

ADJ



FILE



DNRC - STATEMENT OF CLAIM



*76N *



30125956

Current File Location: **RECORDS UNIT**

As of :

Status:

Box Bar Code:

File Bar Code:

9/26/2019

WORK COPY

STATEMENT OF CLAIM FOR EXISTING WATER RIGHT EXEMPT DOMESTIC USE

Use this form to claim an existing water right exempt from the claim filing process.

§ 85-2-222, MCA

Filing / Examination Fee

1 Claim = \$130

The total filing fees for all claims under 85-2-222 filed by one person in any one water court division may not exceed \$1,560.

A filing fee is not required to accompany a claim of an existing right that is included in a decree of a court in the state of Montana and that is accompanied by a copy of that decree or pertinent portion of the decree.

RECEIVED
DNRC WATER RESOURCES

JUN 17 2019

KALISPELL UNIT

FOR DEPARTMENT USE ONLY

Claim No. 30129956 Basin 76N
Date Rec'd 6/17/19 Time 11:37 AM ~~PM~~
Rec'd By MRF
Fee Rec'd \$ 130/200.00 Check No. 2072
Deposit Receipt # KFW1935118
Payor (if different from name(s) listed in item 1 below)
Leah Hollinshead
Refund \$ _____ Date _____

Important Note

Existing water rights for stock and individual domestic uses from instream or groundwater sources were exempted from the filing requirements of § 85-2-221, MCA. An existing water right first put to beneficial use prior to July 1, 1973.

In 2017, the Montana Legislature passed House Bill 110, allowing the filing for existing water rights that were exempt from filing in the statewide water right adjudication, and set a filing deadline to be received or postmarked on or before June 30, 2019.

House Bill 110 requires that you complete this claim form, include supporting documentation for your claim (e.g., maps, affidavits, decrees, notices of appropriation or completion, etc.), and pay the filing fee set out above.

1. WATER RIGHT OWNER INFORMATION:

NAME(S) John + Leah Hollinshead
MAILING ADDRESS 396 ESTANCIA LN
CITY Boerne STATE TX ZIP 78004
WORK PHONE _____ HOME PHONE 830-755-5235 CELL PHONE 281-799-0237

2. PERSON COMPLETING FORM: Same as above? Yes No If yes, proceed to #3.

NAME _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

3. SOURCE OF WATER: Check only one: Developed Spring Undeveloped Spring Well Stream Lake

Name of Source (if applicable) _____ Tributary of _____

4. SOURCE TYPE: Groundwater Surface Water

Per Map JH 9/18/2019

5. **POINT OF DIVERSION:**
 SE 1/4 NW 1/4 NE 1/4 Section 16 Twp 26 N S Rge 34 E W County Sanders
 Lot _____ Block _____ Tract No. _____ Subdivision Name _____
 Government Lot No. _____ COS No. _____ Geocode 3536851610110000
 Street or Road Address, including City, State & Zip Code of the Development 337 Elk Creek Rd, Heon, MT 59844

6. **MEANS OF DIVERSION:** Pump Pipeline Instream Spring box
 Other, please explain: _____

7. **PLACE OF USE:** Same as Point of Diversion? Yes No If yes, proceed to #8.
 _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp _____ N / S Rge _____ E / W County _____
 Lot _____ Block _____ Tract No. _____ Subdivision Name _____
 Government Lot No. _____ COS No. _____ Geocode _____
 Street or Road Address, including City, State & Zip Code of the Development _____

8. **NUMBER OF PERSONS SERVED:** (use one form per household) 4
NUMBER OF ACRES OF LAWN AND GARDEN IRRIGATION: (cannot exceed 5 acres) 1 acres

9. **FLOW RATE USED:** 5 gallons per minute miner's inches cubic feet per second

10. **VOLUME:** 3.5 acre-feet per year

11. **PERIOD OF USE:** Year round use? Yes No If no, from _____ to _____, inclusive each year.

12. **PERIOD OF DIVERSION:** Same as Period of Use. If no, from _____ to _____, inclusive each year.

