortage so the water rights of prior appropriators will not be adversely affected.

- The application states appropriation “will not be appropriated or marketed” to comply with a call. Please explain how the flow rate can be controlled if a reduced flow rate is needed.

As stated above, the information submitted to address the rules and statutes listed in this deficiency letter must be substantial credible information to be acceptable at the correct and complete determination. §§85-2-102 (9) and (26), MCA.

Please submit the information specified above to the Havre Regional Office by **May 8th, 2025**. This is the only deficiency letter that will be sent. An application not corrected or completed within 120 days from the date of this letter is terminated per ARM 36.12.1501(2) and §85-2-302(6)(a), MCA.

Please let me know if you have any questions.

Best,

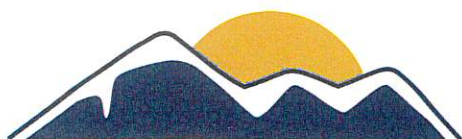
*Kailee Ingalls*



**Kailee Ingalls** | Water Resource Specialist  
Water Resources Division, Havre Regional Office  
Montana Department of Natural Resources and Conservation  
Physical | 210 6<sup>th</sup> Ave | Havre MT 59501  
Mailing | PO Box 1828 | Havre MT 59501  
**DESK:** 406-808-7126 **EMAIL:** [kailee.ingalls@mt.gov](mailto:kailee.ingalls@mt.gov)

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**IMPORTANT NOTICE:** This will be the final opportunity for you to provide the required information to the Department. If all of the requested information in this letter is not postmarked or submitted within 120 days of this letter, the application will be terminated within 30 days and the application fee will not be refunded.





APPLICATION FOR  
**BENEFICIAL WATER USE  
 PERMIT**  
 § 85-2-302  
 Form No. 600 (04/2024)

RECEIVED  
 For Department Use Only

DEC 09 2024

DNRC WATER RESOURCES  
 HAVRE REGIONAL OFFICE

**FILING FEE**

**\$2900/\$1600** – Inside a Basin Closure Area, Controlled Groundwater Area or Compact Closure; without/with filing fee reduction.  
**\$2500/\$1200** – Outside a Basin Closure Area; Controlled Groundwater Area or Compact Closure; without/with filing fee reduction.

Application # 30164987 Basin 405  
 Priority Date 12/9/24 Time 8:35 AM/PM  
 Rec'd By KI  
 Fee Rec'd \$ 2500 Check # 2985  
 Deposit Receipt # 6452508334  
 Payor Hydra MT LLC.  
 Refund \$ \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION**

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)).

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

Applicant Name Hydra MT, LLC  
 Mailing Address 945 Bunker Hill Rd City Houston State TX Zip 77024  
 Phone Numbers: Home 713-360-7705 Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

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  
 Contact/Representative Name Kane Fontenot  
 Mailing Address 945 Bunker Hill Rd, Ste. 1200 City Houston State TX Zip 77024  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell 337-277-5884  
 Email Address kfontenot@krakenoil.com

**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.



Answer every question and applicable follow-up questions. Use the checkboxes to denote yes (“Y”), no (“N”), or not applicable (“NA”). Questions that require items to be submitted to the Department have a submitted (“S”) checkbox, which is checked when the required item is attached to the Application. Label all submitted items with the question number for which they were submitted. Narrative responses that are larger than the space provided can be answered in an attachment. If an attachment is used, specify “see attachment” 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 “see attachment” must be placed on this form. For tables on this form, circle correct unit at header of column when table has unit options. For tables in attachments, label all units.

## **PREAPPLICATION AND TECHNICAL ANALYSIS INFORMATION**

1.  Y  N Did you have a preapplication meeting AND complete a Form 600P Permit Preapplication Meeting Form?

### **IF QUESTION 1 IS YES,**

2.  Y  N Did you elect on Form 600P to have the Department conduct Technical Analysis?
3.  Y  N Has any element of the application changed from Form 600P or the Technical Analysis conducted as part of the preapplication process? A Technical Analysis Addendum (Form 600-TAA) is required if changes have occurred.
4. Submit the following items:
- 4.1.  S Technical Analysis you would like the Department to use to conduct criteria assessment.
- 4.2.  S  NA Scientific Credibility Review, if applicable.
- 4.3.  S  NA Technical Analysis Addendum (Form 600-TAA), if applicable, per question 3.

### **IF QUESTION 1 IS NO,**

5.  S Submit the Technical Analysis Addendum (Form 600-TAA).
6.  Y  N Do you elect to have the Department conduct Technical Analysis?
- 6.1.  S If no, submit all the required Technical Analyses. See the Technical Analysis Guide for more information.

## **APPLICATION ADDENDA AND REVIEW**

7.  S  NA If your application is for groundwater and one or more of your points of diversion are in a Basin Closure Area, then submit the Basin Closure Area Addendum (Form 600-BCA).
8.  S  NA If your application is for groundwater and one or more of your points of diversion are in a Basin Closure Area, then you must comply with the requirements of §85-2-360. If you elected to conduct Technical Analysis, you must submit the Hydrogeologic Report Addendum (Form 600-HRA). If you did not have a preapplication meeting AND complete a Form 600P Permit Preapplication Meeting Form, you must submit the Hydrogeologic Report Addendum (Form 600-HRA). If you had a preapplication



meeting, completed a Form 600P Permit Preapplication Meeting Form, and elected DNRC to conduct Technical Analysis, you do not need to submit Form 600-HRA because the Department's Technical Analysis, which you must submit along with this application, meets the requirements of §85-2-360.

9.  S  NA If one or more of your points of diversion are in a Controlled Groundwater Area, then submit the Controlled Groundwater Area Addendum (Form 600-CGWA) and all its required attachments.
10.  S  NA If the project involves an appropriation that is greater than 5.5 CFS and 4,000 acre-feet, then 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).
11.  S  NA If the project involves out-of-state water use, then submit the Out-of-State Use Addendum (Form 600/606-OSA).
12.  S  NA If you require mitigation water to meet the criteria of issuance, then submit a Mitigation Purpose Addendum (Form 600/606-MIT).
13.  S  NA If the proposed purposes include marketing or selling water, then submit the Water Marketing Purpose Addendum (Form 600/606-WMA).
14.  S  NA If the project is in designated sage grouse habitat, then submit a review letter from the Montana Sage Grouse Habitat Conservation Program (<https://sagegrouse.mt.gov>).
15.  Y  N  NA You must provide a written notice of the application to each owner of an appropriation right sharing the point of diversion or means of conveyance (e.g., canal, ditch, flume, pipeline, or constructed waterway). Have you sent this notice to all applicable parties? Your application cannot be deemed correct and complete until you have sent this notice pursuant to §85-2-302(4)(c), MCA.

## **PURPOSE AND DIVERSION INFORMATION**

16.  Y  N Is the proposed use temporary?  
16.1. If yes, when will the appropriation cease? \_\_\_\_\_
17. Is the proposed source surface water or groundwater? \_\_\_\_\_
18. What is the source name? \_\_\_\_\_
19.  S Attach a map utilizing 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 facilities and or routes, all proposed places of storage, and places of use for all overlapping water rights.





20. Fill out the table below. Means of diversion for surface water includes headgate, pump, dam, and others. Means of diversion for groundwater includes well, developed spring, pit pond, and others.

Purpose	Means of Diversion	Acres Irrigated (if appl.)	Period of Diversion (Month/Day - Month/Day)	Period of Use (Month/Day - Month/Day)	Flow Rate (GPM or CFS)	Volume (Acre-Feet)
Total Flow Rate and Volume Required						

**POINT(S) OF DIVERSION**

21. Describe the proposed location of the point(s) diversion to the nearest 1/4 1/4 1/4 Section. Label each POD with the POD ID number used for the project map (question 19).

POD #	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Lot	Block	Tract	Subdivision	Gov. Lot

**PLACE OF USE**

22. What are the geocodes of the place of use?

-	-
-	-
-	-
-	-

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

Acres	Gov. Lot	Block	1/4	1/4	1/4	Sec.	Twp.	Rge.	County



**SUPPLEMENTAL AND OVERLAPPING WATER RIGHTS**

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

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

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25. 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 to the shared place of use.

Water Right #	Average Period of Diversion	Average Period of Use	Flow Rate	Volume Contributed

26.  Y  N Will this application supplement contract water from a Federal Project, ditch company, or other source?

26.1. If yes, explain.

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**OWNERSHIP AND POSSESSORY INTEREST**

27.  Y  N Does the Applicant have ownership of all proposed points of diversion and places of use?

27.1. If no, explain.

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28.  Y  N Do you meet one of the exceptions to possessory interest requirements, pursuant to ARM 36.12.1802? Exceptions include cases where the application is for sale, rental, distribution, or is a municipal use, or in any other context in which water is being supplied to another and it is clear that the ultimate user will not accept the supply without consenting to the use of water on the user's place of use.

28.1. If yes, explain.

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**ADVERSE EFFECT**

29.  Y  N Do you have evidence that water is physically and/or legally available in the amount required for the proposed flow rate and volume of your project?

29.1. If yes, explain.

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30.  Y  N If the legal availability criteria assessment finds that water is not legally available throughout the entire proposed period of diversion, do you have a contingency plan to address this?

30.1. If yes, explain.

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31.  Y  N Are there any factors that would limit your ability to turn off your appropriation in response to a call?

31.1. If yes, explain.

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32. Explain how you can control your diversion in response to a call being made.

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33.  Y  N Are you aware of any calls that have been made on the source of supply or depleted surface water source?

33.1. If yes, explain.

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34.  Y  N Does a water commissioner distribute water or oversee water distribution on your proposed source or any identified depleted surface water sources?

