

# OBJECTION TO AN APPLICATION

Mail form and payment to:  
**Flathead Reservation Office of the Water Engineer**  
**PO Box 37**  
**Ronan, MT 59864**

For questions contact: [contact@frwmb.gov](mailto:contact@frwmb.gov) or (406) 201-2532

Use this form when objecting to an application for an Appropriation Permit, Change In Use Authorization, use of Flathead System Compact Water, Enforceable Flow Schedule, or a Protective Wetland.

## OFFICE USE ONLY

**Filing Fee: \$50.00** \*Make checks payable to FRWMB.

### IMPORTANT

- This form must be received or postmarked on or before the deadline specified in the public notice.
- Use one form for each application to which you are objecting.
- Each individual water right owner must file separate objections

Water Right # \_\_\_\_\_ Basin \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Rec'd By \_\_\_\_\_  
 Payor \_\_\_\_\_  
 Amount Rec'd \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Receipt # \_\_\_\_\_

**1. NAME OF OBJECTOR** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. SUBJECT OF OBJECTION**     New Appropriation Permit     Change In Use Authorization  
 Use Of Flathead System Compact Water     Enforceable Flow Schedule     Protective Wetland

Number \_\_\_\_\_ Applicant Name \_\_\_\_\_

**3. DO YOU HAVE STANDING TO FILE THIS OBJECTION?**     YES     NO

*\*A person has standing if his or her property, water rights, or interests would be adversely affected by the proposed appropriation.*

Briefly explain your interest and how it would be adversely affected.

\_\_\_\_\_  
 \_\_\_\_\_

**4. WILL YOUR WATER RIGHT BE AFFECTED?**     YES     NO

If yes, attach a water right abstract and provide the water right number: \_\_\_\_\_

**5. WHY ARE YOU FILING AN OBJECTION?** Any Person alleging that they will suffer adverse effect from the grant of an application for proposed Appropriation Right, Protective Wetland, or Change in Use authorization may file an objection to a recommended decision to grant an application. To be valid, an objection must describe the alleged adverse effect on the objector's water right. Ordinance, § 2-2-110(1).

Any Person alleging the proposed development of the Flathead System Compact Water fails to comply with one or more of the criteria set forth in Ordinance, § 2-2-102 may file an objection.

If a Hearing is held on the application, you will be limited to only those criteria on which you specifically file an objection and to those objections that are deemed valid. For further information, see Ordinance, § 2-2-110.

\*Be sure to fill out only the portion applicable to the type of application to which you are objecting. You must attach the corresponding findings of facts with your objection.

**A) Objection To an application for a: NEW GROUND OR SURFACE WATER PERMIT, CHANGE IN USE AUTHORIZATION, PROTECTIVE WETLAND, OR USE OF FLATHEAD SYSTEM COMPACT WATER**

*\*For each item that is checked, on a separate page, provide facts explaining why one or more of the criteria in Ordinance, § 2-2-102, cannot be met.*

- Adverse Effect – Provide facts showing how this proposed use will adversely affect your water right. Adverse effects could include, but are not limited to, legal or physical availability.
- Diversion Works – Provide facts showing why the construction of the project may not be adequate.
- Beneficial Use – Provide facts showing why the use (purpose) or flow rate and volume may not be considered beneficial.
- Possessory Interest – Provide facts showing the applicant does not have possessory interest in the place of use.
- Water Quality – Provide substantial credible information to show that water quality will be adversely affected.

**B) Objection to a proposed FLOW ENFORCEMENT SCHEDULE:**

\*Objections to a proposed enforceable schedule may be filed **only by holders of water rights in the particular stream reach for which the enforceable schedule is proposed.**

The burden of proof shall be on the objector. Ordinance, § 2-1-115(9).

*\*On a separate page, provide facts explaining why your water right will be adversely affected by the proposed enforceable flow schedule pursuant to Ordinance, § 2-1-115(9).*

**6. ARE YOU REPRESENTED BY COUNSEL?**  YES  NO

\*If yes, provide their contact information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

**7. PERSON PREPARING THIS FORM, if different from objector**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

**8. OBJECTOR'S SIGNATURE** - Only an objector whose signature appears below will be allowed to participate in an administrative hearing, and whose objection is found to be valid. If you are represented by counsel, counsel may sign.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DRAFT