13. **TYPE OF HISTORIC RIGHT:** Decreed Filed Appropriation Use **Date of first use:** ~~1977/1978~~ 1969
 Per standards JH 9/18/2019

Attach copies of the decree, record of filing, or proof of use right.

14. **ATTACH:** Copies of aerial photos, USGS topographic maps, or other documents necessary to show point of diversion and place of use.

- If needed, addendum forms for additional points of diversion and places of use are available.

15. **OWNER SIGNATURE:**

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

Owner Signature John Hollister Date 10/1/18
 Owner Signature John Hollister Date 10/1/18
 Owner Signature _____ Date _____

**STATEMENT OF CLAIM FOR EXISTING
WATER RIGHT
EXEMPT DOMESTIC USE**

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§ 85-2-222, MCA

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RECEIVED
DNRC WATER RESOURCES

JUN 17 2019

KALISPELL UNIT

FOR DEPARTMENT USE ONLY

Claim No. 30125956 Basin 76N
 Date Rec'd 6/17/19 Time 11:37 AM-PM
 Rec'd By MRF
 Fee Rec'd \$ 130/260.00 Check No. 2272
 Deposit Receipt # KFW1935118
 Payor (if different from name(s) listed in item 1 below)
Leah Hollinshead
 Refund \$ _____ Date _____

Important Note

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House Bill 110 requires that you complete this claim form, include supporting documentation for your claim (e.g., maps, affidavits, decrees, notices of appropriation or completion, etc.), and pay the filing fee set out above.

1. WATER RIGHT OWNER INFORMATION:

402 730 / 402 731

NAME(S) John + Leah Hollinshead
 MAILING ADDRESS 396 ESTANCIA LN
 CITY Boerne STATE TX ZIP 78006
 WORK PHONE _____ HOME PHONE 830-755-5235 CELL PHONE 281-799-0237

2. PERSON COMPLETING FORM: Same as above? Yes No If yes, proceed to #3.

NAME _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

3. SOURCE OF WATER: Check only one: Developed Spring Undeveloped Spring Well Stream Lake

Name of Source (if applicable) _____ Tributary of _____

4. SOURCE TYPE: Groundwater Surface Water

5. **POINT OF DIVERSION:**
____ 1/4 ____ 1/4 NE 1/4 Section 16 Twp 26N S Rge 34 E/W County Sanders
Lot ____ Block ____ Tract No. ____ Subdivision Name ____
Government Lot No. ____ COS No. ____ Geocode 3536851610110000
Street or Road Address, including City, State & Zip Code of the Development 337 Elk Creek Rd, Heron, MT 59844

6. **MEANS OF DIVERSION:** Pump Pipeline Instream Spring box
 Other, please explain: _____

7. **PLACE OF USE:** Same as Point of Diversion? Yes No If yes, proceed to #8.
____ 1/4 ____ 1/4 ____ 1/4 Section ____ Twp ____ N / S Rge ____ E / W County ____
Lot ____ Block ____ Tract No. ____ Subdivision Name ____
Government Lot No. ____ COS No. ____ Geocode ____
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10. **VOLUME:** 3.5 acre-feet per year

11. **PERIOD OF USE:** Year round use? Yes No If no, from ____ to ____, inclusive each year.

12. **PERIOD OF DIVERSION:** Same as Period of Use. If no, from ____ to ____, inclusive each year.

13. **TYPE OF HISTORIC RIGHT:** Decreed Filed Appropriation Use **Date of first use:** ~~1967~~ 1969

Attach copies of the decree, record of filing, or proof of use right.

14. **ATTACH:** Copies of aerial photos, USGS topographic maps, or other documents necessary to show point of diversion and place of use.

