### STATE OF MONTANA

## DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION

1424 9TH AVENUE P.O. BOX 201601 HELENA, MONTANA 59620-1601

# GENERAL ABSTRACT

Water Right Number: 76LJ 98352-00 PROVISIONAL PERMIT

Version: 1 -- ORIGINAL RIGHT

Version Status: ACTIVE

Owners: TAMARACK OF THE WILDWOOD LANDOWNER ASSN

PO BOX 10

LAKESIDE, MT 59922-0010

**Priority Date:** JULY 29, 1996 at 10:30 A.M.

**Enforceable Priority Date:** JULY 29, 1996 at 10:30 A.M.

Purpose (Use): MULTIPLE DOMESTIC

Maximum Flow Rate: 75.00 GPM

Maximum Volume: 38.00 AC-FT

Source Name: GROUNDWATER

Source Type: GROUNDWATER

Point of Diversion and Means of Diversion:

<u>ID</u> <u>Govt Lot</u> <u>Qtr Sec</u> <u>Sec</u> <u>Twp</u> <u>Rge</u> <u>County</u> 1 NESWNE 16 25N 20W LAKE

Period of Diversion: JANUARY 1 TO DECEMBER 31

**Diversion Means:** WELL

Well Depth: 350.00 FEET
Static Water Level: 184.00 FEET
Casing Diameter: 6.63 INCHES

Pump Size: 7.50 HP

Purpose (Use): MULTIPLE DOMESTIC

Households: 38

Volume: 38.00 AC-FT

Period of Use: JANUARY 1 to DECEMBER 31

Place of Use:

 ID
 Acres
 Govt Lot
 Qtr Sec
 Sec
 Twp
 Rge
 County

 1
 NE
 16
 25N
 20W
 LAKE

### Remarks:

# LAND DESCRIPTION CLARIFICATION

THE POINT OF DIVERSION AND PLACE OF USE ARE LOCATED IN TAMARACK OF THE WILDWOOD SUBDIVISION.

# **WATER MEASUREMENT - STATIC WATER MEASUREMENTS REQUIRED**

THE APPROPRIATOR SHALL INSTALL AN IN-LINE FLOW METER APPROVED BY THE REGIONAL MANAGER AT A POINT IN THE DELIVERY LINE APPROVED BY THE REGIONAL OFFICE TO RECORD THE FLOW RATE AND VOLUME OF WATER DIVERTED. WATER MUST NOT BE DIVERTED UNTIL THE REQUIRED MEASURING DEVICE IS IN PLACE AND OPERATING. THE APPROPRIATOR SHALL TAKE A STATIC WATER MEASUREMENT YEARLY OR IF THE SOURCE IS A FLOWING WELL, THE APPROPRIATOR SHALL INSTALL A PRESSURE MONITORING DEVICE APPROVED BY THE REGIONAL MANAGER TO MEASURE HYDROSTATIC PRESSURE OF THE AQUIFER. ON A FORM PROVIDED BY THE DEPARTMENT, THE APPROPRIATOR SHALL KEEP A WRITTEN RECORD OF THE MEASUREMENTS WHICH SHALL BE SUBMITTED BY NOVEMBER 30 OF EACH YEAR. THE REGIONAL MANAGER MAY ALSO REQUEST MEASUREMENT RECORDS AT OTHER TIMES DURING THE YEAR. FAILURE TO SUBMIT REPORTS MAY BE CAUSE FOR REVOCATION OR MODIFICATION OF A PERMIT OR CHANGE. THE RECORDS MUST BE SENT TO THE WATER RESOURCES REGIONAL OFFICE AT THE ADDRESS LISTED BELOW. THE APPROPRIATOR SHALL MAINTAIN THE MEASURING DEVICE SO IT ALWAYS OPERATES PROPERLY AND MEASURES FLOW RATE ACCURATELY. 3220 HIGHWAY 93 S, PO BOX 860, KALISPELL, MT 59903-0860 PH: 406-752-2288 FAX: 406-752-2843

#### MISCELLANEOUS INFORMATION

REPORT FORMS 02 AND 08 SHOULD BE USED.

#### PROGRESS REPORT REQUIRED

THE APPROPRIATOR SHALL SUBMIT A PROGRESS REPORT OF THE WORK COMPLETED UNDER THIS RIGHT BY NOVEMBER 30TH OF EACH YEAR UNTIL COMPLETION OF THE PROJECT. SUBMIT REPORTS TO THE WATER RESOURCES REGIONAL OFFICE AT THE ADDRESS LISTED BELOW. 3220 HIGHWAY 93 S, PO BOX 860, KALISPELL, MT 59903-0860 PH: 406-752-2288 FAX: 406-752-2843