34.1. If yes, list the source(s).

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35. Describe your plan to ensure existing water rights will be satisfied during times of water shortage.

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36.  Y  N Do other water rights share any of the proposed points of diversion?

36.1. If yes, describe how the proposed project will not adversely affect these water rights.

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37.  Y  N Do other water rights share any conveyance ditch associated with the proposed project?  
See the list of water rights that share the conveyance ditches in either the Preapplication Meeting Form (Form 600P) or the Technical Analysis Addendum (Form 600-TAA).

37.1. If yes, describe how the proposed project will not adversely affect these water rights.

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**ADEQUATE MEANS OF DIVERSION AND OPERATION**

38.  S Provide a diagram of how you will operate your system from all proposed points of diversion to all proposed places of use.

39. Describe specific information about the capacity of all proposed diversionary structures. This may include, where applicable: pump curves and total dynamic head calculations, headgate design specifications, and dike or dam height and length.

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40.  Y  N Is the diversion capable of providing the full amount of water requested through the period of diversion?

40.1. If no, explain.

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**41.** Describe the size and configuration of infrastructure to convey water from all proposed points of diversion to all proposed places of use. This may include, where applicable: ditch capacity and/or pipeline size and configuration.

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**42.** Describe any losses related to the proposed conveyance.

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**43.**  Y  N  NA Is the proposed conveyance infrastructure capable of providing the required flow and volume, plus any conveyance losses?  
**43.1.** If no, explain.

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**44.**  Y  N Does the proposed conveyance require easements?  
**44.1.** If yes, explain.

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**45.** 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, output and configuration of sprinkler heads and pipelines within the place of use.

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46.  Y  N Will your system be designed to discharge water from the project?

46.1. If yes, explain the way water will be discharged and the disposal method.

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46.2.  Y  N  Y Have the necessary permits been obtained to comply with §§ 75-5-410 and 85-2-364, MCA?

47.  Y  N Is the means of diversion for any proposed point of diversion a well?

IF YES,

47.1.  Y  N Have all wells already been drilled?

47.2. For all wells that have been drilled, what is the name of the well driller and, if available, what is their license number?

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47.3.  Y  N For all wells yet to be drilled, will a licensed well driller construct the wells?

47.4.  S  NA Submit any additional well logs for wells drilled after submittal of Form 600P.

## **BENEFICIAL USE**

48. Why is the requested flow rate and volume the amount needed for the purpose(s)?

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# Purpose and Diversion Information

19.

