



APPLICATION FOR CONDITIONAL WATER PERMIT
NORTH DAKOTA DEPARTMENT OF WATER RESOURCES
WATER APPROPRIATION
SFN 60157 (10/2024)

Application Number

(PLEASE DO NOT SUBMIT A COPY OF THIS APPLICATION FORM.)

MAIL THE COMPLETED APPLICATION, ALONG WITH THE REQUIRED MAP AND APPLICATION FEE TO:
ND DEPARTMENT OF WATER RESOURCES • 1200 MEMORIAL HIGHWAY • BISMARCK, ND 58504-5262

NOTE: Use one application for each type of source (ground water, surface water). Check all appropriate boxes and fill in each blank line. If the question is not applicable to your proposed development, enter NA (not applicable). If more space is necessary, attach additional sheets.

The following application fee must accompany the conditional water permit application.

	Recreation, Livestock, Or Fish & Wildlife	\$100
	Industrial (< = 1 Acre-Foot)	\$250
	Irrigation, Municipal, or Rural Water	\$500
	Industrial (> 1 Acre-Foot)	\$1,000

Name of Applicant						
Address			City		State	ZIP Code
Home Telephone Number			Work Telephone Number			
Cell Phone Number			Email Address			
2. Source of water supply: <input type="checkbox"/> Ground Water <input type="checkbox"/> Surface Water						
If Surface Water:						
If the requested surface water source is a navigable water as determined by the Department of Water Resources, a Sovereign Land Permit may be required. Contact the Regulatory Division at (701) 328-4956 for more information.						
(a) Source Name						
(b) If New Impoundment		1/4	Section	Township	Range	
(c) If Existing Impoundment, give name						
(d) Existing Impoundment		1/4	Section	Township	Range	
3. Point Of Diversion:						
(1)	1/4	Section	Township	N.	Range	W. County
(2)	1/4	Section	Township	N.	Range	W. County
(3)	1/4	Section	Township	N.	Range	W. County
(4)	1/4	Section	Township	N.	Range	W. County

4. Amount Of Water Requested:																			
If the impoundment can store more than 25 acre-feet, a Construction Permit from the Department of Water Resources may be required. Contact the Regulatory Division at (701) 328-4956 for more information.																			
(A) Annual Use From Points Listed In Item 3 Above, Rate Of Diversion, And Period Of Use:																			
Amount (acre-feet)				Rate At (gpm)				From (month/day)				To (month/day)							
(b) If impoundment:																			
Storage Out (acre-feet)								Used To Offset Evaporative Losses (acre-feet)											
(C) Total annual use requested (sum of annual use from 4a and evaporation from 4b):																			
Total (acre-feet)																			
5. Description Of Proposed Beneficial Water Uses:																			
(a) Irrigation (If applicable)																			
(1) Method of Irrigation: <input type="checkbox"/> Sprinkler <input type="checkbox"/> Waterspreading <input type="checkbox"/> Flood <input type="checkbox"/> Drip																			
(2) Project will involve new irrigated land: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
(3) Project will involve supplemental water to existing irrigation: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
(4) Description of land to be irrigated (show lot numbers where applicable). Requested acres must match what is requested on map:																			
SEC.	TWP.	RGE.	NE 1/4 NE 1/4 NW 1/4 SW 1/4 SE 1/4				NW 1/4 NE 1/4 NW 1/4 SW 1/4 SE 1/4				SW 1/4 NE 1/4 NW 1/4 SW 1/4 SE 1/4				SE 1/4 NE 1/4 NW 1/4 SW 1/4 SE 1/4				TOTAL
TOTAL NUMBER OF ACRES TO BE IRRIGATED:																			
(b) Non-Irrigation Use (if applicable):																			
Municipal										Recreation									
Rural Water										Fish and Wildlife									
Industrial										Other (please specify)									

6. Ownership:		
(a) Property owner at the point of diversion:		
(b) Property owner at the place of use (irrigation use only):		
(c) If either (a) or (b) are not the applicant, a landowner or access agreement is required to be submitted with the application.		
State law requires that cities and landowners within a one-mile radius of the proposed point of diversion be advised of this application. A completed "Notice of Application" will be forwarded to you upon receipt of this application.		
<i>THE APPLICANT CERTIFIES THAT THE STATEMENTS APPEARING HEREIN ARE TO THE BEST OF THEIR KNOWLEDGE TRUE AND CORRECT:</i>		
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature of the applicant(s) must be exactly as in item 1. If more than one applicant is shown, all must sign.		