



WATER-RIGHT DOCKET

Glacier National Park

Docket No: 14

MANY GLACIER WEST SIDE PRODUCTION WELL #3A

Preliminary Docket Information

06-20-1978: memorandum to glacier county from nps regarding water rights for glacier national park

Docket #14

WATER RIGHT

Glacier National Park

County: Glacier

Permit No.:

Date the right originated: June 20, 1978

Purpose: Domestic, recreational and fire protection

Location of the diversion: Latitude 48°47'41", Longitude 113°39'12"
(unsurveyed)

Source of water: Well

Quantity claimed: 150 gpm *up to 100 acre-ft per year*

Summary of Status: Production well #3A Swiftcurrent campground

Depth of well 67.7 feet. Well was drilled from June 20, 1978 through July 6, 1978.

Refer to report on Well Construction Program, Many Glacier Area, Glacier National Park, Montana, prepared by HKM Associates, P.O. Box 31318 Billings, Montana - on file. Project #7M099,104B

WATER RIGHT RECORD

Park: GLACIER

Docket Number:

Federal No. 14

IDENTIFICATION NO: GLAC W F 1 4

DITCH/WATER SYSTEM: ^{Many Glacier} Production Well #3A, Swiftcurrent Campground (west side)

SOURCE OF SUPPLY: Well

LOCATION: Latitude 48°47'41", Longitude 113°39'12"
(unsurveyed)

WATER RIGHT:

Appropriator: United States of America, National Park Service

Application/Permit Number:

Certificate Record Number:

Date of Priority: June 20, 1978

Quantity of Water: 150 gpm

Purpose: Domestic, recreational and fire protection

Irrigated Land Description:

SUMMARY OF STATUS: Depth of well 67.7 feet. Well was drilled from
June 20, 1978 through July 6, 1978.

Refer to: Report on Well Construction Program, Many Glacier Area, Glacier
National Park, Montana, prepared by HKM Associates, P.O. Box 31318, Billings, Montana
on file. Project # 7M099.104B

Form No. 600
Revised 11/73APPLICATION NO. _____
(For Dept. Use Only)

STATE OF MONTANA

DEPARTMENT OF NATURAL RESOURCES & CONSERVATION

MANY GLACIER WEST SIDE WELL

APPLICATION FOR BENEFICIAL WATER USE PERMIT

Note: Use one application form per project. Check all appropriate boxes and fill in each blank line. If the question requires more space, attach additional sheets.

US DEPT OF INTERIOR
NATIONAL PARK SERVICE
GLACIER NATIONAL PARK
WEST GLACIER, MT 59936

1. Name of Applicant		WEST GLACIER, MT 59936	
Mailing Address			
City or Town	West Glacier	Zip	59936
Home Phone	Other Phone (406) 888-5441 x10		
2. Source of water supply _____ a tributary of _____ (stream name; if well, so indicate)			
3. (a) Point of diversion: Unsurveyed			
_____ 1/4 _____ 1/4 _____ 1/4 Section _____, Township 35 N, Range 16 E, Glacier County			
Approximately: Latitude: 48° 47' 41"			
Longitude: 113° 39' 12"			
Additional points of diversion, if any:			
_____ 1/4 _____ 1/4 _____ 1/4 Section _____, Township _____ N, Range _____ E, _____ County			
_____ 1/4 _____ 1/4 _____ 1/4 Section _____, Township _____ N, Range _____ E, _____ County			
(b) If water is not consumed, it will be discharged back into the same source:			
Yes ☐ ; No ☐ . If no, explain and give the complete land description at the point of discharge. _____			
_____ 1/4 _____ 1/4 _____ 1/4 Section _____, Township _____ N, Range _____ E, _____ County			
4. Description of water development:			
(a) Diverting works. Enclose all pertinent engineering data available. If not available, describe the horsepower rating of the pump and capacity in gallons per minute, size of ditches, flumes, dikes or other. _____			
15 hp, 150 gpm pump, 8" casing			
(b) Reservoir (if applicable).			
1. Project will be an enlargement of an existing reservoir.			
Yes ☐ ; No ☒ . (If yes, complete both 3 and 4 below.)			
2. Project will be a new reservoir.			
Yes ☒ ; No ☐ . (If yes, enter NA in 3 below, and complete 4.)			
3. Capacity of existing (old) reservoir when constructed: _____ 0 _____ acre-feet.			
4. Capacity of new (proposed) reservoir: _____ 0.38 _____ acre-feet.			
(c) Well Depth: _____ 68 _____ feet (if applicable).			
(d) Project will be a developed spring: Yes ☐ ; No ☒ .			

5. Proposed Construction: we 6/5/78 7/15/78
 (a) Desired starting date other: ongoing ; anticipated completion date 5/82
 (b) Estimated construction cost \$ 500,000 .

6. Amount of water, use to which it will be applied, and period of use:

Example:

7.5	cfs	up to	5.35	for	IRRIGATION	from	April 15	to	October 15	inclusive.
(Amount)	(gpm)		(acre-feet)		(use)		(month-day)		(month-day)	
15	cfs	up to	10	for	domestic	from	1/1	to	12/31	inclusive.
(Amount)	(gpm)		(acre-feet)		(use)		(month-day)		(month-day)	
90	cfs	up to	60	for	fire and	from	4/1	to	12/1	inclusive.
(Amount)	(gpm)		(acre-feet)		(use)		(month-day)		(month-day)	
45	cfs	up to	30	for	recreation	from	4/1	to	12/1	inclusive.
(Amount)	(gpm)		(acre-feet)		(use)		(month-day)		(month-day)	
Total amount requested:		150		cfs	up to	100	acre-feet per year.			
				(gpm)						

7. Description of proposed beneficial water uses: N/A
 (a) Irrigation (if applicable).
 1. Method of irrigation: Flood ☐ ; Sprinkler ☐ . If Flood, explain: _____
 2. Project will involve new irrigated land: Yes ☐ ; No ☐ .
 3. Project will involve supplemental water to existing irrigation: Yes ☐ ; No ☐ .
 4. Project will involve both new irrigated land and supplemental water to existing irrigation: Yes ☐ ; No ☐ . If yes, the acreage must be entered on separate lines in the Table below, and identified on the map in Item 9, page 3.
 5. Acreage by land description: (Enter the number of acres to be irrigated in the appropriate quarter-section.)

Example:								Check Appropriate Block	
Sec.	Twp.	Rge.	NE¼	NW¼	SW¼	SE¼	Totals	New	Supplemental
7	18N.	20E	35		140	118	293	✓	

								Check Appropriate Block	
Sec.	Twp.	Rge.	NE¼	NW¼	SW¼	SE¼	Totals	New	Supplemental

Total number of acres to be irrigated →

(b) Non-irrigation use: (if applicable)
 1. Place of use of the water will be the same as location given in Item 3(a), page 1.
 Yes ☒ ; No ☐ . If no, give the location: _____ % _____ % _____ % Section _____,
 Township _____ N _____ S, Range _____ E _____ W, _____ County.
 2. Estimate the maximum number and type of livestock to be watered: N/A
 Are there other locations where the same livestock are watered? Yes ☐ ; No ☐ .
 3. Name of municipality to be served: N/A
 4. Number of families to be supplied: N/A
 5. If water will be used for other purposes, describe: Hotel complex, campground, Ranger Station, residences