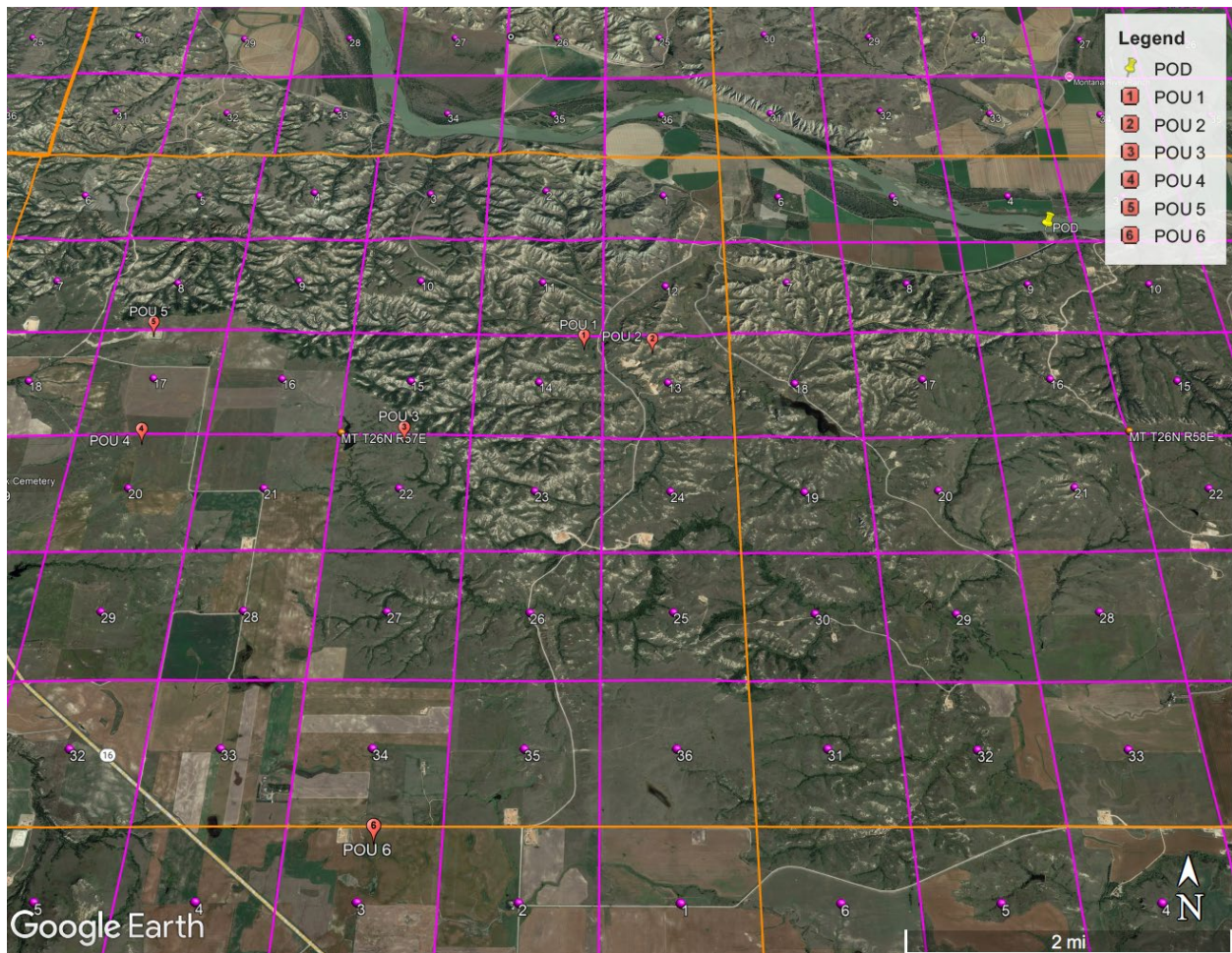


Figure 19A: POD and POUs

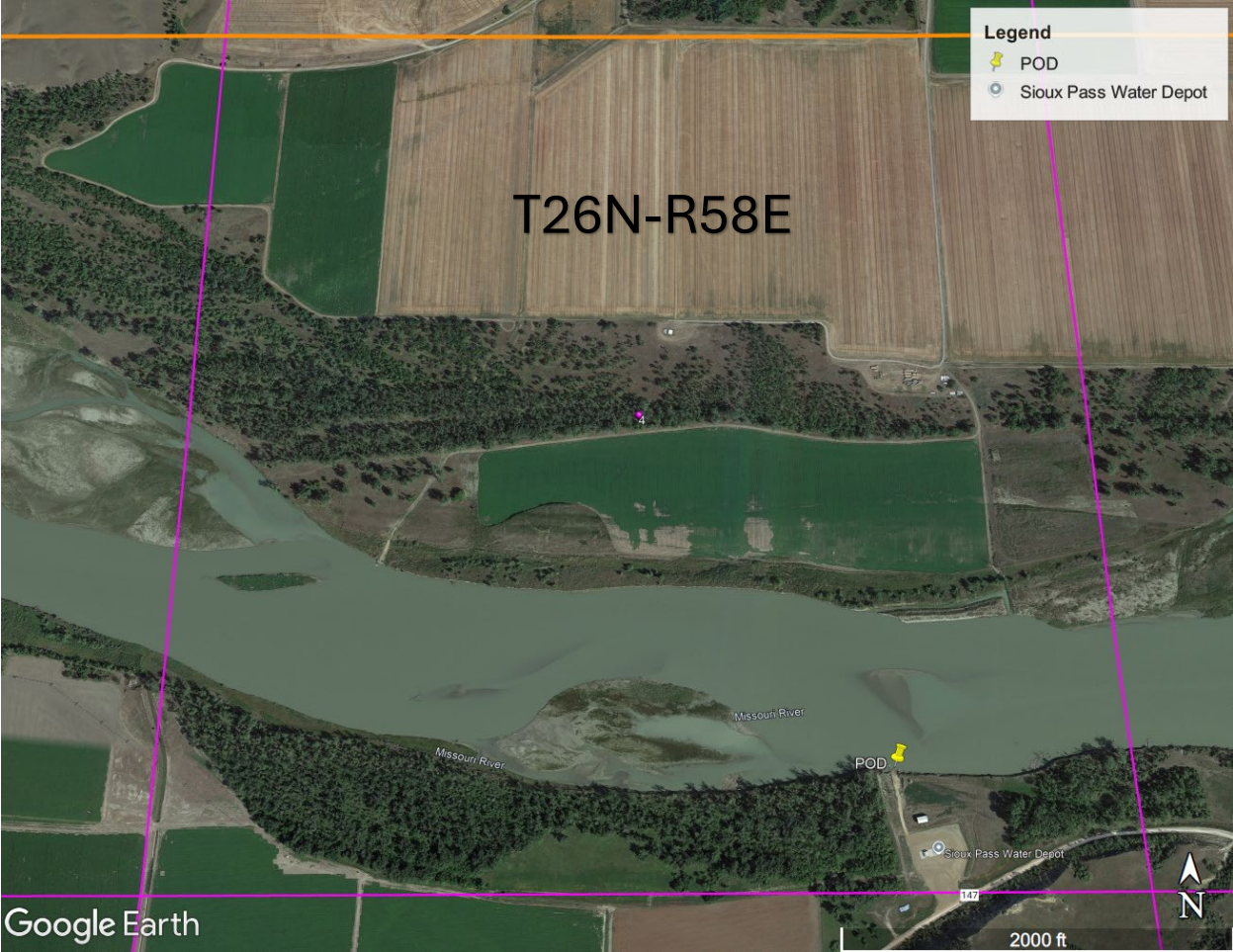
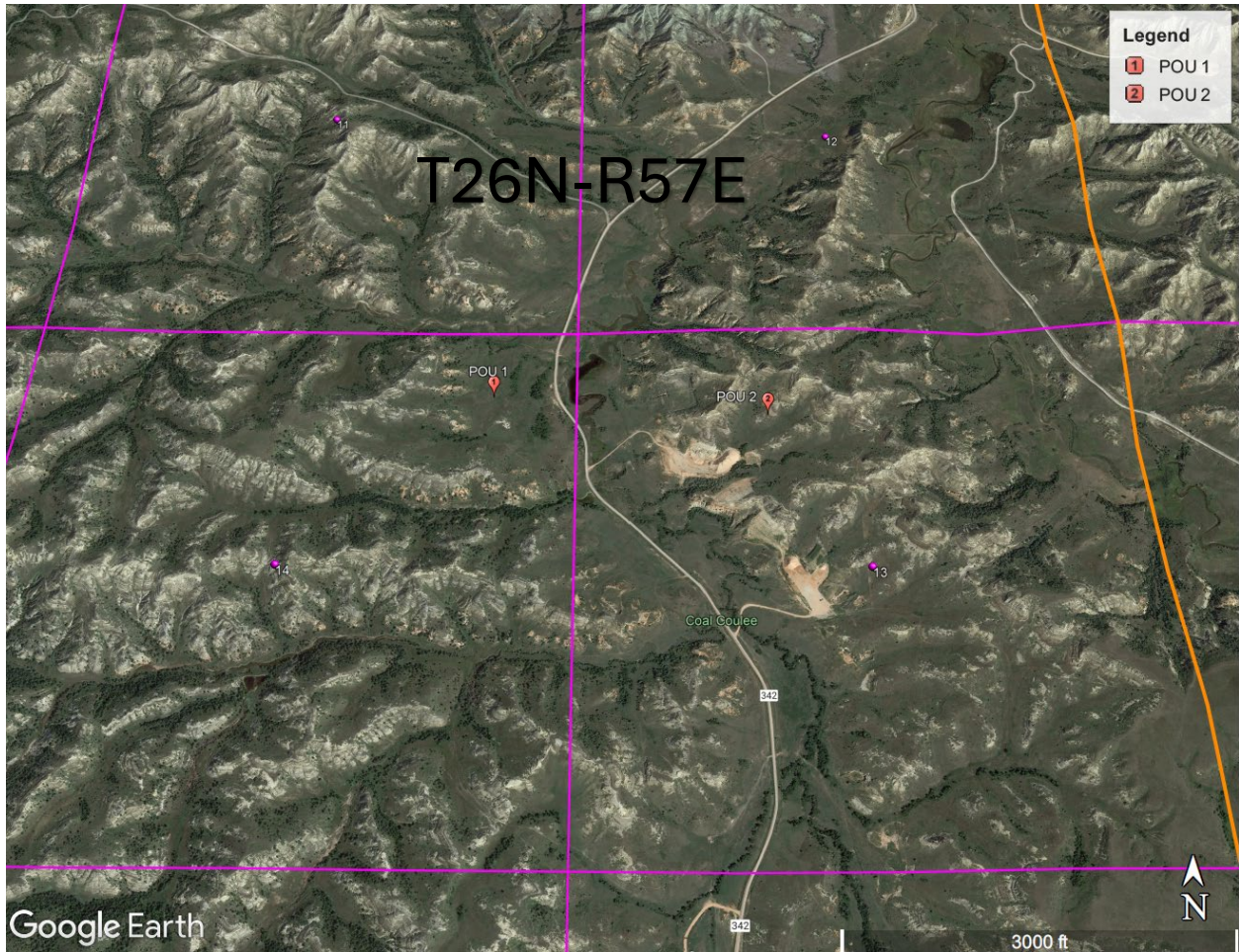


Figure 19B: POD



19C: POU 1 & 2



Figure 19D: POU 3, 4 & 5

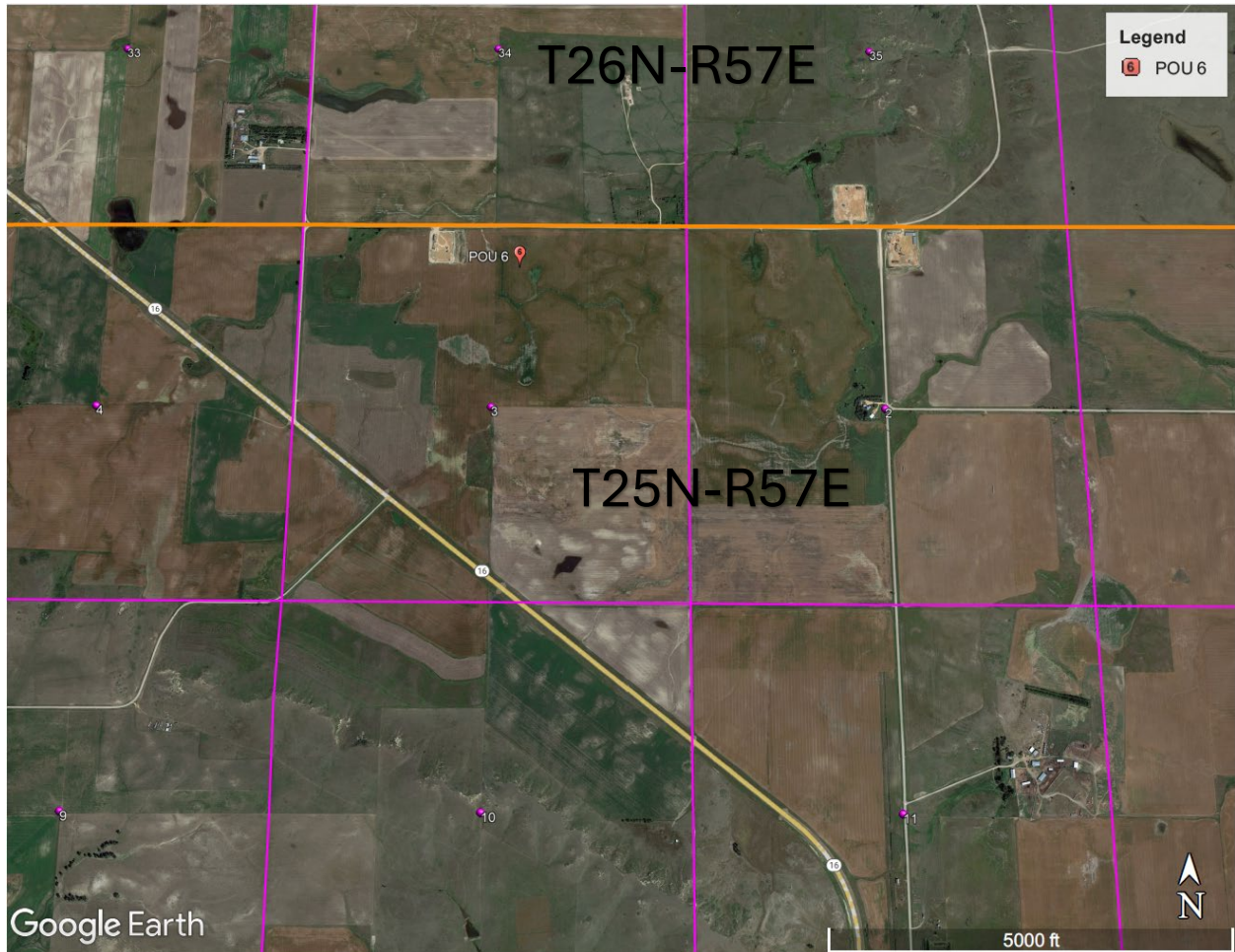


Figure 19E: POU 6

# Ownership and Possessory Interest

27.

