WATER RIGHT VERIFICATION REQUEST FOR DEQ SUBDIVISIONS

Mail form and payment to:

Flathead Reservation Office o	
PO Box 37	i the Water Engineer
Ronan, MT 598	64
For questions contact: contact@frwmb	
Use this form if you have an active proposed project applicati which will be subject to DEQ, county sanitation, or subdivision review.	
Filing Fee: \$65.00 Make checks payable to FRWMB.	
■ Attach the Following Required Documents □ Full copy of DEQ/sanitation application filed with the	ne
county. Proposed plat map/lot layout map	Date Rec'd
☐ General location map	Rec'd By
☐ Copy of recorded documents (COS, Final Plat) tha	t Payor
created parcels under 20 acres in this review. Well log(s)	Amount Rec'd
Attach any additional information that may be helpful o	
a separate sheet.	Receipt #
 You must have active water rights to file this form, if your office of the Water Engineer. If your water will be provided by a public water supply supp	system, list the water right for that system
Name(s)City	State Zip
ivialility AddressCity	StateZip
Cell/Home Phone Email Address	
2. PROJECT LOCATION Geocode of Existing Property:	
	Range□ E □ W County
3. PROJECT INFORMATION Release of Sanitary Restrictions/Rewrite Subdivision of Property Family Transfer Boundary Line Adjustment Other 4.SUBDIVISION PLAT INFORMATION	vide a brief description of the proposed project:
Subdivision/Plat Name Total r Current landowner Is this a rewrite?	number of proposed lotsLot sizes □ Yes□ No

/RVER - Water Right Verification Request	
this water right comment / verification and vided property that are different from your	
appearing here are, to the best of my ssessory interest, or the written consent of diversion, place of use, and conveyance.	
 Date	
Date	
Date	

