6DWF: Additional Well

ADDITIONAL WELL

Mail form and payment to:

Flathead Reservation Office of the Water Engineer **PO Box 37**

For questions contact: contact@frwmb.gov or (406) 201-2532			
	se this form for each additional well (more than 1) that rill be used for a Development Domestic Allowance.	OFFICE USE ONLY	
N N	ype: 6DWF laximum Flow: NOT TO EXCEED 35 gallons per minute per well laximum Volume: NOT TO EXCEED 10 acre-feet/year for the entire Development - Use must be measured. ource: Groundwater Filing Fee: \$150.00 *Make checks payable to FRWMB.	Water Right #Basin Date Rec'd Rec'd By Payor Amount Rec'd Check # Receipt #	
1.	WATER RIGHT OWNER INFORMATION Name(s)		
	Mailing Address		
		Zip	
2.	Cell/Home Phone Email Address		
3. PROPOSED POINT OF DIVERSION *leave fields blank if not applicable			
	Latitude: Longitude:		
		□ N □ S Range □ E □ WSubdivision Name*	
	Tract No.* COS/TSR No.*	Government Lot*	
	Street Address, including City/State/Zip Code*:		
4. DECLARATION OR OWNERSHIP I declare under penalty of 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.			
Printed Name			
Authorized Signature Date			