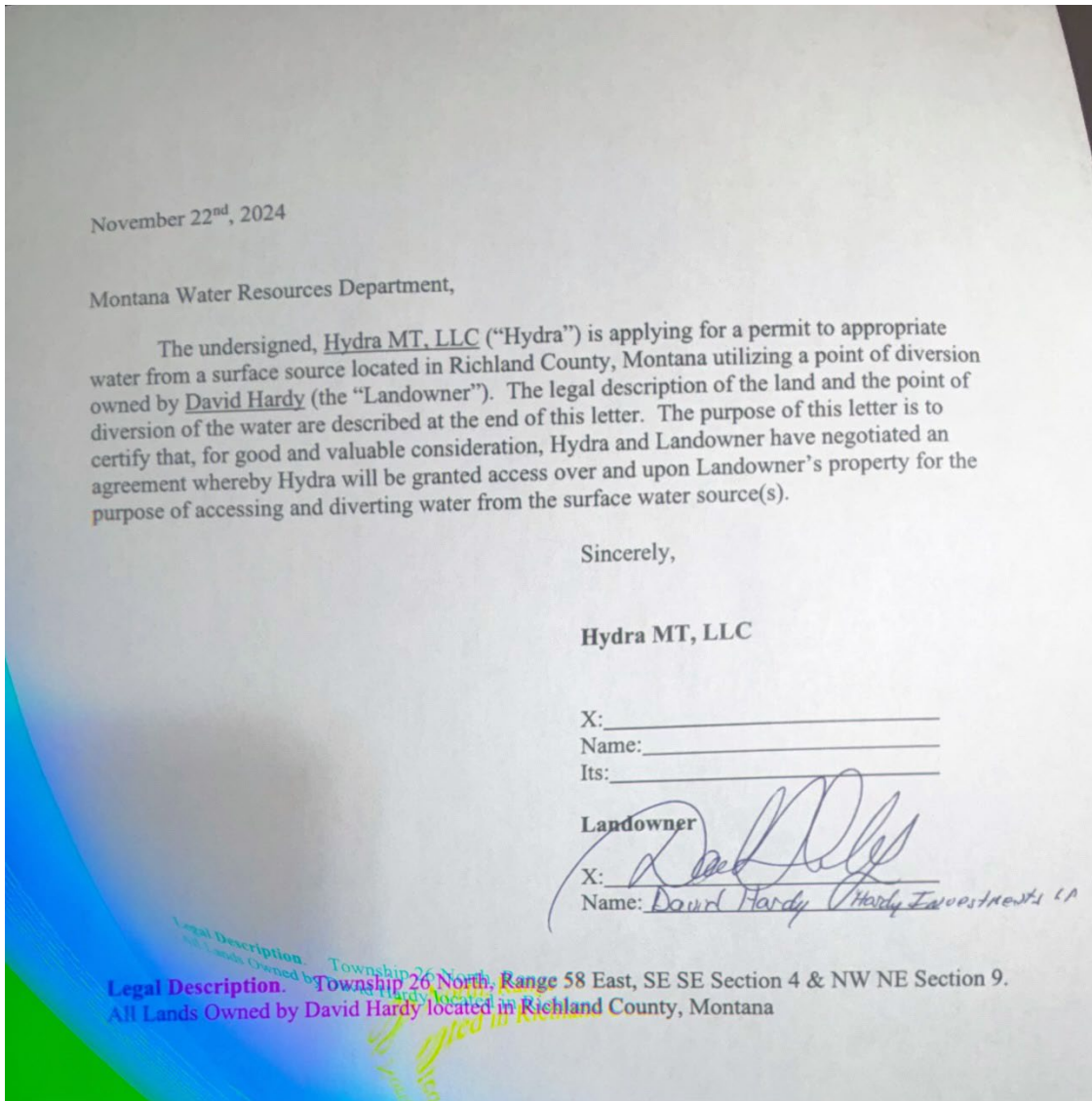


Figure 27: Photo of Surface Use Agreement with Landowner at POD

# Adequate Means of Diversion and Operation

38.

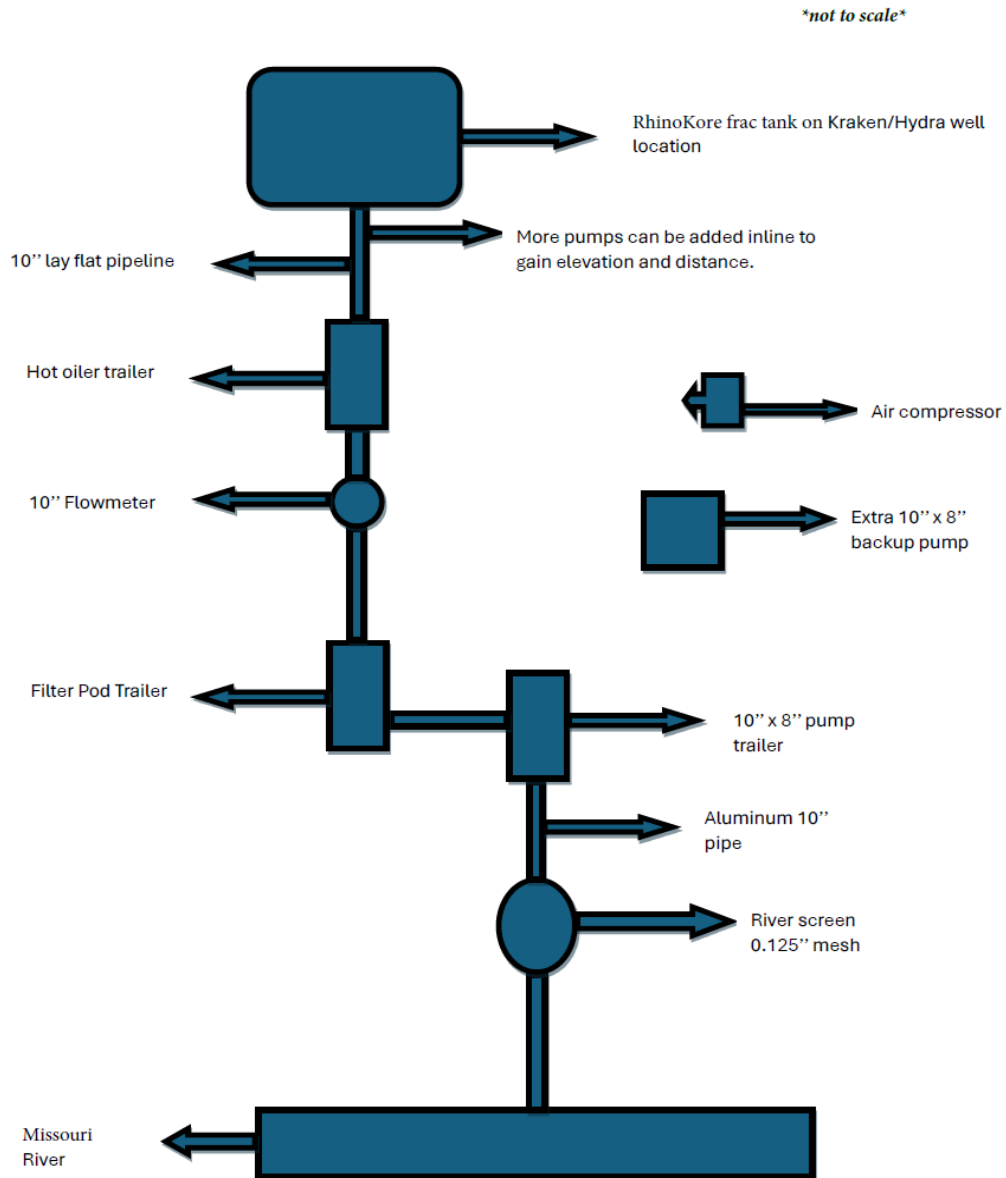


Figure 38: Diversionary Equipment



## 45.

Water will be transported and delivered to the place(s) of use as described in Question 39.

Once the water reaches the place of use, it is delivered into a portable, 50' x 200' 20,000bbl capacity RhinoKore above ground frac tank, one of which will be present at the pad (place of use) during the completion phase of operations. Because of the high rate necessary for completion operations, the RhinoKore acts as a median between the transfer of water to source, and the hydraulic fracturing process. The frac contractor onsite at the place of use pulls water from the RhinoKore which is then mixed with a fine mesh sand while being pumped downhole for the stimulation of the new Bakken wells to be produced at a later date. After completion (frac), the wells on pad are prepared for initial production. Throughout the life of a well, gas, water, and oil are produced from each wellbore where they will then be separated and transported. Produced water (salt water) is transferred to a state approved disposal facility. Depending on the midstream capability at the facility (place of use), this can be via truck or pipeline.

## 48.

Kraken Oil and Gas, LLC, the parent company of Hydra MT, LLC, needs fresh water to conduct the completion of oil and gas wells in Richland County, Montana.

Kraken Oil and Gas has over 30 new wells with an average lateral length of 15,000 feet that it plans to develop in the nearby area. Kraken's current completion design for a 3-mile (15,000') lateral consists of 90 stages, with each stage roughly 190 feet apart throughout the lateral. Each stage is designed to place roughly 300,000 pounds of proppant (sand) into its respective portion of the lateral. Based on fluid rheology, fresh water is designed to be pumped between 70-80 barrels per minute to prevent the well from sanding off. The concentration of sand is also an important factor and is designed to be kept at a maximum of 3 pounds per gallon. To ensure sufficient operation, each stage is designed to utilize approximately 5,000 barrels of fresh water. Therefore, a typical 3-mile lateral (15,000') requires approximately 450,000 barrels of fresh water per well. Based on the current near term development schedule, Kraken plans to develop as many as thirteen 3-mile wells within a calendar year, requiring roughly 5.85 million barrels of fresh water to support adequate completion.

The following attachment is an example of a pump schedule for the current stage design being utilized for a 3-mile (15,000') lateral.

