Municipal Provisional Permit Place of Use Update

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 for a change in a Place of Use (POU) for unperfected municipal use provisional permits.

This form is to modify the POU for an existing municipal water right and cannot be used to increase volume on a water right or to apply for a new water right.

No other changes to a water right can be made using this form.

All provisional permits being changed must have the same common distribution system.

Type: Effective Date Place of Use Update
Filing Fees: *Make checks payable to* ***FRWMB:*** **$400.00**

OFFICE USE ONLY

Water Right #_____Basin _____
Date Rec'd _____
Time_____ AM / PM
Rec'd By _____
Payor _____
Amount Rec'd_____
Check # _____
Receipt # _____

IMPORTANT

- This form is to update POU for existing municipal water rights. This form can be used for unperfected municipal use provisional permits.
- No other changes to the existing water right(s) can be made using this form.
- The flow rate and volume authorized for a water right cannot be exceeded.
- All water diversions by the system are required to have a water volume measuring device approved by the Office of the Engineer.
- On an annual basis, the total volume by month of pumping or diversion shall be reported to the Office of the Engineer as described in the Ordinance § 2-2-128(2). A Water Measurement Report (Form 622F) is required to be submitted annually.

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1. WATER RIGHT OWNER INFORMATION

Name(s) _____

Mailing Address _____

City _____ State_____ Zip _____

Cell/Home Phone _____ Email Address _____

Contact Person: ☐ Applicant ☐ Consultant ☐ Attorney ☐ Other _____

Contact Name _____

Mailing Address _____

City _____State _____Zip_____

Phone Number _____Email Address _____

2. List the water right numbers for all municipal use provisional permit(s) being changed, along with the volume of each water right. Attach an abstract of each water right and evidence supporting the POU change. *Label as attachment(s) #1*:

Water Right #_____Volume: _____acre-feet

Water Right #_____Volume: _____acre-feet

Water Right #_____Volume: _____acre-feet

Water Right #_____Volume: _____acre-feet

Water Right #_____Volume: _____acre-feet

Water Right #_____Volume: _____acre-feet

3. Identify the legal land descriptions of the newly added places of use: *Attach additional sheets if necessary and label them as Attachment(s) #2.*

a. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

b. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

c. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

d. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

e. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

f. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

g. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

h. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

i. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

j. ___ ¼ ___ ¼ ___ ¼ Section ___ Twp ___ ☐ N ☐ S Rge ___ ☐ E ☐ W County _____

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4. Attach a map. The map must include clear labels showing each water right's point of diversion, existing place of use, path of conveyance, county water and sewer district's service area boundary, and updated places of use. Spatial data may be provided electronically to the office to aid in permit analysis. *Attach a map and label it as Attachment #3.*

5. Documentation of water usage for the updated place of use.

Attach measurements and label it as Attachment #4.

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DECLARATION OF OWNERSHIP

I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct.

Printed Name _____

Applicant Signature _____ Date: _____

Printed Name _____

Applicant Signature _____ Date: _____

Printed Name _____

Applicant Signature _____ Date: _____

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