

**STATE OF MONTANA  
NATURAL STREAMBED AND LAND PRESERVATION ACT  
PLAN OF ANNUAL OPERATION  
FOR MAINTENANCE AND REPAIR OF EXISTING IRRIGATION FACILITY**

**PART 1: TO BE COMPLETED BY OPERATOR**

1. Name of Operator:

Address:

City:

State:

Zip:

Telephone:

2. Name and address of owner, if different:

3. Name of Stream:

4. Location of proposed activity: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_, T \_\_\_\_\_, R \_\_\_\_\_

5. Describe the proposed maintenance or repair activity, the type of structure, method to be used, and materials or equipment to be used. Include drawings if necessary.

6. Date activity is to begin each year \_\_\_\_\_

Date activity is to be completed each year \_\_\_\_\_

7. Has any agency or jurisdiction denied approval for the above described activity?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, explain on separate sheet.

**PART 2 ON REVERSE TO BE COMPLETED BY CONSERVATION DISTRICT**

**PART 2: TO BE COMPLETED BY CONSERVATION DISTRICT**

8. ( ) The proposed plan of annual operation for maintenance and repair of existing irrigation facility is APPROVED. The conservation district has the option of reviewing the plan at any time. This plan is in effect for a maximum of ten years.
9. ( ) The proposed plan of annual operation for maintenance and repair of existing irrigation facility is NOT APPROVED. The operator is required to apply to the conservation district for a permit under the Natural Streambed and Land Preservation Act.

\_\_\_\_\_  
*Conservation District (authorized representative)* / \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Landowner or Authorized Representative* / \_\_\_\_\_  
*Date*

Concurrence by Department of Fish, Wildlife and Parks: \_\_\_\_\_  
*Date*

**TO BE REVIEWED BY TEAM MEMBERS  
BUT COMPLETED BY DEPARTMENT OF FISH, WILDLIFE, AND PARKS PERSONNEL ONLY**

I have reviewed the above project pursuant to MONTANA SURFACE WATER QUALITY STANDARDS SHORT-TERM TURBIDITY EXEMPTION ARM 16.20.633(3)(a) as it applied to TURBIDITY ONLY:

This activity will not result in a significant increase in turbidity. Upon recommendation of DFW&P, the Department of Health and Environmental Sciences, Water Quality Bureau hereby grants this turbidity exemption for the above-described activity in accordance with all attached recommendations.

This activity will result in a significant increase in turbidity. A turbidity exemption will not be granted using the proposed construction plan. THE APPLICANT **should immediately contact** the Department of Health and Environmental Sciences, Water Quality Bureau, A-206, Cogswell Bldg. (406-449-2406), Helena, MT 59620 to discuss options for compliance with Montana Surface Water Quality Standards.

DFW&P Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE CONSERVATION DISTRICT SHOULD FORWARD  
A COPY OF THIS FORM TO THE WATER QUALITY  
BUREAU AT THE ABOVE ADDRESS.**