**Double Drop Stage Design**

Rate		Clean vol	Clean vol	Slurry vol	Prop Conc.	Prop Vol
bpm		bbl	gal	gal	ppg	lbs
Up to 80 BPM	SW - BIP Pad	107	4,500	4,500		
Up to 80 BPM	SW 100 mesh	90	3,800	3,843	0.25	950
Up to 80 BPM	SW 100 mesh	90	3,800	3,886	0.5	1,900
Up to 80 BPM	SW 100 mesh ramp 1.4	1,167	49,000	53,434	2	98,000
		-		-		-
Up to 80 BPM	SW	71	3,000	3,000		
Up to 80 BPM	Diverter in ~1 gpt FR	25	1,050	1,050		
Up to 80 BPM	SW	60	2,520	2,520		
Up to 80 BPM	SW 100 mesh	90	3,800	3,843	0.25	950
Up to 80 BPM	SW 100 mesh	90	3,800	3,886	0.5	1,900
Up to 80 BPM	SW 100 mesh ramp 1.4	1,167	49,000	53,434	2	98,000
		-		-		-
Up to 80 BPM	SW	71	3,000	3,000		
Up to 80 BPM	Diverter in ~1 gpt FR	25	1,050	1,050		
Up to 80 BPM	SW	60	2,520	2,520		
Up to 80 BPM	SW 100 mesh	90	3,800	3,843	0.25	950
Up to 80 BPM	SW 100 mesh	90	3,800	3,886	0.5	1,900
Up to 80 BPM	SW 100 mesh ramp 1.4	1,167	49,000	53,434	2	98,000
		-		-		-
Up to 80 BPM	SW - Flush	476	20000	20000		
	Stage Total	4,939	207,440	221,129		302,550
	90 Stage Well Total	444,514	18,669,600	19,901,635	-	27,229,500

Figure 48: Completion Design

# Appendix

 **ModMAG®** | Electromagnetic Flow Meter  
M-Series® | Electromagnetic Flow Meters  
M2000



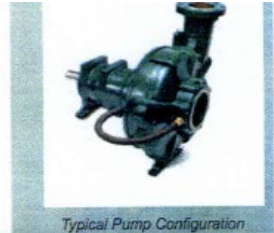
 **Badger Meter**  
MAG-UM-01272-EN-25 (June 2022)

**User Manual**

Appendix Figure A: Flow Meter



Standard Centrifugal  
**SC108S17L71**



Typical Pump Configuration

**Performance**

**End suction standard centrifugal pump**

Bare shaft, frame mounted, heavy duty, solids handling pump

Size	10" x 8" 250 x 200 mm
Flow, Max	7,600 USgpm 1750 m <sup>3</sup> /h 480 l/s
Head, Max	450 feet 140 meters
Flow at BEP	4,600 USgpm 1060 m <sup>3</sup> /h 290 l/s
Efficiency at BEP	80%
Solids Handling, Max	3.5" 89 mm
Operating Speed, Max	2000 rpm
Suction Connection	10" (250 mm) 150 ANSI Flanges
Delivery Connection	8" (200 mm) 150 ANSI Flanges
Bearing Lubrication	Oil STD Grease optional
Fasteners	Imperial

**Applications**

Dirty water	Raw water pumps
Sewage bypass	Flood pumps
Silt returns	Mine dewatering
Cooling pumps	

PosiValve™ Patent #6,783,730

**High pressure, high flow, heavy duty solids handling pump**

Designed to run over a broad range of performance while delivering outstanding suction lift, the SC108S17 is the solid choice. The rugged construction and modular design provide proven reliability and flexibility in the most demanding applications.

**Optional Priming System**

Priming System	Mechanically Driven Diaphragm Style Vacuum Pump
Air Removal Capability	50 CFM
Priming Chamber	Single chamber with positive sealing air separation PosiValve™ with stainless steel float ball & linkage.
Discharge Check Valve	Swing Style - ductile iron with Buna-n Disc Valve

**Other Specifications**

Mechanical Seal	Single Type Seal w/ Tungsten Carbide vs. Silicon Carbide Seal Faces, Viton Elastomers, 300 Series Stainless Steel Hardware and Spring (Run Dry Option Available).
Pump End Bearing	Single row ball
Drive End Bearing	Double Row Angular Contact
Shaft	17-4 PH Stainless Steel

**Construction Materials**

	Standard Construction	CD4MCu Stainless Steel
Impeller	CA6NM SS	CD4MCu
Volute	Ductile Iron ASTM A536 65-45-12	CD4MCu
Wear Ring	ASTM A48 Class 40 Gray Iron	316 SS
Suction Cover	Ductile Iron ASTM A536 65-45-12	CD4MCu
Bracket	Ductile Iron ASTM A536 65-45-12	CD4MCu
Backplate	Ductile Iron ASTM A536 65-45-12	CD4MCu

SC108S17L71\_06.14

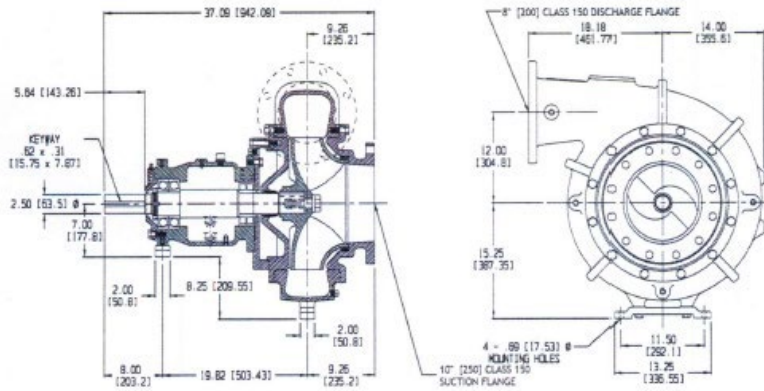
Appendix Figure B: Diesel Pump

## Mechanical Dimensions



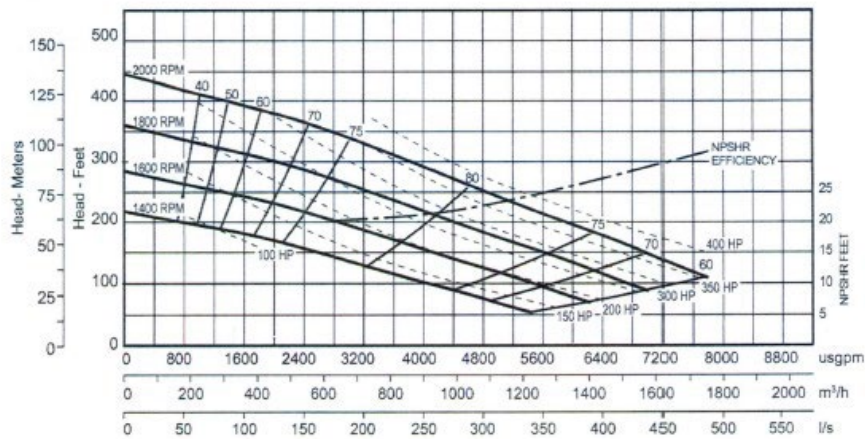
Typical Pump Configuration

**SC108S17**



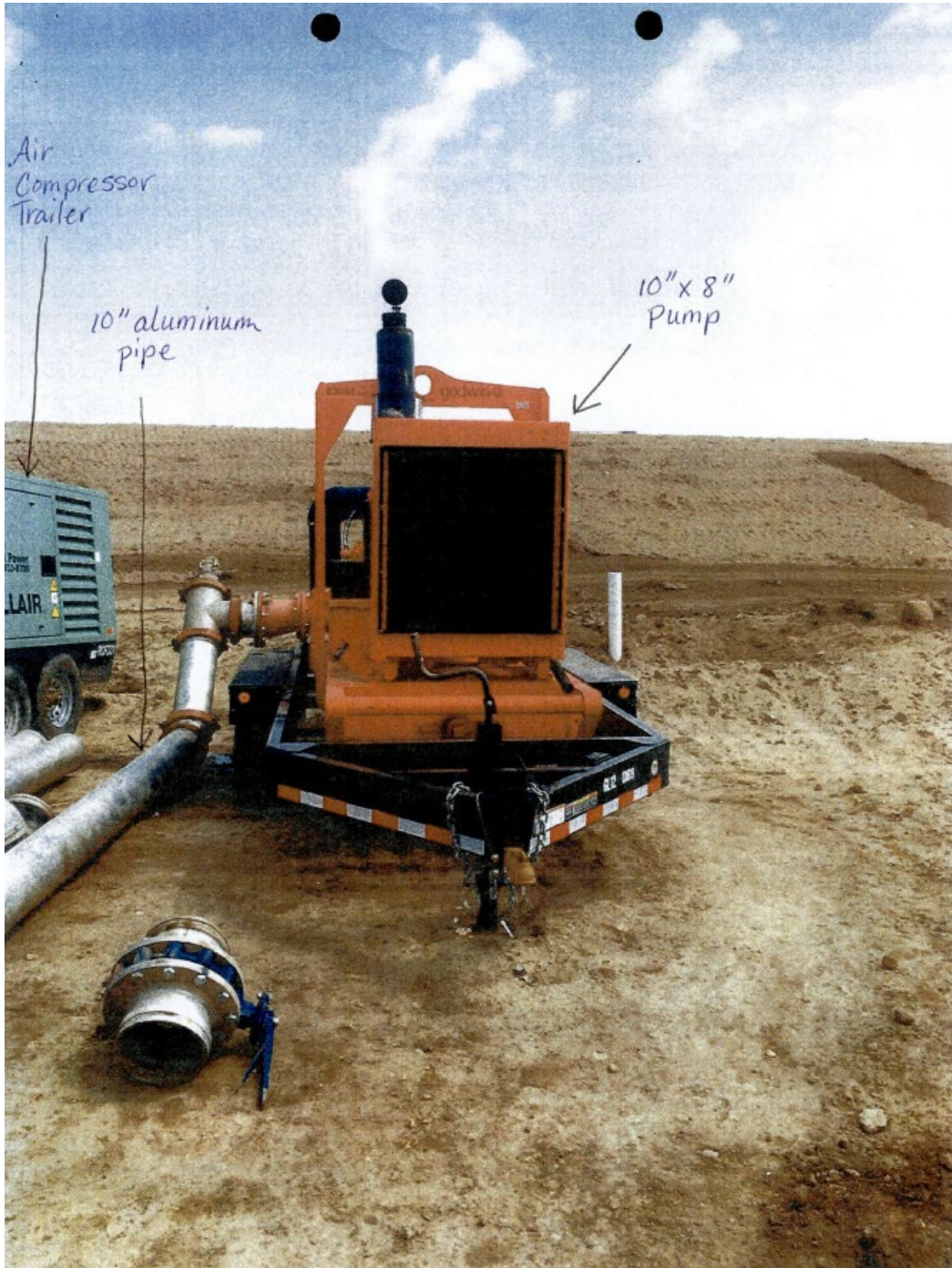
## Performance Curve

Model: SC108S17	Impeller Dia: 17.5"	Speed: Variable	Solids Size: 3.5"	Curve #07997HQ
-----------------	---------------------	-----------------	-------------------	----------------