- **If needed, addendum forms for additional points of diversion and places of use are available.**

15. **OWNER SIGNATURE:**

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

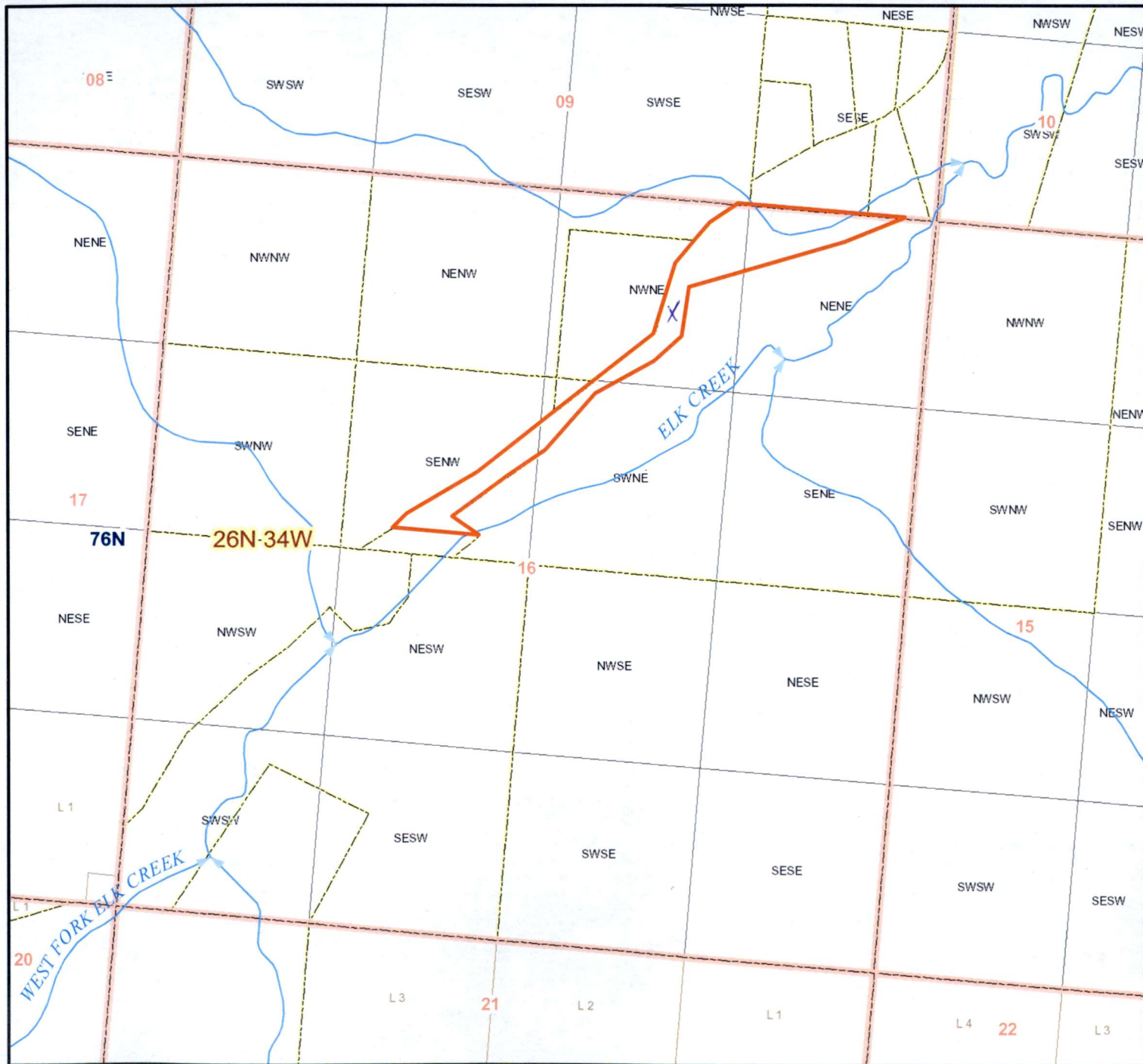
Owner Signature Paul Hollister Date 10/1/18
Owner Signature John Hollister Date 10/1/18
Owner Signature _____ Date _____

03/06/2019 - 10:48

preview



HOLLINSHEAD



Legend

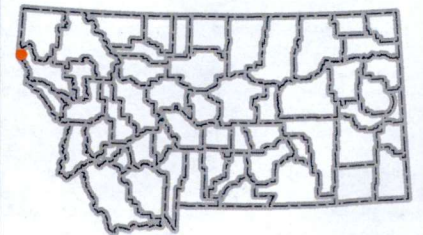
- Parcels
- Section
- Township & Range



500 250 0 500 Feet



Location Map



x = building