Corporate +1 (503) 266-4115 ■ EMEA +44 (0)1449 736777 ■ South Africa +27 (0)11 824 0085 ■ Australia +61 3 9988 1650

Appendix Figure C: Pump Specs



Appendix Figure D: Diversionary Equipment



Appendix Figure E: Diversionary Equipment



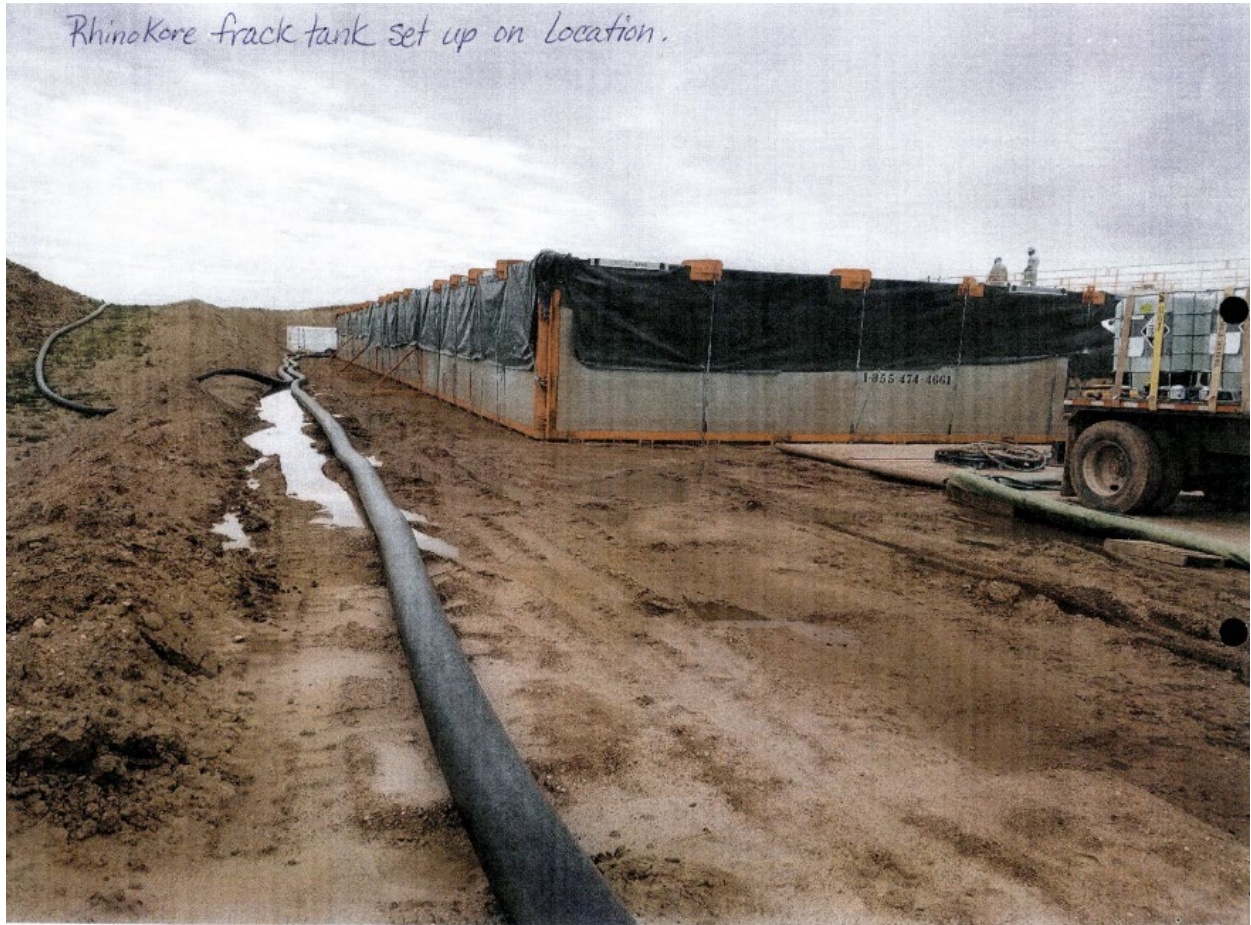


Appendix Figure F: Diversionary Equipment



*Hot oiler trailer to heat water on the fly.*

Appendix Figure G: Diversionary Equipment



Appendix Figure H: RhinoKore Frac Tank

*Pumps and equipment, like these, or similar, will be used*



*10"x8"  
portable  
pump*

*10"  
layflat*

*Filter trailer*

Appendix Figure I: Diversionary Equipment



**APPLICATION FOR BENEFICIAL WATER USE PERMIT  
TECHNICAL ANALYSIS ADDENDUM  
ARM 36.12.1303**

Answer every question and applicable follow-up questions. Use the checkboxes to denote yes ("Y") or no ("N"). Questions that require items to be submitted to the Department have a submitted ("S") checkbox, which is checked when the required item is attached to the Technical Analysis Addendum. Label all submitted items with the question number for which they were submitted. 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. If no attachment is needed, leave the see attachment ("A") checkbox blank. 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 on this form must be marked. For tables on this form, circle correct unit at header of column when table has unit options. For tables in attachments, label all units.

**SURFACE WATER**

**Applicable**, move on to question 1.  **Not Applicable**, skip to question 14.

The following questions are mandatory for applications for surface water.

Surface Water: Physical Availability

<b>Questions, Narrative Responses, and Tables</b>	<b>Check-boxes</b>
1. 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 (Form No. 600) to label each point of diversion.	<input type="checkbox"/> A

POD #	Flow Rate (GPM or CFS)	Volume (AF)	Period Start (MM/DD)	Period End (MM/DD)	Source Type

2. What is the source type of the surface water diversion?  _____	<input type="checkbox"/> A
---	----------------------------

<b>Perennial or Intermittent</b>	Answer questions 3 to 4	<b>Ephemeral</b>	Answer questions 5 to 7	<b>Lake</b>	Answer question 8	<b>Other</b>	Answer question 9
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Surface Water: Physical Availability: Perennial or Intermittent

Applicable  Not Applicable

3. Is stream gage data available?	<input type="checkbox"/> Y <input type="checkbox"/> N
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? _____	
2. Who operates and maintains the gage? _____	
3. Is the stream gage upstream or downstream of the points of diversion? _____	
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.	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Is the period of record greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. How frequently is stage data recorded? _____	
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
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
9. Were there requirements for maintaining a permanent gage datum and meeting specified accuracy limits?	<input type="checkbox"/> Y <input type="checkbox"/> N
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? See the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, this section is complete. Skip to question 12.	
b. If no, answer question 3.b.	
ii. More than one stream gage is available	
1. List the gage names. _____ _____	<input type="checkbox"/> A
2. Who operates and maintains the gages? _____	
3. Is one stream gage upstream and one downstream of the points of diversion?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Do stream gages have similar periods of record?	<input type="checkbox"/> Y <input type="checkbox"/> N



5. Are the periods of record each greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. How frequently is stage data recorded at each gage? _____	
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
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
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
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? See the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, this section is complete. Skip to question 12.	
b. If no, answer question 3.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
i. If yes,	
1. Submit available measurements to the Department.	<input type="checkbox"/> S
2. Who collected the measurements? _____	
3. With what method was the data collected? _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> A
4. What is the period of record? _____	
5. What is the frequency of measurement? _____	
6. Are there gaps in the data?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, what is the nature of the gaps and how are gaps handled to ensure data quality? _____ _____ _____	<input type="checkbox"/> A



7. Is there a process for maintaining the data and meeting specified accuracy limits?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, explain. _____ _____ _____ _____ _____	<input type="checkbox"/> A
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? See the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, this section is complete. Skip to question 12.	
b. If no, answer question 4.	
4. Does the available measurement data, gage and/or otherwise measured, include a minimum of high, moderate, and low flows to be used for a Department-accepted estimation technique? If the Department finds that your measurements are not sufficient to validate an estimation technique or that no estimation technique is appropriate for the source characteristics, further measurements may be required. Refer to the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual for more information.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes,	
i. Describe how your measurements are representative of high, moderate, and low flows. _____ _____ _____ _____	<input type="checkbox"/> A
ii. If you conducted the Technical Analyses, summarize the estimation technique. If the Department will conduct the Technical Analyses, write N/A. _____ _____ _____ _____	<input type="checkbox"/> A
b. If no, and one or more Department-accepted estimation techniques are appropriate for the source characteristics.	
i. Did you submit Form No. 653 to request a variance from the requirements of ARM 36.12.1702(1)(b)? Please note that the Department's Technical Analyses or Scientific Credibility Review of your Technical Analyses cannot commence until the Department receives measurements that meet the requirements of ARM 36.12.1702(1) or, in combination with an approved variance request, are sufficient to complete any necessary technical analyses or scientific credibility reviews and to evaluate the applicable criteria.	<input type="checkbox"/> Y <input type="checkbox"/> N





1. If yes, submit a copy of the variance request form and, if available, the Department's decision.	<input type="checkbox"/> S
c. If no, and you have evidence that no Department-accepted estimation technique is appropriate for the source characteristics.	
i. Describe why no Department-accepted estimation technique is appropriate for the source characteristics.  _____  _____  _____  _____  _____	<input type="checkbox"/> A
ii. Does available measurement data meet the Department's standard of monthly measurements throughout the period of diversion for surface water permits?	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If no, did you submit Form No. 653 to request a variance from the requirements of ARM 36.12.1702(4)? Please note that the Department's Technical Analyses or Scientific Credibility Review of your Technical Analyses cannot commence until the Department receives measurements that meet the requirements of ARM 36.12.1702(4) or, in combination with an approved variance request, are sufficient to complete any necessary technical analyses or scientific credibility reviews and to evaluate the applicable criteria.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit a copy of the variance request form and, if available, the Department's decision.	<input type="checkbox"/> S

*Surface Water: Physical Availability: Ephemeral*

Applicable  Not Applicable

5. If you have conducted Technical Analyses, summarize the method used to calculate mean annual runoff. If DNRC will conduct Technical Analyses, write N/A.  _____  _____  _____	<input type="checkbox"/> A
6. Submit climate and drainage area data.	<input type="checkbox"/> S
7. Identify and provide the legal land description for the most downstream point of diversion. This point is used to delineate the drainage basin.  _____  _____	<input type="checkbox"/> A

*Surface Water: Physical Availability: Lake*

Applicable  Not Applicable

8. Do you have a design plan?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit the design plans to DNRC	<input type="checkbox"/> S



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
i. If yes, submit this information to DNRC.	<input type="checkbox"/> S

*Surface Water: Physical Availability: Other*  
 Applicable  Not Applicable

9. Submit measurements of the source to the Department.	<input type="checkbox"/> Y <input type="checkbox"/> N
10. With what method was the measurement data collected?  <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> A
11. What is the measurement interval?  <hr/>	
a. Does the interval meet the requirements of 36.12.1702(4)?	<input type="checkbox"/> Y <input type="checkbox"/> N
i. If no, did you submit Form No. 653 to request a variance from measurement requirements pursuant to ARM 36.12.1702(4)? Please note that the Department's Technical Analyses or Scientific Credibility review of your Technical Analyses cannot commence until the Department receives measurements that meet the requirements of ARM 36.12.1702(4) or, in combination with an approved variance request, are sufficient to complete any necessary technical analyses or scientific credibility reviews and to evaluate the applicable criteria.	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If yes, submit a copy of the variance request form and the Department's decision.	<input type="checkbox"/> S

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

12. If you conducted Technical Analysis, describe how you defined the Area of Potential Impact. If Department will conduct Technical Analyses, write N/A.  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> A
--	----------------------------



Surface Water: Basin Closure Area

<p>13. Is the project located in a Basin Closure Area? If yes, list the Basin Closure Area and answer the follow-up question for Basin Closure Areas in the “Project-Specific Questions: Controlled Groundwater Areas and Basin Closures” section (question 41). 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>.</p> <p>_____</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
---	---

**GROUNDWATER**

**Applicable**, move on to question 14.  **Not Applicable**, skip to question 37.  
*The following questions are mandatory for applications for groundwater.*

<b><u>Questions, Narrative Responses, and Tables</u></b>	<b><u>Check-boxes</u></b>
--	---------------------------

Groundwater: Physical Availability

<p>14. What is the type of groundwater diversion?</p> <p>_____</p>					
<b>Well/Pit</b>	Answer questions 15 to 18	<b>Developed Spring</b>	Answer questions 19 to 23	<b>Pond</b>	Answer questions 24 to 28

*Groundwater: Physical Availability: Well/Pit*  
 Applicable  Not Applicable

<p>15. Submit the Aquifer Testing Addendum (Form No. 600-ATA).</p>	<input type="checkbox"/> S
<p>16. Submit the Aquifer Test Data Form (Form No. 633).</p>	<input type="checkbox"/> S
<p>17. Are variances from the requirements of ARM 36.12.121 needed?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. If yes,</p>	
<p>i. Submit the Variance Request (Form No. 653) to the Department and a record of the Department decision if the form was submitted prior to this application.</p>	<input type="checkbox"/> S
<p>ii. Do you have aquifer characteristic data available to you that you would like the Department to consider in its decision on the variance request?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>1. If yes, submit the data.</p>	<input type="checkbox"/> S
<p>18. Do you have a map with the location of each well/pit labeled and, if available, with the GWIC ID?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. If no, have all the wells/pits been constructed?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>i. If yes, submit 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.</p>	<input type="checkbox"/> S
<p>ii. If no, answer the following questions,</p>	



1. When will the wells/pits be constructed? _____	
2. Do you have an initial map with the proposed location of wells/pits?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit 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
3. Is the requested volume for each new well/pit known?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If no, what is the total requested volume (AF) and the number of new wells? _____ _____	<input type="checkbox"/> A

*Groundwater: Physical Availability: Developed Spring*

Applicable  Not Applicable

19. Submit your measurements of the source.	<input type="checkbox"/> S
20. Do the measurements include flow rate (GPM or CFS) and volume measurements?	<input type="checkbox"/> Y <input type="checkbox"/> N
21. With what method were measurements collected? _____ _____ _____ _____ _____ _____	<input type="checkbox"/> A
22. What is the interval of measurements? _____	
23. Is the interval of measurements sufficient to comply with ARM 36.12.1703(1)? Please note technical analyses or scientific credibility reviews cannot commence until the Department has measurement data that meets the requirements of ARM 36.12.1703(1).	<input type="checkbox"/> Y <input type="checkbox"/> N

*Groundwater: Physical Availability: Pond*

Applicable  Not Applicable

24. Do you require a variance from the requirements of ARM 36.12.121?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit a Variance Request (Form No. 653) to the Department and a record of the Department decision if the form was submitted prior to this application.	<input type="checkbox"/> S
25. Do you have measurements available for pond physical availability?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit the measurements to the Department.	<input type="checkbox"/> S
26. Submit pond bathymetry data, survey, or engineering plans to the Department.	<input type="checkbox"/> S
27. Submit a map identifying the location of the proposed pond. 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



<p>28. If you conducted Technical Analyses, how did you determine depth, surface area, and net evaporation of the pond? If DNRC will conduct Technical Analyses, write N/A.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
---	----------------------------

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 Sources

<p>29. If you submitted Technical Analyses with this application, list the hydraulically connected surface water sources and answer questions 30 to 31 one time per source. Use the "Additional Hydraulically Connected Source Sheet (600-TAA)" for each additional source. If you have elected for the Department to conduct the Technical Analyses after application submittal, write N/A and skip to question 33 because the information required to answer questions 30 to 32 is not yet available. If measurements are required to determine availability of depleted surface water sources, you are required to submit measurements sufficient to complete any necessary technical analyses or scientific credibility reviews and to evaluate the applicable criteria.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>30. Name the hydraulically connected surface water source for which you are answering questions 31 and 32.</p> <p>_____</p>	
<p>31. Is stream gage data available?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. If yes, answer the following questions for the number of stream gages that are available.</p>	
<p>i. One stream gage is available</p>	
<p>1. What is the gage name?</p> <p>_____</p>	
<p>2. Who operates and maintains the gage?</p> <p>_____</p>	
<p>3. Is the gage upstream or downstream of the start of the depletion?</p> <p>_____</p>	



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.	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Is the period of record greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. How frequently is stage data recorded? _____	
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
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
9. Were there requirements for maintaining a permanent gage datum and meeting specified accuracy limits?	<input type="checkbox"/> Y <input type="checkbox"/> N
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 depletion? See the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, this section is complete. Skip to question 33.	
b. If no, answer question 31.b.	
ii. More than one stream gage is available	
1. List the gage names. _____ _____	<input type="checkbox"/> A
2. Who operates and maintains the gages? _____	
3. Is one stream gage upstream and one downstream of the start of the depletion?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Do the stream gages have similar periods of record?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Are the periods of record greater than or equal to 10 years?	<input type="checkbox"/> Y <input type="checkbox"/> N
6. How frequently is stage date recorded at each gage? _____	
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
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
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
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 depletion? If you have questions about this, consult the "Department Standard Practice for Determining Physical Surface Water Availability" found in the Permit Manual.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, this section is complete. Skip to question 33.	
b. If no, answer question 31.b.	



<p>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 months of depletion, is the source otherwise measured?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>i. If yes,</p>	
<p>1. Submit available measurements to the Department.</p>	<input type="checkbox"/> S
<p>2. Who collected the measurements?</p> <p>_____</p>	
<p>3. With what method was the data collected?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>4. What is the period of record?</p> <p>_____</p>	
<p>5. What is the frequency of measurement?</p> <p>_____</p>	
<p>6. Are there gaps in the data?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<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> <p>_____</p>	<input type="checkbox"/> A
<p>7. Is there a process for maintaining the data and meeting specified accuracy limits?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. If yes, explain.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<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 months of depletion? See the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. If yes, this section is complete. Skip to question 33.</p>	



b. If no, answer question 32.	
32. Does the available measurement data, gage and/or otherwise measured, include a minimum of high, moderate, and low flows to be used for a Department-accepted estimation technique? If the Department finds that your measurements are not sufficient to validate an estimation technique or that no estimation technique is appropriate for the source characteristics, further measurements may be required. Refer to the "Department Standard Practice for Determining Physical Surface Water Availability" in the Permit Manual for more information.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes,	
i. Describe how your measurements are representative of high, moderate, and low flows.  _____  _____  _____	<input type="checkbox"/> A
ii. If you conducted the Technical Analyses, summarize the estimation technique. If the Department will conduct the Technical Analyses, write N/A.  _____  _____  _____	<input type="checkbox"/> A
b. If no, and one or more Department-accepted estimation techniques are appropriate for the source characteristics.	
i. Did you request to depart from the requirements of "Department Standard Practice for Determining Physical Surface Water Availability" found in the Permit Manual? Please note that the Department's Technical Analyses or Scientific Credibility Review of your Technical Analyses cannot commence until the Department receives measurements that meet these requirements or, in combination with an approved variance request, are sufficient to complete any necessary technical analyses or scientific credibility reviews and to evaluate the applicable criteria.	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If yes, submit a copy of the request to depart and, if available, the Department's decision.	<input type="checkbox"/> S
c. If no, and you have evidence that no Department-accepted estimation technique is appropriate for the source characteristics.	
i. Describe why no Department-accepted estimation technique is appropriate for the source characteristics.  _____  _____  _____  _____  _____	<input type="checkbox"/> A





ii. Does available measurement data meet the Department's standard of monthly measurements throughout the period of net depletion for groundwater permits?	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If no, did you submit Form No. 653 to request a variance from the requirements of ARM 36.12.1702(4)? Please note that the Department's Technical Analyses or Scientific Credibility Review of your Technical Analyses cannot commence until the Department receives measurements that meet the requirements of ARM 36.12.1702(4) or, in combination with an approved variance request, are sufficient to complete any necessary technical analyses or scientific credibility reviews and to evaluate the applicable criteria.	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit a copy of the variance request form and, if available, the Department's decision.	<input type="checkbox"/> S

**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**

<b><u>Questions, Narrative Responses, and Tables</u></b>						<b><u>Check-boxes</u></b>
33. 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 (Form No. 600) to match this information with the location information.						<input type="checkbox"/> A
POD #	Flow Rate (GPM or CFS)	Volume (AF)	Period of Diversion (MM/DD-MM/DD)	Well Depth (FT)	Measured or Estimated	

34. 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
a. If yes, provide the alternative pumping schedule in the table below. Use the same POD # as the project map (Form No. 600).						<input type="checkbox"/> A
Month	POD #	Volume (AF)	Month	POD #	Volume (AF)	
January			July			
February			August			
March			September			
April			October			
May			November			
June			December			



## Groundwater: Basin Closure or Controlled Groundwater Area

35. Are any of the points of diversion located in a basin closure area?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes,	
i. Submit the Basin Closure Area Addendum (Form 600-BCA), Hydrogeologic Report Addendum (Form 600-HRA), and Hydrogeologic Report.	<input type="checkbox"/> S
ii. 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?	
1. Application to Change a Water Right to mitigate the adverse effects created.	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Alternative mitigation plan.	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Documentation to show a mitigation plan is not required.	<input type="checkbox"/> Y <input type="checkbox"/> N
36. Are any of the points of diversion located in a controlled groundwater area? If yes, answer "Project-Specific Questions: Controlled Groundwater Areas and Basin Closures" section (questions 37 to 40).	<input type="checkbox"/> Y <input type="checkbox"/> N

## PROJECT-SPECIFIC QUESTIONS

### Controlled Groundwater Areas and Basin Closures

37. Is the project located in the East Valley Controlled Groundwater Area?	<input type="checkbox"/> Y <input type="checkbox"/> N
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
ii. Is the project in Zone 2?	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If yes, submit 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
iii. Is the project in Zone 1? If yes, a Form No. 600 cannot be accepted by the Department.	<input type="checkbox"/> Y <input type="checkbox"/> N
38. Is the project located in the South Pine Controlled Groundwater Area?	<input type="checkbox"/> Y <input type="checkbox"/> N
a. If yes, submit the Application for Beneficial Water Use Permit South Pine Controlled Groundwater Area Addendum.	<input type="checkbox"/> S
39. Is the project located in the Yellowstone Controlled Groundwater Area?	<input type="checkbox"/> Y <input type="checkbox"/> N
i. If yes, submit a Yellowstone Controlled Groundwater Area Addendum (Form No. 600-Y over35).	<input type="checkbox"/> S
40. Is the project located in one of the other 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





<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>46. 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></p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>47. Will the place of storage include primary and/or emergency spillways?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. If yes, submit preliminary design specifications for primary and emergency spillways (ARM 36.12.113).</p>	<input type="checkbox"/> S
<p>48. Will the place of storage be lined?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>49. 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.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>50. Is the place of storage capacity calculated to be greater than 50 acre-feet?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>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?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

Ditch-Specific Questions

<p>51. Does the proposal include at least one conveyance ditch? If yes, answer question 52 and, for each ditch, answer question 53. If no, this section is complete, and you can skip to question 54.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>52. 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 53.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.</p>	<input type="checkbox"/> S
<p>53. For each conveyance ditch, answer the following. If there is more than one conveyance ditch, use an "Additional Ditch Sheet (600-TAA)" for each additional conveyance ditch.</p>	
<p>a. What is the ditch name?</p> <p>_____</p>	



<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>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 52.</p>	<input type="checkbox"/> A

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

<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>e. What type of soils compose the proposed conveyance ditch? For lined ditches, write "lined" instead.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>f. Are other water rights conveyed by the conveyance ditch?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>i. If yes,</p>	
<p>1. List the water right numbers.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>2. What is the sum of the flow rates (GPM or CFS) for water rights conveyed?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A



<p>3. Submit 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
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Water Marketing

<p>54. Does the proposal include water marketing? If yes, please answer the questions in this section (questions 55 to 60). If no, this section is complete.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>55. Identify the flow rate (GPM or CFS) and volume (AF) of water that will be marketed.</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>56. Will the marketed water return to the source?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>a. Explain how this determination was made.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>57. For what purposes will the marketed water be used?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>58. How will you control or limit access to the water?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> A
<p>59. Do you have contracts for the entire volume and flow rate sought?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>60. Submit 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



# TAA Attachments

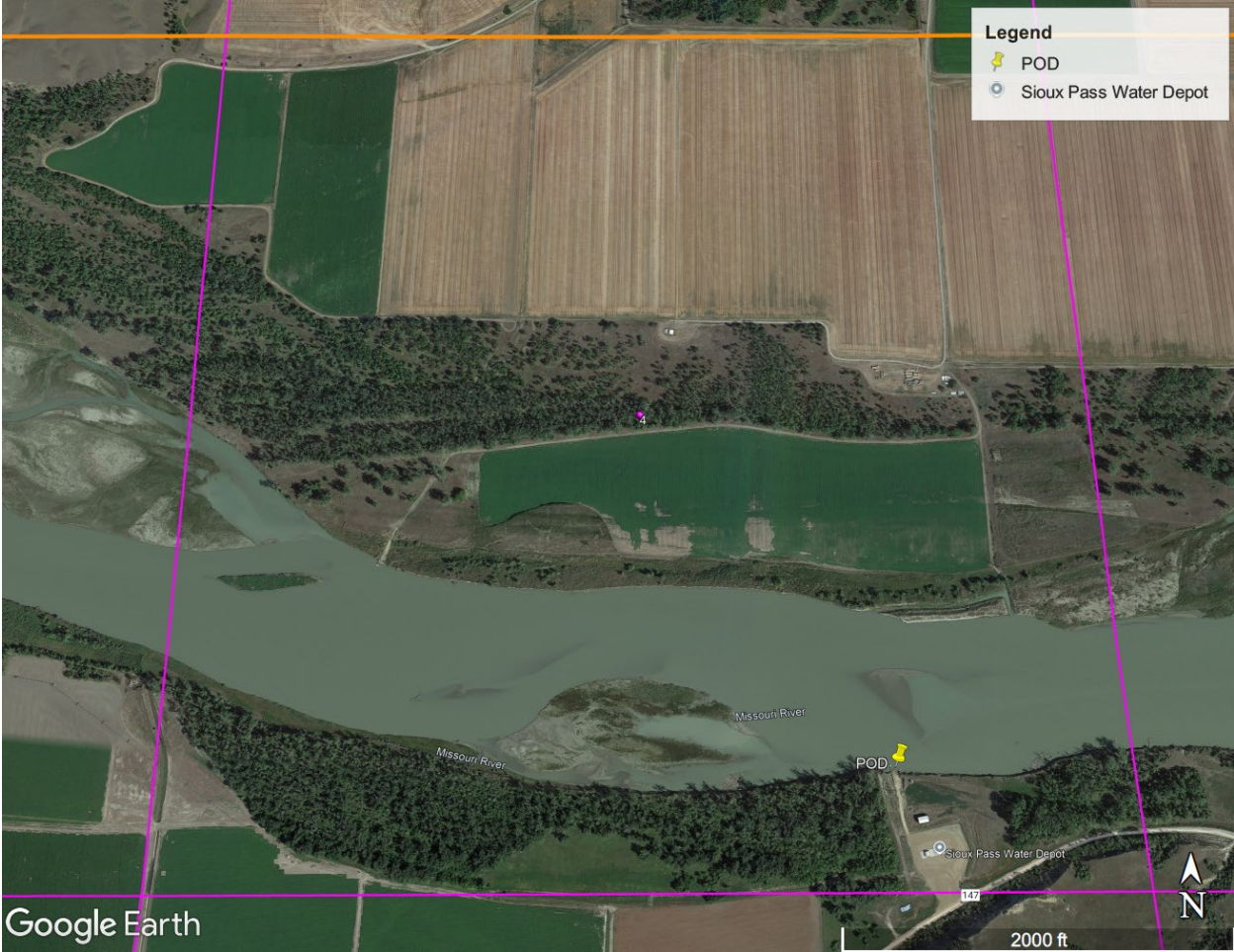


Figure 1: Proposed POD